The right to advocacy

A review of how health and social care partnerships, local authorities and NHS boards are discharging their responsibilities under the Mental Health (Care and Treatment) (Scotland) Act 2003

Corporate document

April 2023

Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

Contents

1. Executive summary

The Mental Health (Care and Treatment) (Scotland) Act 2003 imposed a duty on local authorities and health boards to collaborate to ensure the availability of independent advocacy services in their area. The Act gave everyone with mental illness, learning disability, dementia and related conditions the right to access independent advocacy support. The Mental Health (Scotland) Act 2015 builds on the right in the 2003 Act to independent advocacy support, by requiring health boards and local authorities to tell the Mental Welfare Commission how they have ensured access to services up to now, and how they plan to do so in the future.

This report is based on information the Commission collected from health and social care partnerships (HSCPs), health boards and local authorities in 2022. We asked about the provision of advocacy services available in each area, planning for future provision and what was being done to improve access to advocacy services.

We also asked local authorities to tell us if their integrated children's services plans covered the provision of independent advocacy services for children and young people with mental illness, learning disability or related conditions.

We received responses from all areas covering 31 HSCPs and one from the State Hospital. We are grateful for the prompt responses received.

Advocacy provision for adults

- Planning and commissioning of advocacy services: the majority of respondents confirm that this is carried out at HSCP level or jointly with health boards and local authorities.
- Strategic advocacy plan: in comparison to our previous report in 2018 where we reported nine advocacy strategic plans in place, this time 18 respondents confirmed having a strategic plan in place; only 11 were said to be up to date however. There remain 13 areas who do not have strategic plans, 10 of which are in the process of developing one and three areas report having no plans at this stage.
- In our 2018 report we made a recommendation that all advocacy strategic plans should be equality impact assessed (EQIA). 23% (n=7) of respondents have reported that they completed an Equality Impact Assessment when developing their strategic advocacy plan.

Advocacy provision for children and young people

- Integrated children's services plan: in 2018 we reported that nine local authorities confirmed that their plans did contain reference to the provision of independent advocacy services for children and young people, in 2022, this has risen to 14 respondents confirming this to be the case in their areas.

Independent advocacy services commissioned for adults, children and young people

- 52% (n=16) of respondents confirmed that their budget for mental health, learning disability or dementia specific independent advocacy has not changed over the past two years. Those that received the annual uplift (cost of living or living wage increases) of approximate 2-5%, reported that there has been no change to services as a result of these budget changes.
- The Scottish Independent Advocacy Alliance (SIAA) have heard through their networks that it is proving difficult to recruit or retain staff within third sector organisations since the pandemic. They have also reported on the precarious funding position and impact on long term planning and sustainability of independent advocacy organisations. This is reportedly making it challenging for independent advocacy organisations to meet the current demand for independent advocacy when this is outstripping current resources.

2. Recommendations

Health and social care partnerships, health boards, and local authorities

Recommendation 1: All health and social care partnerships (HSCPs), health boards and local authorities should work collaboratively to ensure that a strategic advocacy plan has been developed and implemented for a three year period based on information gathered from a needs assessment, scoping exercises and consultations for the provision of independent advocacy services in their area by 31 March 2024.

Recommendation 2: Equality impact assessments (EQIA) must be undertaken when developing and finalising strategic advocacy plans and signed off by senior management from all key partners, e.g. health and social care partnerships, health boards and local authorities.

Recommendation 3: All health and social care partnerships (HSCPs), health boards and local authorities should ensure that advocates and advocacy organisations commissioned to provide advocacy services in their area comply with the principles and standards set out in Appendix 1 of the Scottish Government Guidance: *Independent advocacy - a guide for commissioners* (2013).

Recommendation 4: All health and social care partnerships (HSCPs), health boards and local authorities should promote advocacy services among health, social care and social work staff through training/awareness sessions and ensure information is available through a wide range of methods to members of the public.

Recommendation 5: All children's integrated service plans should include reference to the provision of independent advocacy services by 31 March 2024.

Recommendation 6: All health and social care partnerships (HSCPs), health boards and local authorities to consider the term of funding in response to the feedback from the advocacy organisations about how this can make it challenging regarding long term planning and sustainability of independent advocacy organisations.

3. Background to this report

The Mental Health (Care and Treatment) (Scotland) Act 2003 states that any person with mental illness, learning disability, dementia and related conditions (“mental disorder”) has a right to access to independent advocacy. It places a duty on NHS Boards and Local Authorities to work together to make sure that independent advocacy services are available in their areas, and to take appropriate steps to ensure that those people have the opportunity of making use of these services.

The Mental Health (Scotland) Act 2015 builds on the rights of individuals to access advocacy and adds a requirement that health boards and local authorities provide the Mental Welfare Commission with information about mental health, learning disability or dementia advocacy services, about how services have been provided over the previous two years, and about plans in place to provide services over the next two years.

The Mental Welfare Commission first carried out this review in 2017 and published a report in March 2018. It was agreed that this review would be undertaken biennially but due to the pandemic and the subsequent impact on the Commission’s priorities, this was delayed until 2022.

4. Independent advocacy

4.1 Why is it important?

The Scottish Government Guidance, Independent Advocacy: Guide for Commissioners (2013)[1] talks about how *"people can be treated unfairly as a result of institutional and systemic barriers as well as prejudice and individual, social, and environmental circumstances that make them vulnerable…"* The guidance also states clearly that independent advocacy is a *"crucial element in achieving social justice. It is a way to ensure that everyone matters and everyone is heard."*

Models of advocacy

The Scottish Government's guidance outlines the aim of all models of advocacy is to *"help individuals gain increased confidence and assertiveness so that, where possible, they feel able to self-advocate when the need arises."* The different models are:

- **One to one or individual advocacy**

  This includes professional or issue based advocacy. It can be provided by both paid and unpaid advocates. An advocate supports an individual to represent their own interests or represents the views of an individual if the person is unable to do this themselves. They provide support on specific issues and provide information but not advice. This support can be short or long term.

  Another model of one to one advocacy is **citizen advocacy**. Citizen advocacy happens when individuals are encouraged to become involved with a person who might need support in their communities. The citizen advocate is not paid and not motivated by personal gain. The relationship between the citizen advocate and their advocacy partner is on a one-to-one basis and is normally but not always on a long term basis. It is based on trust between the partner and the advocate and is supported but not influenced by the advocacy organisation. The advocate supports their partner using their natural skills and talents rather than being trained in the role although they should have access to relevant training where appropriate.

  Peer advocacy is also individual advocacy. Peer advocates share significant life experiences with the advocacy partner. The peer advocate and their advocacy partner may share age, gender, ethnicity, diagnosis or particular issues. Peer advocates use their own experiences to understand and have empathy with their advocacy partner. Peer advocacy works to increase self-awareness, confidence and assertiveness so that the individual can speak out for themselves, lessening the imbalance of power between the advocate and their advocacy partner.

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[1] The Scottish Government Guidance, Independent Advocacy: Guide for Commissioners (2013)

- **Group or collective advocacy**

  Collective advocacy enables a peer group of people, as well as a wider community with shared interests, to represent their views, preferences and experiences. A collective voice can help reduce an individual's sense of isolation when raising a difficult issue. A collective voice can be stronger than that of individuals when campaigning and can help policy makers, strategic planners and service providers know what is working well, where gaps are and how best to target resources. Being part of a collective advocacy group can help to reduce an individual's sense of isolation when raising a difficult issue. Groups can benefit from the support of resources and skilled help from an independent advocacy organisation.

- **Non-instructed Advocacy**

  Most one to one advocacy is instructed however there are occasions when non instructed advocacy may be required. Non-instructed advocacy happens when a person who needs an independent advocate cannot tell the advocate what they want. This may be because the person has complex communication needs or has a long term illness or disability that prevents them from forming or clearly stating their wishes/desires. This usually takes place with people who have dementia or profound and/or severe learning difficulties. The advocate will take time to get to know the person and relatives/friends and look for alternative methods of communication which will enable the person to express their views and wishes to ensure their rights are upheld. The advocate will challenge service providers in order to promote a person-centred independent approach.

4.2 Policy and legislative context

The Millan Committee was set up in 1999, to review mental health law in Scotland. The report, *New Directions, a Report on the Review of the Mental Health (Scotland) Act 1984*, was published in 2001. The report recommended there should be greater access to advocacy, and that "*all mental health service users should have a right to obtain access to an advocate… (and that) … it should be a joint duty of health services and local authorities to ensure those advocacy services are available and that service users are informed of the services.*"

The report also said explicitly that most people receive care and treatment on a voluntary basis, and that everyone receiving care and treatment, whether on a compulsory or voluntary basis, should have access to advocacy support, to make sure they are involved as fully as possible in decisions about their care. The report therefore recommended that a new mental health act "*should give a right to all mental health service users to obtain access to an advocate*."

The 2003 Act follows this recommendation, and states that anyone with a mental disorder, whether or not they are subject to compulsory measures under the Act, has a legal right of access to independent advocacy. The 2003 Act also confers a duty on each health board and local authority to work collaboratively to ensure that independent advocacy services are available, and that people are able to access services.

The 2015 Act builds on this duty, by requiring local authorities and health boards to give the Commission information about how they are arranging for the provision of independent advocacy services in their area.

The importance of independent advocacy services has been recognised in other legislation and policies:

- *Better Health, Better Care: An Action Plan* (2007) which set out a new vision for the NHS in Scotland, recognised the need for advocacy support.
- The Patient Rights (Scotland) Act 2011, which aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care, established a patient advice and support service. It says that this service, where appropriate, should make people aware of and direct them to advocacy services.
- The Social Care (Self-directed Support) (Scotland) Act 2013 refers to the provision of information about advocacy services.
- The Children's Hearing (Scotland) Act (2011) introduced a requirement to ensure that children and young people going through the Children's Hearing System should be able to get advocacy support.
- *Getting it right for every child (Getting it right)* (2012) makes clear reference to why good quality advocacy support - which helps children and young people to be 'respected' and 'included' - is a significant part of the *Getting it right* approach.
- The *Keys to Life* implementation framework and priorities 2019-2021 outlined the importance of partnership working to ensure that people with learning difficulties are able to gain greater choice and control over their lives through self-directed support and the associated funding of organisations offering advice, advocacy and support.
- *Caring Together: the carers' strategy for Scotland 2010-2015* confirms the importance and value of advocacy for carers in their own right.

Scottish Mental Health Law Review (SMHLR)[2]

Despite this policy and legislative context, the SMHLR's report published in September 2022, stated that only around 5% of people who have a right to independent advocacy actually access it and they highlighted several reasons for this:

- the lack of knowledge amongst people about what independent advocacy is, how it can benefit them, how to access it;
- the very limited levels of funding most independent advocacy organisations receive;
- the different 'levels' of access that each piece of legislation grants;
- the lack of awareness or understanding of independent advocacy among health and social care staff.

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[2] Scottish Mental Health Law Review Final Report (September 2022)

The SMHLR report has made a number of important recommendations in relation to the development of independent advocacy which are currently being considered by the Scottish Government.

It is clear that a whole systems approach needs to be taken to advocacy ensuring that it is integrated into practice and integral to all policy and strategy decisions e.g. National Care Service proposals.

5. How we gathered information for this report

We started by reviewing the information received in 2018 and took account of the feedback provided by the Mental Welfare Commission's Board on recommendations for inclusion at the next survey. Key additional areas for consideration for the survey in 2022 were highlighted as:

- **Equality impact assessments for advocacy strategies as a way to check if particular groups, like children, were being properly considered.**

  We therefore developed a questionnaire based on our previous survey which the Commission put in place in 2017, adding questions in relation to equality impact assessment. This was also one of the recommendations from our report published in 2018.

- **Input directly from advocacy services, and investigate the widespread concerns about reduced, late or inappropriately restricted funding.**

  We met with the Director and her team from the Scottish Independent Advocacy Alliance (SIAA) where we discussed how we could get more input directly from advocacy services. The Director from SIAA advised that they would be undertaking their mapping exercise with their member organisations and would review their existing questionnaire in order to gather more details in relation to funding concerns. SIAA has since completed this work and kindly shared their information for inclusion in relevant sections of this report.

- **To involve advocacy in the Commission's end of year process.**

  The findings/recommendations from this report will be added to our end of year agenda as a standing item as part of our discussions with the senior teams in each HSCP area.

Our next step was to update the questionnaire which was used in 2017, adding questions but also restructuring our survey into one document with three parts rather than three separate documents:

- **Part one: adult survey**

  This information details responses on current planning, consultation and involvement, action planning, commissioned services, commissioned budgets, prison related information, monitoring and review arrangements and future plans.

- **Part two: children and young people survey**

  This information details responses on current planning, commissioning, monitoring and review arrangements and future plans.

- **Part three: independent advocacy services commissioned for adults, children and young people**

  This information details responses on how many organisations are commissioned, the specific groups they support, type of advocacy, budget information by category and also terms of funding.

The questionnaire was sent to all chief officers for health and social care partnerships (HSCPs) and copied to chief executives for health boards, local authorities and chief social work officers asking for information about advocacy services commissioned in each area for adults, children and young people. We emphasised that we expected only one joint response from each area.

Out of a possible 32 responses (31 HSCPs areas and the State Hospital) we received 31 responses, one was a joint response from the HSCPs in Forth Valley.

In analysing the information from the completed surveys we have identified the need to review our questions, provide more detailed guidance to staff who will complete the survey as some of the questions were answered quite differently, e.g. advocacy staffing – whole time equivalent or number of people. We will make a commitment to work in partnership with the Scottish Independent Advocacy Alliance to develop our survey tools so that we can ensure the information we receive can complement or strengthen the information we both report on.

6. Advocacy provision for adults

6.1 Current planning

Arrangements for the planning and commissioning of advocacy services

We asked respondents to provide information on how the planning and commissioning for the provision of advocacy services is undertaken in their area.

Table 1: details arrangements for the planning and commissioning of advocacy in each area

The level at which advocacy is planned for	n	%
NHS Board level	5	16%
HSCP	12	39%
Local Authority	1	3%
Other	1	3%
Jointly	12	39%
Total	**30**	100%

Other: Orkney reported that this is not a discreet function given the size of their population.

Jointly: five areas reported that advocacy plans are developed jointly with the HSCP and local authority, two reported that they are developed by the HSCP and health board and the other five reported that they are developed with the HSCP, health board and local authority.

Advocacy planning group

Only 48% (n=15) of respondents reported that they have an advocacy planning group covering their area.

Strategic advocacy plan

The Scottish Government guide states that “a strategic advocacy plan should be developed based on the information gathered from a needs assessment, scoping exercise and consultations.” From the information collated from this survey we can report that 58% (n=18) respondents confirmed that they have a strategic advocacy plan for their area, only 11 were said to be up to date however. There remain 13 areas who do not have strategic plans, 10 of which are in the process of developing one and three areas report having no plans at this stage.

Greater Glasgow & Clyde reported that they have a joint strategic advocacy plan for all six health and social care partnerships for 2018-22. 17 respondents provided a copy of their plan with their submission.

Recommendation 1: All health and social care partnerships (HSCPs), health boards and local authorities should work collaboratively to ensure that a strategic advocacy plan has been developed and implemented for a three year period based on information gathered from a needs assessment, scoping exercises and consultations for the provision of independent advocacy services in their area by 31 March 2024.

Table 2: provides comparison to our 2018 report in relation to strategic advocacy plans in place

	2018 report	Current report
Current plan in place	9	11
Plan in place but out of date	3	7
No plan in place but in process of being developed	12	10
No plan in place and no plans to develop one	4	3
Total submissions received	**28**	**31**

The three areas who reported no plans in place to develop a strategic plan provided additional information as follows:

- Moray reported that they are planning for their advocacy needs and future commissioning/tendering process in a collaborative way with a wide range of stakeholders, current provider and lived experience. There was previously a Grampian wide advocacy group where all three IJBs and NHS met but this was disbanded pre pandemic. They confirmed previous commissioning EIA documents that were part of the action planning process that led to current advocacy contractual arrangements.
- West Lothian reported advocacy for different service user groups fall within the remit of each service user group commissioning plan. The following strategic commissioning plans in place within West Lothian HSCP are as follows: Mental Health; Learning Disability; Physical Disability; and Older Adults (Home First).
- Orkney reported the Strategic Commissioning Plan is the major strategic document which sits alongside the NHS Clinical Strategy.

6.2 Consultation and involvement

Involvement in the development of strategic advocacy plans

The areas who have an up to date strategic advocacy plan detailed good examples of how and who they involved during their development:

- involved all key stakeholder advocacy organisations;
- the individuals who access their service, staff, commissioners and voluntary sector organisations;
- invited stakeholders to share their views about independent advocacy through informal conversations, questionnaires to staff and services and discussions with staff and individuals who access their service;

- carried out a snap survey with advocacy organisations, advocacy partners (service users) and HSCP staff;
- carer focus groups;
- people with lived experience of mental health problems;
- stakeholder engagement sessions;
- surveys on-line, paper and easy read versions;
- attended specific groups, e.g. an advocacy forum which helps to ensure that individuals who access their service and advocacy organisations have a strong say in the ongoing development of advocacy services.

Equality impact assessment

In line with Section 149 of the Equality Act 2010 which imposes a legal duty, known as the Public Sector Duty (Equality Duty), on all public bodies, to consider the impact on equalities in all policy and decision making we made a recommendation in our 2018 report that all advocacy strategic plans should be equality impact assessed (EQIA). 23% (n=7) reported that they had completed an Equality Impact Assessment when developing their strategic advocacy plan and 13% (n=4) submitted a copy of their EQIA.

Recommendation 2: Equality impact assessments (EQIA) must be undertaken when developing and finalising strategic advocacy plans and signed off by senior management from all key partners, e.g. health and social care partnerships(HSCPs), health boards and local authorities.

Action plan for the development of independent advocacy

23% (n=7) of respondents have an action plan in place for independent advocacy relating to mental health, learning disability or dementia for their area, six provided a copy with their submission.

32% (n=10) of respondents confirm they are currently in the process of developing their action plan.

42% (n=13) confirm that they are not currently developing a separate action plan as they are already included within their local strategy documents, advocacy contracts, responsibility of thematic groups or have been delayed due to the pandemic. One area did not respond to this question.

We asked respondents to detail any actions in relation to the development of mental health, learning disability or dementia services which maybe in other local plans. A variety of responses were received:

- East Ayrshire adult protection committee improvement plan ensures adults at risk are appropriately referred to independent advocacy services.

- Fife carers strategy recognises the importance of the provision of high quality advocacy services.
- Angus living life well implementation plan which incorporates actions for mental health, learning disability and dementia services.
- Scottish Borders rapid rehousing transition plan commits to developing pathways to prevent homelessness for the groups who are predictably at highest risk.
- Greater Glasgow & Clyde strategy for mental health services, service user involvement and representation has been provided though the mental health network.

6.3 Current commissioned services

Prioritising provision

90% (n=28) of respondents confirm that they specify that advocacy organisations prioritise referrals for advocacy support, the majority of whom have asked that priority be given to people who are/or being considered for care and treatment under mental health and incapacity legislation.

Other responses:

- Glasgow reported that they do not specify that advocacy organisations prioritise referrals for advocacy support.
- East Lothian reported whilst there is no condition within their contract/service level agreement to prioritise referrals of any nature, CAPS Independent Advocacy are commissioned to provide independent individual and collective advocacy in East Lothian for people who use, or have used mental health services. The provider does however prioritise this work, where necessary, in order to ensure individuals' needs are met within statutory timescales.
- Shetland reported that their current provider does this through its triage process using trained and experienced advocates.

87% (n=27) of respondents confirmed (as part of monitoring and review of advocacy provision) that they are aware of advocacy organisations prioritising provision of advocacy support to people subject to compulsory measures.

Other responses:

- Fife confirmed that they are not aware of this but that their contract specification sets out services to be provided and developed in line with the aims and objectives of Fife's Advocacy Strategy.
- Inverclyde confirmed that within mental health officer (MHO) services they have never had any difficulty accessing advocacy for people subject to compulsory measures.
- Orkney confirmed that they are currently out to tender and this will be included going forward.

- East Lothian reported that they are not aware of this.

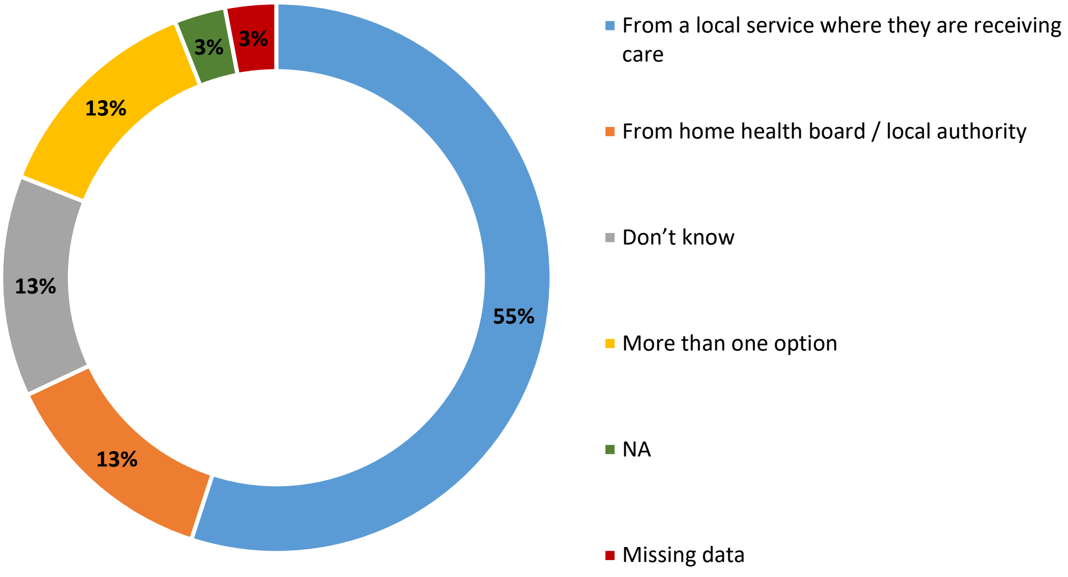
100% (n=31) of respondents confirm that they do not specify that organisations apply a limit to the amount of advocacy support per person. Examples of comments received:

- support continues until the issue requiring advocacy is resolved or concluded;
- individuals are encouraged to avoid dependency and ensure that they close cases as soon as reasonable;
- the organisation will input in terms of reconnecting and linking people with other local community resources or support.

Shetland reported that as they are a small remote island there is a lack of dedicated advocacy organisations and this creates significant difficulties when seeking to commission services. At present Shetland Islands Council has a six month contract in place with The Advocacy People who are a UK mainland based service providing advocacy services remotely by telephone and/or online. They are closely monitoring the service performance whilst also carrying out market engagement with potential local providers with a view to ensuring independent advocacy provision is place from April 2023 and going forward.

Advocacy services for NHS patients placed in private healthcare facilities out with home health board area

Chart 1: details how NHS patients, who have been placed in private healthcare facilities out with their home health board area receive advocacy support.



Don’t know responses:

- Aberdeen City advised that they do not have any patients in private healthcare facilities.
- Angus do not collect this data, but processes are in place for all care managers to consider the requirement of advocacy as part of their role.
- Borders and Midlothian provided no additional comments.

More than one option responses:

- Inverclyde and Dundee provide two options; local service where they are receiving care or from their home health board/local authority.
- Dumfries & Galloway and the State Hospital provided no additional comments.

Advocacy services for homeless people

Detailed below are the responses received on the type of advocacy service commissioned to support homeless people with mental health issues, learning disability or dementia.

Table 3: details the number of areas who commission each type of service

Type of service	**Number of areas**		
	Mental Health Issues	**Learning Disability**	**Dementia**
Generic service explicitly commissioned to support homeless people with this condition	2	2	2
Generic service open to homeless people with this condition – no specific agreement relating to this	25	25	24
Specific homeless advocacy services commissioned	1	1	1
In comparison to our previous report in 2018 where we had 15 organisations who supported people who were homeless with a mental disorder.			

- East Renfrewshire reported none of the above apply, advocacy services were said to be accessed by anyone who has contact with services in East Renfrewshire. “Our advocacy services are open to all residents and all age groups across East Renfrewshire.”

- Inverclyde reported the provider will promote advocacy as a service for ‘hard to reach’ groups, e.g. racial minorities, homeless people, gypsy/travellers, those who misuse substances etc.
- West Lothian reported that their commissioned advocacy services are open to anyone regardless of housing circumstance who has mental health / learning disability or dementia. The West Lothian HSCP does not commission a provider to specifically support homeless people.
- Western Isles: reported while they don’t specifically commission services, the generic services will provide support.

Advocacy services for asylum seekers

Detailed below are the responses received on the type of advocacy service commissioned to support asylum seekers with mental health issues, learning disability or dementia.

Table 4: details the number of areas who commission each type of service

Type of service	Number of areas		
	Mental Health Issues	**Learning Disability**	**Dementia**
Generic service explicitly commissioned to support asylum seekers with this condition	0	0	0
Generic service open to asylum seekers with this condition – no specific agreement relating to this	28	28	28
Specific asylum seeker advocacy services commissioned	0	0	0
In comparison to our previous report in 2018 where we had 10 organisations who supported people who were asylum seekers with a mental disorder.			

- Inverclyde reported asylum seekers as a group are not currently mentioned in the current specification.
- West Lothian reported once more that their commissioned advocacy services are open to anyone regardless of asylum status who has mental health/learning disability or dementia. The West Lothian HSCP does not commission a provider to specifically support asylum seekers.

Advocacy services for carers

Detailed below are the responses received on the type of advocacy service commissioned to support carers of people with mental health issues, learning disability or dementia.

Table 5: details the number of areas who commission each type of service

Type of service	Number of areas		
	Mental Health Issues	Learning Disability	Dementia
Generic service explicitly commissioned for carers	15	15	14
Specific service explicitly commissioned for carers	3	3	6
No carers advocacy service	8	8	6

- Although Borders Independent Advocacy Service is not explicitly commissioned to provide a service for carers, it is actively promoted by the local carers' service.
- Glasgow reported that the generic service is open to carers and it demonstrates how they ensure carers who are dealing with complex and difficult situations are assisted to make their voice heard and be a key partner in deciding the most appropriate course of action.
- Inverclyde reported that there is equity of access to advocacy including to carers of an Individual resident within Inverclyde. Carers of Individuals can seek advocacy support for their own needs and this must be provided independently of that of the individual. Inverclyde also has a very active carers' centre that provides support and collective advocacy to carers.
- West Dunbartonshire reported Lomond and Argyll Advocacy Services provide this support for carers, as do Carers of West Dunbartonshire.
- Argyll and Bute reported advocacy services will work with carers but prioritise those with an identified priority-one need. This was said to be challenging as the cumulative needs of a carer can be equally distressing. Informal advocacy is said to be available through carers' service commissioned activity in the first instance.
- Fife reported that they provide both a generic and specific service. Fife Carers Centre, Fife Young Carers, and Circles Network provide advocacy services specifically for carers including those with mental health, learning disability and dementia and those with any other issue.
- Western Isles reported no specific commissioned service for carers but said that carers are supported by the generic advocacy service.

Advocacy services for people in prison

12 responses were received confirming prisons in their HSCP area, 91% (n=11) reported that they commission advocacy services for people who are in prison. East Dunbartonshire reported that the Scottish Prison Service (SPS) fund advocacy provision for the prison in their area. Examples of how services are commissioned:

- West Lothian reported that the Mental Health Advocacy Project receive separate funding to provide a service in HMP Addiewell.
- Edinburgh reported that Thrive Edinburgh have commissioned Advocard to provide individual advocacy services for any prisoners in HMP Edinburgh.

It was reported that prisoners are informed about independent advocacy services through a number of different ways posters, leaflets, informed by health care staff, prison induction, parole interviews, referrals by mental health teams and HMP Edinburgh have a dedicated advocacy worker who is based in the Links Centre to raise awareness of the service.

Advocacy services for equality groups

We asked respondents to outline how they ensured advocacy services were available to equality groups, the majority of respondents confirm that advocacy services are open to all, via relevant health and social care staff working with vulnerable groups, linking with equalities networks, training for staff on equality and diversity and arranging for interpreters to support people. The majority of respondents report that this will be monitored through quarterly reporting and meetings.

- Borders reported that they consider this at specific forums e.g. LGBT groups and service providers to assess how the information is gathered and monitored. There are other actions currently in progress including responding to the Mental Welfare Commission’s recommendation around informing and supporting people of different ethnicities.
- South Lanarkshire reported that a new client index system is currently in development replacing SWISplus, the data capture from this new system will deliver on all the protected characteristics.
- Glasgow reported that the commissioned service has measures in place to ensure that the service is available to equality groups, e.g. casework audits, support and supervision and structured mechanisms for gathering service user and stakeholder feedback.
- Perth & Kinross reported that they ensure this through generic awareness sessions/ leaflets, the support and advice of local groups such as Citizens Advice, Perth & Kinross Advocacy services and their third sector networks.

6.4 Monitoring and review arrangements

Outcomes and monitoring

The majority of responses received provided detailed information on the outcomes they require advocacy organisations to report on. Aims and objectives are set by the HSCP or local authority which each advocacy organisation needs to evidence through various key performance indicator; these can be a mix of quantitative and qualitative measures, for example accessibility of service, number of referrals received, referral management, demographic information, individual feedback, stakeholder feedback and complaints information.

They also confirmed that the arrangements for monitoring of advocacy provision is through their formal contract monitoring processes either in the HSCP or local authority. The advocacy organisation is required to submit a monitoring report for review quarterly, six-monthly, and annually, plus in some areas members of the contracts team will undertake quality assurance visits.

North Ayrshire reported that one of their advocacy organisations took part in external quality performance assessment, demonstrating that they are working to the Advocacy Quality Performance Mark (QPM) Standards.

Aberdeenshire, East Dunbartonshire and West Lothian reported that they work closely with the Scottish Independent Advocacy Alliance (SIAA) as part of their review process to ensure adherence to legislation, regulations and the SIAA principles and standards.

West Lothian reported that the advocacy organisations they commission services from must be members of the SIAA.

Recommendation 3: All health and social care partnerships (HSCPs), health boards and local authorities should ensure that advocates and advocacy organisations commissioned to provide advocacy services in their area comply with the principles and standards set out in Appendix 1 of the Scottish Government Guidance: Independent Advocacy a Guide for Commissioners (2013).

94% (n=29) of respondents confirmed that they receive information from each organisation on the number of people accessing advocacy support through their reporting structures.

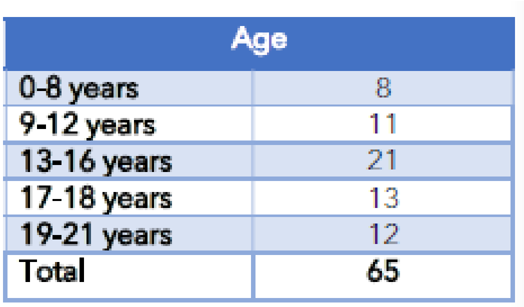
Other responses:

- Orkney reported that they are currently out to tender and will gather this information going forward.

Respondents helpfully included the information they receive; below are some examples of this information:

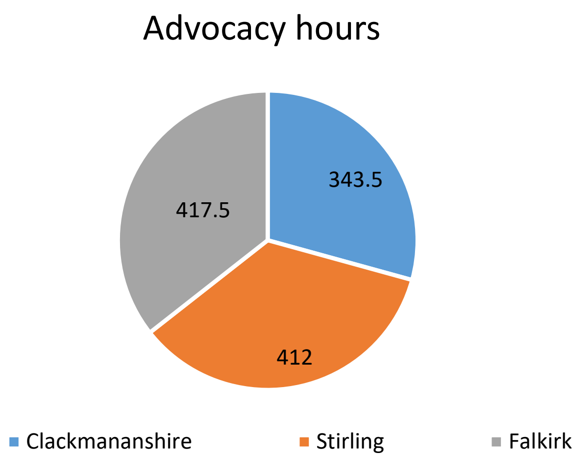
- **Dundee Partners in Advocacy** (April 2021 – March 2022)

  Age breakdown of new referrals

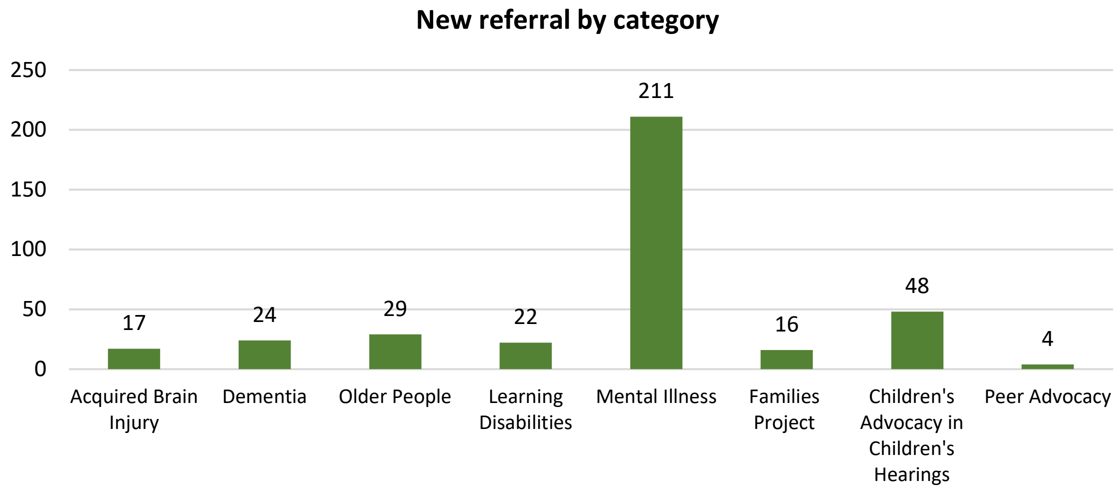


Age	
0-8 years	8
9-12 years	11
13-16 years	21
17-18 years	13
19-21 years	12
Total	65

- **Forth Valley Advocacy** (June 2022)

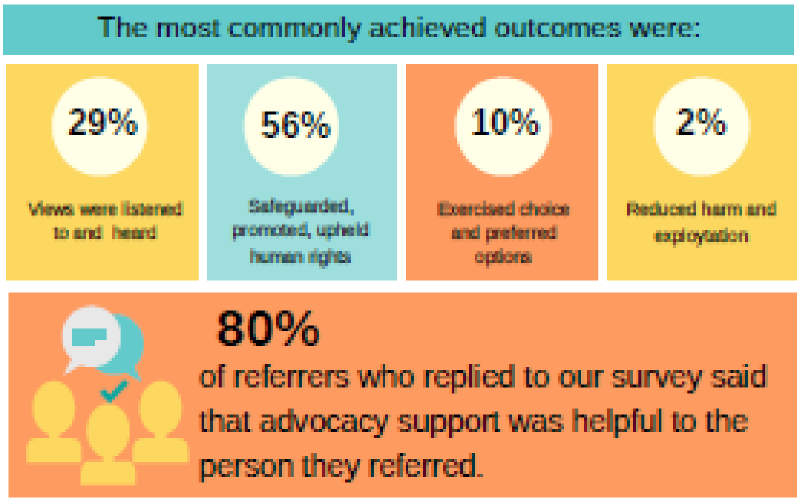


- **Angus** (April 2021 – March 2022)



- **North Lanarkshire Advocacy** (April – June 2022)

- **Glasgow, The Advocacy Project** (April – June 2022)


The most commonly achieved outcomes were:

29% Views were listened to and heard

56% Safeguarded, promoted, upheld human rights

10% Exercised choice and preferred options

2% Reduced harm and exploitation

80% of referrers who replied to our survey said that advocacy support was helpful to the person they referred.

Feedback from people accessing advocacy services

The majority of respondents request that advocacy organisations undertake a form of engagement/feedback with people who access their service and this is included in their contract specifications. Examples of how this is undertaken is satisfaction surveys, exit surveys, comments cards, feedback forms for clients and referrers, semi-structured interviews, care opinion, carer support arrangements, forum meetings, etc.

South Lanarkshire reported that pre-Covid-19 they held an annual advocacy event and this is still included as part of their action plan.

Angus Independent Advocacy are in the process of developing an engagement pack on behalf of Angus Adult Protection Committee to engage with people with lived experience in adult protection processes to gain their views for improvement.

Complaints monitoring

Table 6: details the type of complaint monitoring currently in place

	n	**%**
Annual monitoring data from providers	15	48%
Quarterly reporting	11	35%
Monitoring meetings	2	7%
Complaints proforma submitted to HSCP	2	7%
No monitoring	1	3%
Total	**31**	100%

Borders reported that at present there is no complaint monitoring in place but this is being addressed in future commissioning arrangements.

Raising awareness of advocacy services

The majority of respondents confirm that information to raise awareness and deliver public information on the availability of mental health, learning disability and dementia advocacy services is through a range of methods; websites, use of social media, in local hospitals on notice boards, having stands at local events, patient welcome packs, carer information pack, and 74% (n=23) of respondents have taken action to promote the use of advocacy among health and social care and social work staff at awareness sessions.

65% (n=20) of respondents are planning to do more to promote awareness of the availability of advocacy services over the next two years. It is noted that the development or revision of current strategic advocacy plans will provide an ideal opportunity to promote awareness e.g. through stakeholder engagement events.

Recommendation 4: All health and social care partnerships (HSCPs), health boards and local authorities should promote advocacy services among health, social care and social work staff through training/awareness sessions and ensure information is available through a wide range of methods to members of the public.

6.5 Future plans

90% (n=28) of respondents are assessing the need for mental health, learning disability or dementia independent advocacy supports in the future. They have reported that they are using information from various sources, HSCP needs assessment and locality profile information, review of their current strategic advocacy plan, partner agencies feedback on their assessment of future demand, reviewing performance information, looking at current demand, trends and contract monitoring.

81% (n=25) of respondents confirmed that they ask services to provide information about unmet need. The information is usually contained within their monitoring reports.

68% (n=21) of respondents have information about identified gaps in provision/unmet need from the information sources detailed above which they are using for future planning purposes.

Additional responses in relation to unmet need or assessing future need:

- Lothian reported, following an extensive co-production process with providers and users of independent advocacy, that they are now part way through their recommissioning process for independent advocacy contracts post April 2023. Through the co-production process they note that they have captured information around unmet needs and gaps in provision. They will continue to review projected needs in this area and look to ensure flexibility in the service specification to reflect any further need for change going forward. This will be done by reviewing monitoring returns for the provider organisations to establish patterns of unmet need. They will ensure the approach is informed by and aligns with objectives in other strategic plans eg Thrive Adult Health and Social Care Commissioning Plan, Edinburgh Joint Carers Plan review and Autism Strategy.
- Fife reported that their grant funded voluntary organisations do not have any requirements under their Service Level Agreements to report on unmet needs, there is however the opportunity at the Annual Monitoring Meeting to discuss any concerns where unmet need may arise. Within the Contract for Professional Advocacy, unmet need is discussed at review meetings with the organisation, and it is formally reported on in both their quarterly monitoring and Annual Review reports. Fife also has an Advocacy Forum in place where advocacy organisations are fully represented. The Fife Advocacy Forum considers additional areas for development or improvement and works collaboratively with Fife Health and Social Care Partnership to identify ways to implement improvements. It is reported that there is now a Reimagining Project which has created an opportunity to review the monitoring arrangements for all grant funded organisations. Fife will build in processes to look at any gaps in service where people are seeking support to exercise choice and control which will inform future development of advocacy support services
- Renfrewshire reported as part of work with partners to develop an updated NHS Greater Glasgow & Clyde Independent Advocacy Strategy, a review of current and future demographics and needs will be undertaken and will inform the identification of actions required to meet projected demand.
- West Lothian reported the new contracts for advocacy support that were awarded in 2022 were taken through governance and scrutinised by the independent care groups commissioning boards. This helped inform the service specifications. No gaps were identified through this process. New contracts were awarded for all advocacy projects in 2022.

7. Advocacy provision for children and young people

7.1 Current planning

While overall responsibility for children's services planning clearly rests with a local authority and its relevant health board (i.e. the territorial health board in whose area the local authority falls), it is expected that they will work collaboratively with other members of the Community Planning Partnership (CPP), as well as with children, young people and their families at various stages of the plan's development and review. 97% (n=30) of respondents confirmed that they have an integrated children's service plan. 84% (n=26) submitted a copy of their plan.

The State Hospital does not routinely provide care for children or young people. Any admissions of a young person aged 16–18 would be by exception only. In these circumstances there would be extensive liaison with community partner agencies to ensure the needs of the young person are protected. The Patient Advocacy Service would provide services to young people and specialist advocacy could be referred to where necessary in the event of these rare occurrences. We were told that the existing budget covers these exceptional admissions.

The Children's Hearing (Scotland) Act (2011) introduced a requirement to ensure that children and young people going through the Children's Hearing System would, for the first time, be able to get advocacy support.

Getting it right for every child (*Getting it right*) (2012) makes clear reference to why good quality advocacy support - which helps children and young people to be 'respected' and 'included' - is a significant part of the *Getting it right* approach.

46% (n=14) respondents reported that their integrated children's services plan does contain a reference to the provision of independent advocacy services for children and young people.

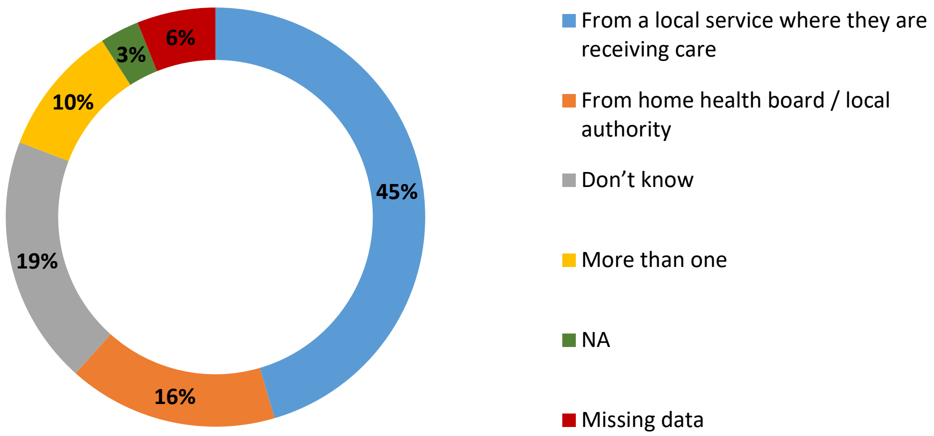
Angus reported that although it does not contain a reference to advocacy the Tayside Children's Plan is rights-based – this means that there is evidence that children's rights are considered in everything we do and that rights are promoted or enhanced by everything we are doing.

Recommendation 5: All children's integrated service plans should include reference to the provision of independent advocacy services by 31 March 2024.

7.2 Current commissioned services

NHS patients placed in private healthcare facilities out with home health board area

Chart 2: details how children and young people with mental illness, learning disability or related condition in a placement out with their home local authority would receive advocacy support



Don’t know responses:

- South Ayrshire explained that they do not have any children or young people who would be NHS patients placed out with their home local authority.
- Angus responded in relation to looked after children rather than children and young people with a mental illness, learning disability or related condition. Angus said that any looked after child would be able to access advocacy support through Who Cares? Scotland either from Angus or through arrangement from services where the child was placed.
- Dundee reported that they have not supported any children or young people out of area in the period April 2020-March 2022.
- Moray, West Lothian, Midlothian provided no additional comments.
- More than one option responses:
- Dumfries & Galloway reported that their advocacy provider supports young people who are in placements out with the area either by staff from this region visiting or staff from the provider in the local area providing support through a reciprocal agreement.
- Inverclyde provide two options; either the local service where they are receiving care or from their home health board/local authority.

7.3 Monitoring and review arrangements

Outcomes and monitoring

42% (n=13) of respondents confirm that they do receive information from each organisation about the number of children and young people with mental illness, learning disability or related condition who access advocacy support.

The others who reported that they do not receive information highlighted a number of reasons for this:

- may report on the number of young people accessing advocacy support however this may not be broken down into the detail of whether a young person has a learning disability or mental illness
- due to the sensitivity regarding low numbers, not able to report.

The majority of respondents reported that the outcomes they wish to achieve for the children and young people are:

- they are aware of and understand their human and legal rights and that these are safeguarded
- they have the confidence and ability to express and share their views
- they engage with services
- they actively participate in and feedback to local and strategic groups
- they feel they have their wishes, views, values and preferences taken into account within any decision making process

They also confirmed that the arrangements for monitoring of advocacy provision is through their formal contract monitoring processes. The advocacy organisation is required to submit a monitoring report for review quarterly, six monthly and annually on a number of key performance indicators, these can be a mix of quantitative and qualitative measures, for example accessibility of service, number of referrals received, referral management, demographic information, individual feedback, stakeholder feedback and complaints information.

Forth Valley reported that going forward they are looking to work with young people to develop their information gathering systems with specific regards to monitoring the quality of their advocacy support.

Feedback from children and young people accessing advocacy services

The majority of respondents request that advocacy organisations undertake a form of engagement/feedback with children and young people who access their service and this is included in their contract specifications.

Dumfries & Galloway reported that their advocacy provider uses the tool Boardmaker to assist in communicating with children and young people with a learning disability.

Forth Valley reported that Stirling Council support children's rights through various means one of these is the use of the Mind of my Own app, where young people can provide their views on various aspects of their lives. Work is being undertaken to increase the use of the app to support children and young people provide their views.

Complaints monitoring

Table 7: details the type of complaint monitoring currently in place

	n	**%**
Annual monitoring data from providers	9	29%
Quarterly reporting	1	3%
Monitoring meetings	5	16%
Processes within council	1	3%
No monitoring	1	3%
NA	7	23%
Missing data	7	23%
Total	**31**	**100%**

Raising awareness of advocacy services for children and young people

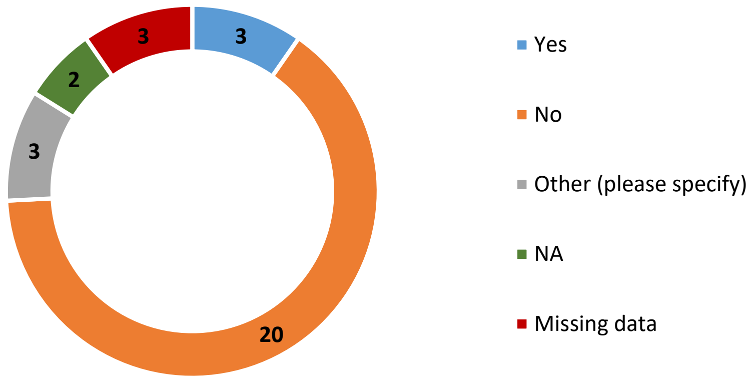
65% (n=20) of respondents have taken action to promote the use of advocacy among staff through meetings with social work teams, sign posting, emails and social media.

- East Dunbartonshire reported that they hold advocacy drop in sessions for children and young people and staff to promote the service and also provide details on how to refer.
- South Lanarkshire reported that they are currently developing a new pathway for children and young people with an added SwisPlus (client index) to select advocacy for child and family added.
- Shetland reported that they did a file reading exercise and based on the findings from this added a section to their Child's Plan document to record discussion about the provision of independent advocacy as a prompt for staff.

Respondents also reported that advocacy organisations raise awareness through a number of methods, e.g. social work teams, the children's reporter, local schools, social media, websites, leaflets, presentations to groups, pop-up stands at local community events. Social workers must ensure that advocacy is offered to each child attending a Looked-after child (LAC) review or children's hearing.

7.4 Future plans

Chart 3: details how many integrated children services planning structures include advocacy planning groups



Others:

- Fife reported that a refreshed advocacy planning group will encompass children services.
- East Renfrewshire reported that advocacy providers attend children's planning groups.
- North Lanarkshire reported that the Lanarkshire advocacy planning group considers children and young people advocacy services.

65% (n=20) of respondents are assessing the need for children and young people's mental health, learning disability or related condition independent advocacy support in the future.

South Ayrshire reported that work is ongoing in relation to strategic advocacy planning and will include direct consultation with those with lived experience, and analysis of need of children and young people known to education and health and social care services.

East Lothian reported that they will scope existing provision and identify any service gaps as part of the development of their advocacy strategic plan.

Dundee reported that following discussion within children and family services, it has been agreed to develop a strategic plan. Their intention is to broaden this discussion with an aim to provide an overall advocacy strategic plan. There are also plans to establish a strategic lead post for advocacy which will have a city wide focus with linkage to the Tayside-wide agenda.

Mental Welfare Commission: Young people monitoring report 2021-22 [3]

In our recently published young people monitoring report we noted that in 2021-2022 only 64% of children and young people who were admitted to non-specialist hospital wards were reported as having had access to advocacy. Of the young people who had access to advocacy during their admission only six (9%) had access to advocacy specialising in the needs of children and young people. Please refer to this report for further details and note that the Commission asked about access to advocacy not whether the young person actually engaged with advocacy provision.

We had already made a recommendation in our 2020-2021 report to health board managers with a duty to fund and provide advocacy services for individuals with mental health difficulties in their area to ensure that dedicated specialist advocacy support for children and young people with mental health difficulties was available locally and adequately resourced to be able to meet the needs of young people with mental health problems and to support and protect their rights.

We expect advocacy support and in particular specialist advocacy support to be made available and be routinely offered to children and young people wherever they are admitted, whether they are voluntary or detained or whether from a care experienced background or not. It may be that during a very brief admission there is no time to involve advocacy to support a young person, however, every child and young person should be made aware of advocacy services with few exceptions.

Article 12 of UNCRC describes the rights of all children to express their views freely in all matters that affect them and have their views “given due weight in accordance with their age and maturity.” Accessibility and availability of independent advocacy services for children therefore is a key way in which this right can be respected and upheld.

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[3] Mental Welfare Commission: Young people monitoring report 2021-2022 (December 2022)

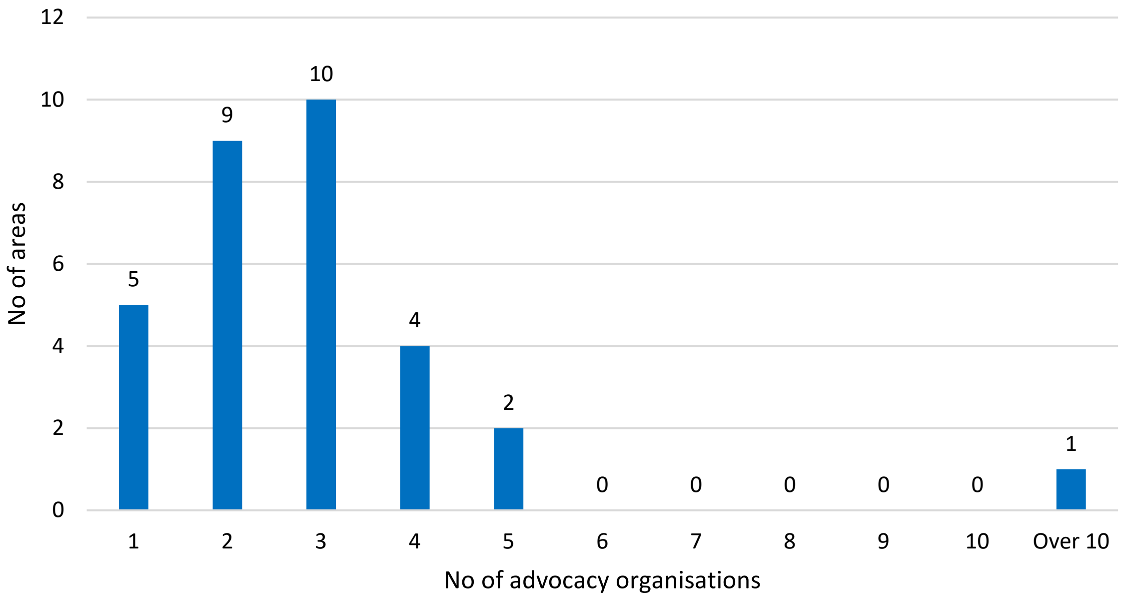
8. Independent advocacy services commissioned for adults, children and young people

8.1 Profile of organisations currently commissioned

We asked respondents to provide information about the number of actual independent advocacy organisations commissioned in their area, whether they were generic or did they support specific groups, what age groups they cover and the type of advocacy support they provide.

From the information received we currently have 90 organisations which are commissioned to provide advocacy services across Scotland.

Chart 4: details the number of advocacy organisations commissioned by each area



Fife is the outlier with the highest number of organisations they commission advocacy services from, a total of 11.

Service provision

We asked respondents to provide information about the type of service provided by the advocacy organisations they commission from in their area, this is detailed in Table 8 below.

Table 8: details the service provided and the number of advocacy organisations who deliver this

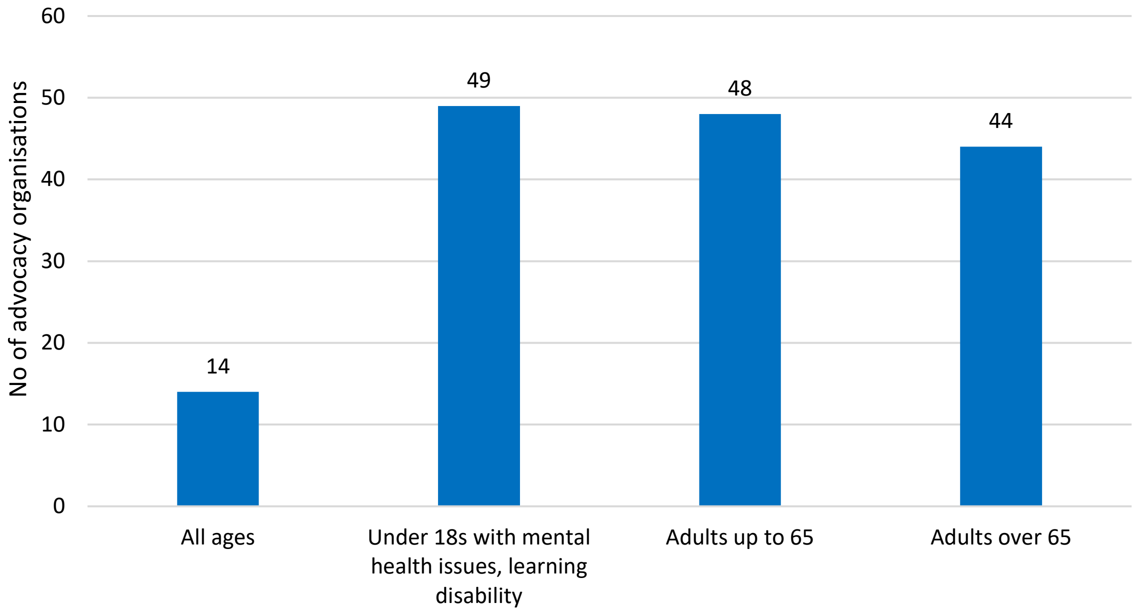
Service provided	No of organisations
Generic service	25
People with mental health/illness related condition	49
People with learning disability	45
People with dementia	32
People with autistic spectrum disorder	46
Mentally disordered offenders	25
Homeless people with mental illness, learning disability or dementia	37
Asylum seekers with mental illness, learning disability or dementia	36
Carers of people with mental illness, learning disability or dementia	32
People with any other condition	20
Children and young people with a mental health problem	34
Children and young people with a learning disability	31
Children and young people with ASD or ADHD	31
Looked-after children and young people including those who have mental illness, learning disability or related conditions	33
Looked-after children and young people but NOT including those who have mental illness, learning disability or related conditions	19
Young asylum seekers with mental illness, learning disability or related condition	27
Children and young people with any other condition	14

A number of respondents also reported that they have commissioned and/or received additional funding for advocacy support for people with drug and alcohol issues.

Age range

We asked respondents to provide information on the age range covered by each of advocacy organisations they commission from in their area, this is detailed in Chart 5 below.

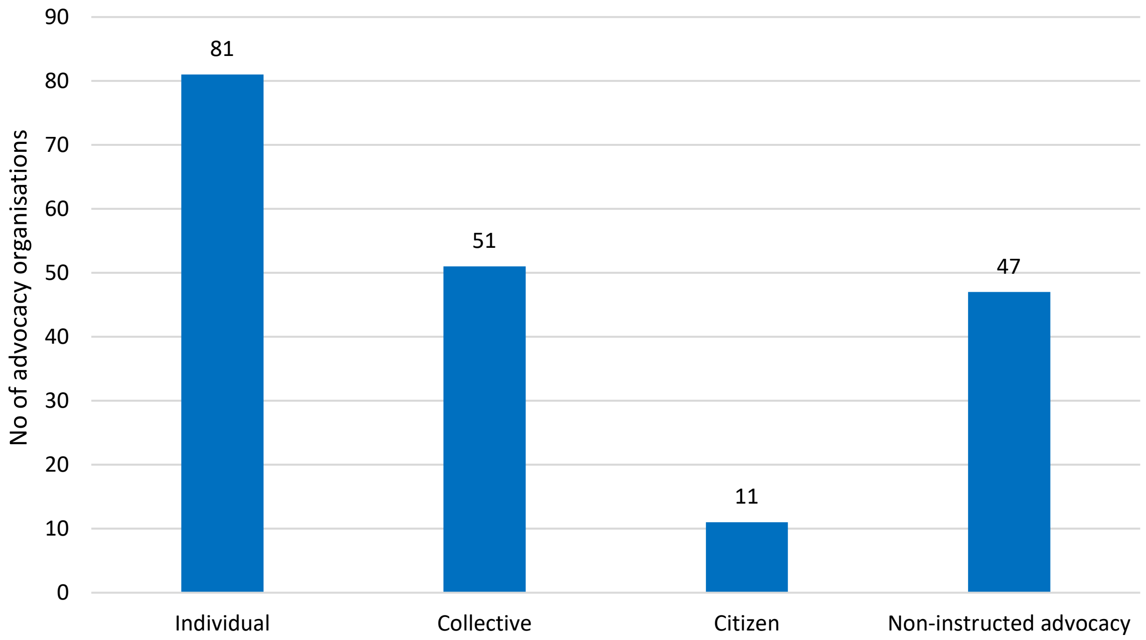
Chart 5: details the number of advocacy organisations and the age range they provide support to



Models of advocacy

There are a number of different models of advocacy and we asked respondents to tell us which model of advocacy provision was offered by the individual organisations they commissioned.

Chart 6: details the number of advocacy organisations and model of advocacy they provide



8.2 Budget information

In our survey we asked respondents to provide information on their current budget for advocacy provision. From the information received the total budget for advocacy provision in Scotland is approximately £13,200,000.

The total budget for each respondent ranged from £78,000 up to £1,350,000.

The budget allocated to individual advocacy organisations ranged from £10,000 up to £744,000.

We also asked for information on how this funding was broken down into various categories. Unfortunately not all respondents were able to provide a breakdown by category but from the 26% (n=8) respondents that provided this information please see Table 9 below.

Table 9: details the breakdown of the budget by category

Category	**Approximate funding allocated**
People with mental health problems	£469,020
People with learning disability	£353,295
People with dementia	£236,301
People with autistic spectrum disorder	£10,000
Mentally disordered offenders	£153,168
Carers of people with mental illness, learning disability or dementia	£147,930
Looked-after children and young people including those who have mental illness, learning disability of related conditions	£202,468
Total	**£1,572,182**

Advocacy provision for adult budget

52% (n=16) of respondents confirmed that their budget for mental health, learning disability or dementia independent advocacy has not changed over the past two years.

Those that received the annual uplift (cost of living or living wage increases) of approximate 2-5%, reported that there has been no change to services as result of these budget changes.

Examples from those who reported a change:

- Edinburgh reported that an additional £100k full year effect became available to support carers of those with mental health issues, learning disabilities and dementia seeking advocacy.

- Midlothian reported that Learning Disability advocacy budgets have been increased to expand services to respond to need and demographic growth.
- Angus reported that short-term funding was made available through Covid-19 monies to support a test-of-change for one year which supported the recruitment of a Duty Worker.
- Forth Valley reported that the advocacy budget allocation has increased to meet additional demand in the Falkirk HSCP area. In addition the operation and payment process of the contract was streamlined bringing efficiencies for the Provider. The increase in budget and redesign of the service operations has resulted in increased number of Advocates delivering Advocacy support across the Forth Valley area.

Advocacy provision for children and young people budget

58% (n=18) of respondents reported that the budget for children and young people's mental health/learning disability independent advocacy organisations has not changed over the last two years.

Examples from those who reported a change:

- Moray reported that they recently re-tendered advocacy services for children and young people; this process has not yet concluded. The new tender has been extended to include the parents and siblings of the child/young person referred with an increase in value.
- East Renfrewshire, Argyll & Bute and Dundee reported inflationary increases. No impact on services other than sustainability.
- West Lothian reported that there is a temporary increase in budget on a short term basis in place until 2023, this allows advocacy to be provided for looked after children/young people and children involved in child protection processes. This will be reviewed in line with West Lothian councils financial planning in early 2023.
- Western Isles reported that the budget has increased to provide a service in schools.

Term of contract funding

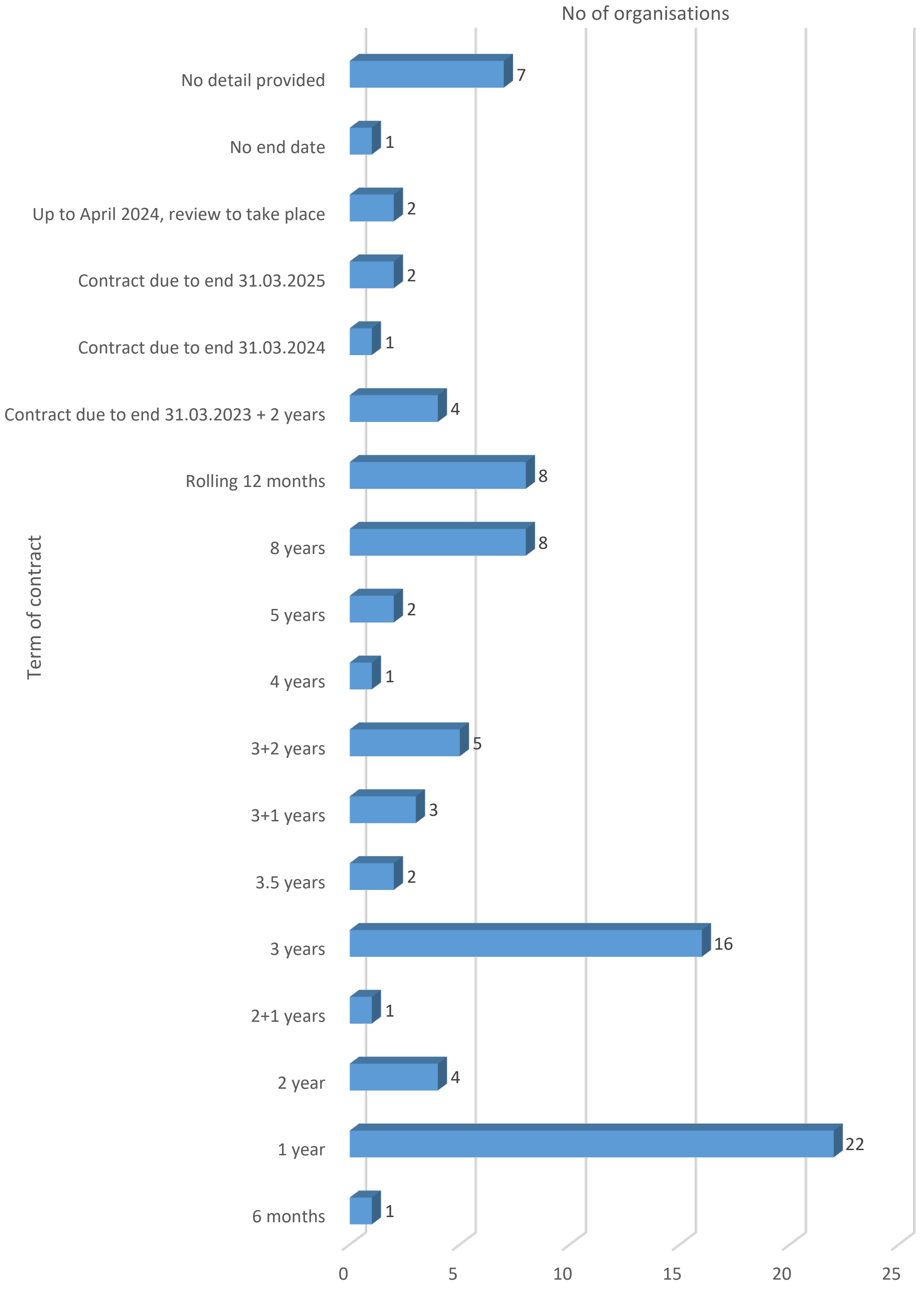
Following our report published in 2018 we were asked to provide feedback in relation to:

- the terms of funding for each advocacy organisation, therefore an additional question was incorporated into our survey.
- to provide input directly from advocacy organisations and feedback on the reported widespread concerns about reduced, late or inappropriately restricted funding.

In discussions with the Scottish Independent Advocacy Alliance (SIAA) they agreed to undertake their mapping exercise during the same period to provide detailed information from the advocacy organisations and their feedback on the impact of any changes to or length of their current contract period.

The majority of respondents provided details of the term of contract for each organisation they commission advocacy services from this is detailed in Chart 7 below.

Chart 7: details the term of contract for each advocacy organisation



There is great variation but the majority of advocacy organisations reported to the SIAA that they received annual recurring funding or have year on year service level agreements (SLA).

There were positive reports about funding and impact of the term of contracts:

- we can now deliver a new human rights education programme;
- more staff;
- we were given more funding to start providing 1 to 1 advocacy (1 full time worker), but overall funding remains mostly the same with small % uplifts;
- we have been able to recruit an additional staff member and update IT;
- increase to core funding via children's services - has enabled increase to full time hours of two advocacy workers-support for families;
- allowed us to increase our staff numbers to partly meet the demand for independent advocacy support;
- the staff team has grown significantly;
- allows us to provide advocacy to more people in local area.

Other feedback was less positive:

- Significant pressure on service delivery and may need to reduce in 2023-24.
- Unable to increase staffing/resources. Unable to reflect cost of living, unable to increase number of people we support in line with the increase in referrals. We are not able to fully commit to areas of work we would like to develop or expand.
- Although we have had a small increase in funding, it has in no way kept pace with the financial exigencies faced by the organisation over the time period.
- Very small increase, below inflation, has meant we have had to carefully budget.
- Due to a slight increase and cost savings due to the Covid-19 pandemic, we have been able to agree to a website being built, ways to promote our independence within the hospital as well as align staff salaries with the COSLA scales to ensure they are appropriately paid.
- At this point we have managed to absorb the decrease in funding and to date no major impact, whether or not this will be sustainable in the future is doubtful.
- Been able to maintain similar number of staff - referrals have increased significantly in the same period.
- Staff hours and premises have been cut.
- Mostly felt the effects of this recently with budgets now being tighter. It looks like this financial year, we will need to use a small amount of reserves to meet some increase in costs.
- Had to look at economics across spend to meet increased costs/pay etc.

- Struggled with capacity to deliver independent advocacy in the community, affecting early intervention. Focus on statutory work.
- The demand for independent advocacy has significantly increased during this period and we have used our reserves to increase capacity to meet this. The position is not sustainable for the future and demand is now outstripping resource.
- It has presented challenges for us to progress. We are asked to deliver one to one professional advocacy and if outgoings increase with no new income this affects our ability to grow.
- Small increase but still running a deficit budget which we then have to subsidise from general fundraising or reserves.
- The need for advocacy has increased - the money from statutory agencies has not.
- It reduces delivery and increases demand on members as well as workers and contributes to uncertainty as planning beyond short term and reactive rather than proactive responses are required.

SIAA also reported on the precarious funding position and impact on long term planning and sustainability of independent advocacy organisations. This is reportedly making it challenging for independent advocacy organisations to meet the current demand for independent advocacy when this is outstripping current resources.

Recommendation 6: All health and social care partnerships(HSCPs), health boards and local authorities to consider the term of funding in response to the feedback from the advocacy organisations about how this can make it challenging regarding long term planning and sustainability of independent advocacy organisations.

8.3 Staffing within advocacy organisations

We asked respondents to outline how many advocacy officers are supported by the funding in their area. We can only provide an approximate number at this time as some respondents reported by whole time equivalent (WTE) and others by actual number of advocacy workers. There are approximately 300 advocacy workers at this time funded through 70 advocacy organisations, 20 of the advocacy organisations detailed in the returns no information was provided on the numbers of posts.

Some respondents also reported that they fund a number of additional posts within the advocacy organisations:

- Borders: part-time administrator
- Dumfries & Galloway: volunteers with a further 2 training, CEO, Service Manager and Admin Worker.
- Fife: Chief Executive and part-time administrator.
- Aberdeen City: Manager, Assistant Manager and Admin Worker
- East Dunbartonshire: Service Manager, Operations Manager and CEO
- Glasgow: Operations Manager and CEO
- East Lothian: Advocacy Manager
- West Lothian: Manager, Depute Manager, Admin, Finance Officer, CEO and 15 Volunteers

Staff recruitment and retention during and since the pandemic

SIAA have heard through their networks that it is proving difficult to recruit or retain staff within third sector organisations since the pandemic due to:

- increase in dealing with traumatic situations, particularly after lockdown
- increase of staff leaving organisations due to numerous reported reasons such as retirement, moving to new areas, career changes
- some organisations reported retention of new staff was more challenging during lockdown.

SIAA also produce a bulletin which advertises posts available in their member organisations, over the last year some posts have required to be advertised multiple times, indicating that posts are now more challenging to recruit to.

9. Conclusion

The information contained in this report highlights that some progress has been made in relation to the number of areas who have a joint advocacy strategic plan in place or is currently being developed.

The Covid-19 pandemic has had an effect on the health and social care partnerships, health boards and local authorities in relation to the capacity to focus on strategy development and delivery but also on the advocacy organisations in relation to staff recruitment and retention. There is commitment to refocus, however, feedback from SIAA would suggest that there is generally not enough advocacy available and there is an ongoing need to strengthen the provision of advocacy for children and young people. This chimes with the findings of the Scottish Mental Health Law Review.

It is hoped that health and social care partnerships, health boards and local authorities will work collaboratively to develop or update their current advocacy strategic plan and also consider the feedback from advocacy organisations on the level and term of funding when contracting with them.

The SMHLR states, ‘Everyone who needs advocacy needs to be able to get it’ p.120. There can be no argument with this statement.

10. References

The Mental Health (Care & Treatment) (Scotland) Act 2003 and 2015

Millan Report on the Review of the Mental Health (Scotland) Act 1984

Scottish Government guidance, Independent Advocacy: Guide for Commissioners (2013)

Scottish Mental Health Law Review Final Report (September 2022)

The Children's Hearing (Scotland) Act 2011

Getting it right for every child (2012)

Equalities Act (2010)

11. Appendices

The appendices to this report have been published separately.

Appendix 1

Mental Welfare Commission survey tool

Appendix 2

Collated submissions from each area

If you have any comments or feedback on this publication, please contact us:

Mental Welfare Commission for Scotland
Thistle House,
91 Haymarket Terrace,
Edinburgh,
EH12 5HE
Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk