



The Scottish Independent Advocacy Alliance

Towards the Future

A brief history of advocacy in Scotland





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Introduction

The Scottish Independent Advocacy Alliance (SIAA) celebrated its tenth anniversary in 2012 and to mark the occasion, this report looks back at over twenty-five years of independent advocacy in Scotland. It brings together personal experiences and stories; from pioneers in the early days who championed service user involvement, citizen advocacy and the collective advocacy movement. These were gutsy patients who stood up against the establishment; survivors, service users and workers who spoke up for respect, dignity and better treatment.

The report looks at the development of the advocacy movement in Scotland, from the very first collective advocacy groups whose courage and sheer determination drove the movement forward to create the first publicly funded projects; we also look at the emergence of the citizen advocacy movement. We follow the development of advocacy into a more structured, legitimate movement with the creation of principles and standards, the creation of SIAA and the Advocacy Safeguards Agency and beyond the implementation of the new *Mental Health (Care and Treatment) (Scotland) Act 2003* which changed the face of independent advocacy forever.

This history looks at the remarkable growth and development of the independent advocacy movement in Scotland, follows important milestones which have shaped the movement and celebrates the extraordinary achievements of those people who have laboured, struggled and battled for independent advocacy for over twenty-five years.

Where we came from

Scottish Patients Unite

In the mid 1980s there was a growing sense of anger and frustration about the way people accessing mental health services were being treated. People accessing mental health services, workers and professionals alike began to come together and talk about what was happening and what they could do about it.

“In the 1980s most of the decision making was taken in closed groups by professionals and that’s when service users started talking about advocacy and when mental health users, collectively and individually started to speak up and wanted people to listen to them.” — Keith Maloney

Something was happening; there was a buzz in the air and a sense that things were about to change. In England, people were attending conferences organised by MIND and standing up to challenge the way they were being treated within mental health services.

“There was a big MIND conference in England in 1987. Those were the first kind of public expressions of a mental health service user movement in Scotland in collective advocacy.” — Keith Maloney

People started to come together in groups, and at public meetings where they could talk, shout and curse about what was happening to them and what they were going to do to change things.

“The conditions in hospitals were awful and the way people were treated was terrible.” — Rob Warren

“There was a real sense of needing to be heard and a sense that it was right to be heard.” — Anne O’Donnell

One of the first public meetings, Democracy In Psychiatry, was organised in 1988 by Colin Murray, a young trainee social worker who had, some years earlier, witnessed abuse of patients while working as a nursing assistant.

*“A patient was attacked and it was witnessed by staff. Staff closed ranks and there was no proper investigation. I was kept out of any investigation.”
— Colin Murray*

Around 60 people, from Edinburgh and Glasgow attended the first Democracy in Psychiatry meeting. This was followed by another meeting

and more people came from Aberdeen and Dundee as well as Glasgow and Edinburgh.

“We were still at the point where psychiatry didn’t listen to people’s experience. Decisions were made based on statistics and research and not on listening to patients. There was a massive need. People wanted to challenge some of the things that were considered truths in the way mental health services were delivered.” — Shulah Allan

People began getting together in groups, supported by workers and others within mental health services who wanted to see change happen. One small group met at Contact Point, a mental health service in Edinburgh, and was organised by Colin Murray during his time working as a trainee social worker.

“It was mostly complaints about how people were being treated in the psychiatric hospital. I decided to gather people and we began meeting on a regular basis.” — Colin Murray

“There were a group of community activists in the mental health movement who had been through the mental health system and regarded themselves as mental health survivors and wanted something different. We coincided as workers who wanted something different and together we coincided with the Local Authority Social Work department who was willing to support this happening.” — Shulah Allan

“In collective advocacy it was much clearer that it was about politicising people; making people aware of power structures and bigger issues that were affecting their lives.” — Keith Maloney

It was not the first time that people within mental health services had come together to challenge the establishment.

Earlier, in the 1970s the *Scottish Union of Mental Patients* (SUMP) was conceived within Hartwood Hospital, an old-style asylum in Lanarkshire, when 91-year-old Archie Meek asked his fellow patient, Tommy Ritchie, why didn’t he start a ‘*union of mental patients*’?

From there, the Petition for the Redress of Grievances put forward by the patients in Hartwood Hospital, Shotts, Lanarkshire was compiled by Tommy Ritchie and was made up of a collection of grievances put forward by his fellow patients at Hartwood. (Courtesy of www.studymore.org.uk)

“SUMP was one of the first mental health user groups in Scotland but the emphasis then shifted down to England because of MIND (who helped set up Patients Councils in England), people came from Holland and America to the MIND conferences. People were radicalised all over Europe and the USA.”

— Keith Maloney

“To me, it started in 1972 when I was in Gogarburn Hospital. We started a patients’ advocacy committee with other patients. We took patients’ complaints to hospital authorities.” — Jimmy McIntosh

Later, in 1983, James McNab, another intrepid patient at Gogarburn Hospital, along with his friend, Jimmy McIntosh, took the hospital to Court and won the right to vote.

“We were told we didn’t have the right to vote because we were in a hospital.”
— James McNab

“They were told that they couldn’t have the vote because they didn’t have a residence. How could they have a residence when no-one would give them a home?” — Dr Heti Davies

“We got turned down three times, so we took it to the Sheriff Court and within three minutes the judge decided that we could have the vote.”

— Jimmy McIntosh

At the time a collective group who had been meeting at Pefferbank Training Centre had heard about their gumption in taking on hospital policy and invited James and some of his fellow service users to the Centre to talk about their experiences. From there, Lothian Rights Group was formed.

“As far as we are aware, this is the earliest recorded example of collective advocacy in Scotland” — Mike Tait

At the time Lothian Rights Group was supported by people working within the system; professionals, hospital staff, social workers. From the roots of this little group, the *Scottish Federation of Independent Advocacy Organisations* was born which would eventually become People First (Scotland).

In 1989 Lothian Rights Group organised one of the first Scottish Conferences for people with learning disabilities in Edinburgh, which was attended by around 200 people. The three-day conference is documented in their video *'Let Us Be Heard'*.

"People should be treated respectfully and offered choices;

There should be opportunities to participate;

People should be treated as individuals, not as a group of 'handicapped' people."

(From: *Let Us Be Heard*, Lothian Rights Group, Pilton Video, Edinburgh 1989)

In the late 1980s, Barnardo's Scotland, in Edinburgh, recognised a need to provide continuing care to young adults with learning disabilities.

"Barnardo's were concerned that children they had been caring for over the years would need continued care after they reached adulthood. Children grew up, became adults and Barnardo's felt a loyalty to their families. They wanted a project to look after these young adults." — Dr Heti Davies

As a result of this, Dr Davies, together with some of her colleagues and other people who were interested in supporting young people with learning disabilities, were tasked by Barnardo's to set up a citizen advocacy project The Advocacy Service which would eventually become Partners in Advocacy.

Back at Contact Point in Edinburgh, in the late 1980s, a new user-group, Awareness, was meeting periodically to talk about things which were wrong in mental health services. The group was spearheaded by people with lived experience of mental health issues, and supported by workers and staff within mental health including Edinburgh Association for Mental Health, Lothian Mental Health Forum and workers in Contact Point. Awareness quickly became widely-known and found itself receiving requests to consult on wider issues.

"Lothian Regional Council asked Awareness how to consult with service users on the development of mental health services." — Keith Maloney

"We were not user representative and we did not really have the resources to consult on the bigger issues. It was decided that something more formal was needed." — Colin Murray

From there, The Consultation and Advocacy Promotion Service (CAPS) was created which would consult on wider issues and represent the views and issues of people with lived experience of mental health issues. Lothian Users Forum quickly followed, supported by CAPS. The Forum was a place where people could meet to talk about their rights and issues which were important to them, in particular, the need for a crisis service, a campaign which would go on for over seventeen years!

“Initially CAPS started as a project within Edinburgh Association for Mental Health (EAMH) and I had responsibility for recruiting and managing staff and putting in structures. The deal was that the people who would organise the services would be people who had themselves used services. It was a partnership between people who had the skills to make things happen together with people who had lived experience.” — Shulah Allan

“It’s important to recognize those alliances that were formed in the early days that made the spaces for people to talk to each other. Voluntary sector organisations in Lothian played a big part in opening up the door for mental health user groups.” — Keith Maloney

Over in Glasgow in the late 1980s a group of individuals with disabilities were meeting regularly at Fernan Street Information Project and decided to set up a project to help ensure that they could have access to services and have their voices heard. The Fernan Street group applied for funding through an Urban Aid grant to set up The Advocacy Project.

In partnership with the Advocacy Project, Strathclyde Forum on Disability, Strathclyde Social Work Department, Strathclyde Equality Awareness and CHARMS, the Fernan Street group were involved in launching one of the early conferences for people with disabilities in 1995. *‘To Boldly Go Where Everyone Else has Gone Before’* was launched at Glasgow’s Toryglen Community Centre in April 1995 where individuals from the local area came together to talk about issues affecting their lives, and to demand civil and human rights.

In the early 1990s, Colin Murray was tasked with setting up one of the first funded advocacy projects at the local psychiatric hospital. His first task was to visit local community services outside the hospital and talk to people who used the services.

“People who used services locally were quite enthusiastic about the project and wanted to do something with it.” — Colin Murray

His next job was to visit the acute wards of the hospital to speak to people and find out what services were being provided and what was needed.

“People didn’t understand advocacy. They were scared of it, they claimed they did it themselves; doctors, nurses, social workers, said ‘we do advocacy’. There was a huge need for change in people’s understanding of what advocacy was.” — Colin Murray

Frustrated by the lack of support from professionals and staff within the hospital, he produced an annual report in collaboration with people who used local services, which was aimed at service providers.

“For almost two years the staff and clinicians refused to meet with the project.” — Colin Murray

A draft report, *‘Fate Has Cast Us For All the Roles We Must Play’*, was submitted to heads of services, including the lead consultant at the hospital.

“It was not just about the hospital, it was about the treatment of patients in residential care, technological interventions and the side-effects of some treatments. The powers that be were enraged about what this report said and it never saw the light of day.” — Colin Murray

The draft report was shelved and never published.

Around 1990–1991, the Mental Welfare Commission suggested that there was a need for a national body bringing together people from all over Scotland to have a voice.

“I got in touch with activists and service users within Mental Health Associations in other areas in Scotland. They initiated two conferences funded by the Scottish Office bringing together hundreds of users across Scotland.” — Shulah Allan

Two national conferences of service users were organised in Falkirk. Over 200 users of mental health services from all over Scotland attended the conferences which would become known as the Scottish Users Network.

“I was involved in working with service users in organizing it and running workshops on the day but it was entirely led by service-users, exactly as they wanted it. There was a sense that there was a mutual agenda for people who have experience of mental health issues and that there were opportunities for people to influence and make change.” — Shulah Allan

“One of the outcomes was to try to form a national network of service users and user groups around Scotland. They were a roaring success, the energy around was just fantastic, people getting together like that.” — Colin Murray

Slowly something resembling an advocacy movement began to emerge.

Inspired by the ideas of John O’Brien and Wolf Wolfensburger, which took off in the USA and Canada in the 1960s and spread to the UK, the citizen advocacy movement had been working to its own unique established set of principles and standards since the 1970s and 80s.

*“If you have a person with learning difficulties and they grow up and their parents and relatives die, the person goes into a home, but if someone in the home is abusing them, they haven’t got an advocate to speak for them.”
— Dr Heti Davies*

Citizen advocacy projects began to appear in Scotland, largely supporting individuals with learning disabilities within long-stay psychiatric hospitals. Projects like Equal Say, in Glasgow, which has been supporting advocacy partnerships since the closure of Lennox Castle Hospital in the early 1990s.

“We used to say that we worked in a hospital where no-one was sick. People with learning disabilities aren’t sick; they are just different because of a cognitive impairment.” — Sam Cairns

Care in the Community?

The National Health Service and Community Care Act 1990 and resultant hospital closure programme in the years that followed created a need for support for people moving out of long-stay residential hospitals and back into the community.

“People were discharged from hospitals into the community where they sometimes had no friends, relatives or social networks.” — Moira Nicholson

“People’s lives were often quite narrowed when they were moved from institutions. The safety part is gone.” — Muriel Mowat

Around this time, the Royal Edinburgh Hospital, the main psychiatric hospital in Edinburgh, was told to close some of its long-stay wards. Following the closure of the Thomas Clouston Clinic, patients needed support in coping with the move to a new ward. Patients came together and decided that they needed a place where they could raise their concerns; a place where their voices would be heard.

“At the same time, the government was trying to close down Herdmanflat Hospital (East Lothian), Rosslynlee Hospital (Midlothian), Bangour Village Hospital (West Lothian), but Royal Edinburgh was the biggest one.”
— Keith Maloney

Supported by Edinburgh Association for Mental Health a Patients’ Council was created at the Royal Edinburgh Hospital where patients could raise issues with hospital staff.

“I went round all the wards in Thomas Clouston clinic. I got talking to these guys and asked them, would you like to have a voice about the move? One of them said nobody ever listened to them. I said ‘I’m listening.’” — Shulah Allan

This was not the first time that patients had come together to set up patients’ councils. Around 1988 patients from Bangour Village Hospital decided to set up a patients’ council to talk about issues which affected them within the hospital and it was from the roots of this patients’ council that Friendset, which became the Mental Health Advocacy Project, in West Lothian, was born.

Around 1991, following the *NHS and Community Care Act*, the government introduced the *Specific Mental Illness Grant (SMIG)* to local councils across the country to set up projects to support people experiencing mental ill-health within their local communities.

“You’ve got people power; you have a government policy which opened things up by introducing the Community Care Act and legislation to put responsibility on local government to take care of people in the community and to consult with them about the services they received.”

— Keith Maloney

The idea of advocacy began to catch on.

There was recognition that carers, too, needed support. Highland Community Care Forum was established around 20 years ago and went on to develop an advocacy project Highland Carers Advocacy. In Renfrewshire, Carers Action Renfrew District (CARD) and the Carers Forum Project took on a joint campaign to establish an advocacy project to support carers in Renfrewshire. As a result, The Princess Royal Trust CARD Carers Centre was established in 1996 which would eventually become Renfrewshire Carers’ Centre.

Around 1993, Greater Glasgow Health Board approached a well-known disability campaigner with an offer of funding to create an advocacy project, which would have its own management committee and deliver independent advocacy, initially to support individuals with learning disabilities moving out of Lennox Castle Hospital and back into the community.

The model that was chosen was citizen advocacy. The project was Equal Say.

“The idea was that people moved back into the communities where they came from. What’s better than providing a one-to-one partnership with an advocate who would include the person in the community and family life?”

— Sam Cairns

For two years Equal Say set up citizen advocacy partnerships from within Lennox Castle Hospital before moving out of the hospital grounds to continue to support people to make the move back into the community.

People First (Scotland)’s publication *‘Between the Devil and the Deep Blue C’* highlights the issues faced by some of the many people with learning disabilities who left long-stay hospitals, sometimes after years of institutionalised living, and their challenging, often difficult transition into community life.

“We have worries about the way that people are supported to leave hospital and the kind of lives they are living outside. We feel that in many cases people with learning difficulties are still separated from the rest of the community and are still not having enough choices in their lives.”

(From: *Between the Devil and the Deep Blue C*, People First (Scotland), 2000)

“My life’s work has been working with (people with) learning difficulties, nobody wants them. If organisations whose original remit was learning difficulties become involved in too many other things, at the cost of supporting people with learning difficulties, then these people will be left stranded.” — Dr Heti Davies

Around 1993 a small advocacy group, the Quality Action Group, was set up, originally comprising mostly people moving out of the Royal Scottish National Hospital in Larbert. The group would eventually join forces with another user-led group, the Falkirk Advocacy Project, set up by individuals with learning disabilities which became the Advocacy Into Action; and from the roots of these two projects Central Advocacy Partners was born.

During the closure of Gogarburn Hospital, NHS Lothian contracted Enable to set up an advocacy project, to provide long-term citizen advocacy partnerships to patients moving out of Gogarburn. Powerful Partnerships was established in 1995 to support people moving back into the community, and establishing themselves within community life.

“We wanted to recruit ordinary members of the public who would support people to survive the move into the community and help them to establish connections.” — Rob Warren

Another user-led group, who were meeting in Lothian in the early 1990s, The Castle Group, were inspired by the idea of a crisis card service, which had been set up in Lambeth, in London, a short time earlier. Supported by CAPS, this innovative group set up a steering group and approached the then Lothian Regional Council for funding to set up a small pilot project in North East Edinburgh. It was from the roots of this pilot project that Advocard was created.

The Royal Edinburgh Hospital Patients’ Council were involved in a project, ‘*Stories of Changing Lives*’, which documented stories of some of the people who moved back into the community after long-term hospital care, following the closure programme.

“Over ten years ago, people who lived in the continuing care wards and hostels of the Royal Edinburgh Hospital faced a change in how they would live and be supported. It was realised that people who were considered to have long term mental illness should be supported to live in the community and have a home of their own. ‘Stories of Changing Lives’ is based on the experience of seven people as they share with us how their lives have changed and what helped to make it happen.”

(From: *Stories of Changing Lives, a Patients’ Council (Royal Edinburgh Hospital)*, 2009)

With the development of more and more advocacy projects across the country, local authorities, health boards and community groups became more interested in the idea of what advocacy could do.

In the early 1990s, the Scottish Health Council set up the Patients’ Advocacy Support Service (PASS) to provide advocacy for patients using Dumfries & Galloway NHS services, and from these roots the People’s Advocacy Service, now Dumfries and Galloway Advocacy Service, would be created.

In 1993–1994 a community group Action on Community Care decided to set up an advocacy services for people in Kilmarnock and Loudoun and from the roots of this group East Ayrshire Advocacy Service was created. A similar group, the North Glasgow and Strathkelvin Advocacy Service was created in Kirkintilloch, managed by Alzheimer Scotland and originally to support individuals experiencing dementia, it developed into what is now CEARTAS.

Over in Tayside in the early 1990s NHS Tayside decided that there was a need for independent advocacy and in 1995 three advocacy projects were established in Dundee, Perth and Kinross and Angus.

In Grampian, five advocacy projects were created during 1994–1996 as part of the ‘*Charter for Health*’ set out by Grampian Health Board, which stipulated the right of all patients to express their views.

In the Highlands, within the Highland Community Care Forum, a new advocacy project was set up to support people in the Highlands. HUG was established in 1995 as a collective advocacy group representing the views of mental health service users.

In 1996 North Ayrshire Council carried out a consultation to assess the need for advocacy, and following these consultations a steering group was established to set up North Ayrshire Advocacy Service, a citizen advocacy project, which would eventually develop into AIMS.

Back in Lothian, in 1999, a group came together from social work and others in the voluntary sector and within the local community who recognised that there was not yet advocacy provision which would meet the needs of older people.

“The group got together and recognised that older people in residential care and those with dementia were very vulnerable.” — Will Massaro-Mallinson

“I went to work for the Edinburgh Voluntary Organisations Council and one of the first things I was asked to do was set up an advocacy project for older people which resulted in EARS (Edinburgh Advocacy & Representation Service).” — Shulah Allan.

So, from humble beginnings the idea of advocacy began to grow and grow as more and more organisations were established across the country, and the advocacy ‘movement’ began to come into its own...

Advocacy 2000

By the end of the 1990s, the advocacy 'movement' was beginning to take shape across Scotland and it was around this time that a pioneering group of forward-thinking advocacy workers, organisations, people with lived experience of mental health issues and with learning disabilities, people involved in the citizen advocacy movement, collective advocacy groups and others involved with advocacy, decided it was time to consolidate their efforts into a legitimate, recognised, national body of organisations working together to a set of recognised and established principles and standards; supporting each other and striving to protect and safeguard advocacy and promote good quality work.

Around that time, workers in advocacy organisations across Scotland had been coming together to share experiences and support each other.

The Scottish Advocacy Workers Forum (SAWF) had been created some years earlier, to offer peer support, learning opportunities and to discuss issues and campaign for change.

"I found going to SAWF a lifeline. It was a great way for me to meet other advocates and to tell people what I was doing, and find out what they were doing and to be clear about my own practice. It was a great idea."

— Shaben Begum

SAWF was set up to support advocacy workers across Scotland and membership was open to individuals, rather than organisations, and at the time it was the only national network of advocacy workers in Scotland.

"It gave you an opportunity to have conversations with like-minded people who understood what you were talking about." — Muriel Mowat

"The aim of SAWF was to provide support for workers and activists, most of who were scattered across Scotland and often worked on their own, in what was then a developing interest in independent advocacy practice."

— Keith Maloney

"SAWF would organise a two-day event each year for workers to come together. Each organisation would take a turn of organising the programme of events which could include presentations, speakers, workshops."

— Muriel Mowat

Slowly SAWF began forming links with other organisations who also wanted to see changes in the way people accessing health services were treated.

“We had no funding but we were a cohesive, active group who did a lot of campaigning, we had to support each other.” — Rob Warren

An alliance was formed between SAWF and Scottish Human Services Trust (SHS), an organisation which had been established some years earlier, to work towards social inclusion in Scotland.

“SHS were instrumental in helping the Scottish Advocacy Workers Forum become more political.” — Rob Warren

At the end of 1999 a consortium of advocacy organisations came together, and hosted by the Scottish Human Services Trust, they developed a Big Lottery bid to establish Advocacy 2000.

“All we had was an idea. The idea was more structured networking between advocacy projects.” — Chris Mackie

The Advocacy 2000 consortium brought together different elements, models of advocacy, evaluation frameworks, principles and ideas.

“It was a very diverse movement; there were many different approaches, differences between geographical areas and different types of advocacy.” — Chris Mackie

In 1997–1998 the Scottish Health Advisory Service had published *‘Advocacy, A Guide To Good Practice’* which put forward guidelines for commissioning advocacy, highlighting the importance of good quality advocacy services, and in 2000, following a successful Lottery bid, Advocacy 2000 were involved in working extensively with the Scottish Government to produce new guidelines for commissioners into the development of independent advocacy.

In 2001 the Scottish Executive published *‘Independent Advocacy — a Guide for Commissioners’*, which set down that each NHS Board area should have a three year advocacy strategy, and highlighted some key values of independent advocacy including:

-
- Advocacy groups should be firmly rooted in, supported by and accountable to a geographical community or a community of interest.
 - Advocacy groups cannot be providers of a service and advocates for users of that service.
 - Advocacy groups should undergo regular independent evaluation of their work, and commissioners should provide financial support for this.

(From: *Independent Advocacy—A Guide for Commissioners*, Scottish Executive, 2000)

Advocacy 2000 was responsible for the development of an established set of principles and standards which advocacy organisations could work along and which would clarify the key ideas, values and principles of advocacy including; the need for independence and avoidance of conflicts of interest, establishing different models of advocacy as well as the need for proper evaluation and monitoring of independent advocacy. In January 2002 the guidance *Principles and Standards in Independent Advocacy Organisations and Groups* was published.

“Developing the principles and standards was a really challenging piece of work in itself because it is actually quite hard to hone down a set of shared views within such a diverse community. But it was done in partnership with the organisations.” — Marcia Ramsay

Advocacy 2000 hosted Absolutely Advocacy at the Hilton Hotel, Strathclyde, a conference which brought together advocacy workers, service users, management committee members, guest speakers, commissioners and anyone who was involved in advocacy at the time, to network with other people and share experiences.

It was at this conference that the then Scottish Government Health Minister, Malcolm Chisholm announced that, in response to the work of Advocacy 2000, £1.3million had been secured from the Scottish Government, for a three year period, to establish two new organisations. The Advocacy Safeguards Agency (ASA) would safeguard good quality independent advocacy through proper evaluation and monitoring of advocacy organisations. The Scottish Independent Advocacy Alliance (SIAA), a new membership organisation formed from the roots of the Advocacy 2000 consortium, would “promote, support and defend the principles and standards and practice of independent advocacy across Scotland”.

“We now had a legitimate advocacy movement, a membership organization and the Safeguards Agency ensured the integrity of independent advocacy through monitoring and evaluation.” — Moira Nicholson

The setting up of SIAA and ASA and the establishment of the new Principles and Standards was effective in raising the profile of independent advocacy across the country.

“It definitely had an impact on what we were doing. By the end of it we were doing things that people would never before have been asked to do in the advocacy world; being involved with things like writing clinical standards. Advocacy people were starting to be asked to get round the table. We were beginning to be seen as an equal partner in discussion.” — Marcia Ramsay

*“It injected professionalism into a movement which had previously been seen as people coming in and shouting about rights.”
— Will Massaro-Mallinson*

So, with funding secured and two new organisations in place which would promote independent advocacy and safeguard good quality advocacy services, the campaign was now on to change legislation.

The Same as You?

In 2000 the Scottish Government undertook *'The Same as You?'* a review of services for people with learning disabilities which would look at health and social care services in Scotland. People First (Scotland) were asked for input into the development of *'The Same as You?'* review. The review concluded that:

"We recognise that services could do more to help people with learning disabilities to achieve a full life. Our main aim is to help them to be included in community life, in education, in leisure and recreation, in day opportunities and particularly in employment. They should also have far greater access to mainstream services and rely less on specialist services."

The review set down recommendations including:

"People with learning disabilities should be able to lead normal lives. We want them to

- be included, better understood and supported by the communities in which they live*
- have information about their needs and the services available, so that they can take part, more fully, in decisions about them*
- be at the centre of decision-making and have more control over their care*
- have the same opportunities as others to get a job, develop as individuals, spend time with family and friends, enjoy life and get the extra support they need to do this*
- be able to use local services wherever possible and special services if they need them".*

(From: *The Same As You? A Review of services for people with Learning Disabilities*, Scottish Government, 2000)

People First (Scotland) were asked to join The Same as You? Implementation group, which would guide how services for people with learning disabilities across the country would be developed.

The Mental New Act

In 1999 the then Scottish Executive established the Millan committee to undertake a review of the *Mental Health (Scotland) Act 1984*. The review committee was chaired by the late Bruce Millan, a former MP, between 1999–2001 and would put forward new reforms to the provision of mental health care in Scotland which would include:

“10 key principles, which would enshrine the rights of service users and carers to be treated with fairness and respect.” (See Appendix 1)

The review provided an opportunity for the new advocacy movement to take radical steps towards a change in government legislation which would include the right to independent advocacy.

“In order to put the Mental Health Act together, there was a sort of equitable discussion. Because we were invited round the table and all the right people were there, and we were talking about the Mental Health Act, the principles were there. I think it made all the difference.” — Joyce Mouriki

“I remember going to the Scottish Executive Health Committee and giving evidence about why we thought independent advocacy was important.”
— Chris Mackie

“It was important to clarify the definition of a mental disorder. We wanted to include individuals experiencing dementia and learning difficulties in the definition.” — Moira Nicholson

Around that time, Advocacy 2000, in addition to providing evidence at the Millan Committee, was also working round the clock raising awareness and speaking at conferences.

“What we tried to do was demystify independent advocacy and show people that it could only be a positive thing for people to be supported to express themselves.” — Marcia Ramsay

Advocacy 2000 also lodged a petition with the new Scottish Parliament for the right to advocacy, and appeared at various consultation groups to discuss the possibility of making advocacy a right under the new Mental Health Act.

“We wanted independent advocacy to be a real legal duty. We were all working very hard to make sure that the legislation was as strong as it possibly could be. We got it as strong as they were willing to go, not as strong as we would have liked, but we had nothing before that.”

— Marcia Ramsay

In 2001, Advocacy 2000 had launched a postcard campaign; 1,000 postcards were sent to Malcolm Chisholm MSP, signed off by each organisation declaring the need for independent advocacy as a legal right.

“Malcolm Chisholm really understood what we were doing. He had a really good understanding of the complexities of advocacy and how it worked.”

— Marcia Ramsay

The Millan Committee proposed complete reform of the Mental Health Act in Scotland. The new *Mental Health (Care and Treatment) (Scotland) Act 2003* was given Royal Assent. It included a new right of access to independent advocacy for anyone with a mental disorder. It also placed a duty on NHS Boards and partner Local Authorities to ensure adequate provision of independent advocacy.

“The Mental Health Act was a massive milestone. Were it not for that, Advocard probably wouldn’t be here.” — Chris Mackie

Subsequent to the implementation of the new Act, in the years that followed, the new legislation was to ensure that local authorities and health boards fulfilled their duty in commissioning independent advocacy to anyone with a mental disorder. This resulted in an increase of people accessing independent advocacy and the demand for new advocacy projects to be developed to meet these needs.

“The Advocacy Project experienced an increase of people accessing independent advocacy, particularly in the South Lanarkshire area.”

— Moira Nicholson

Scottish Independent Advocacy Alliance

Following the Advocacy 2000 conference and with funding secured from the Scottish Government, the Scottish Independent Advocacy Alliance was established, with the specific purpose of promoting, supporting and defending independent advocacy across Scotland.

Alongside SIAA, The Advocacy Safeguards Agency was set up with a very different remit; to carry out a monitoring and evaluation role, which would safeguard independent advocacy and ensure that good quality advocacy was being delivered.

“The whole point of having two organisations showed the real potential for the need for all of those different facets and the acknowledgement that one organisation could not fulfil all of those facets.” — Marcia Ramsay

The two organisations were hosted initially by Scottish Human Services Trust, however it was quickly recognised that in order to safeguard independence and avoid conflicts of interest, SIAA should be an independent charity, separate from both the Advocacy Safeguards Agency and the Scottish Human Services Trust.

“It was agreed that SIAA would be independent as clearly as possible; that it would be an independent charity, from the beginning.” — Shaben Begum

In 2002, a steering group, formed from the original Advocacy 2000 consortium were busy setting up the new SIAA; writing the constitution, establishing charitable status and company status and in February of that year, a new director was recruited, who would drive the newly formed SIAA forward. SIAA soon became an independent charity with its own Board of Directors, formed from the steering group and some of those involved with Advocacy 2000.

“We were a charity with a Board of Directors which was very full. All the seats were taken.” — Shaben Begum

For the first year, SIAA was busy finding its feet and recruiting new staff and in February 2003 held its first AGM at Murrayfield Stadium, which included a launch event, guest speakers, alternative therapies and a huge party.

*“Lots of energy and motivation, that’s what I remember. People were looking forward in terms of having a unified organisation which was going to unite the movement and provide a forum for everyone to come together.”
— Shaben Begum*

At the AGM many new faces were elected on to the Board of Directors.

“We wanted a cross-section of as many advocacy organisations as possible to be on the board.” — Shaben Begum

Initially SIAA’s constitution was established to allow member organisations who were fully independent advocacy organisations or those working towards independence, to hold a seat on the Board. Non-independent organisations, with no plans to work towards independence, could obtain membership to SIAA, but could not sit on the Board.

Following a campaign by non-independent member organisations who had no plans to become independent but who wanted to hold a seat on the Board of Directors, the SIAA held an Extraordinary General Meeting, at which time it was agreed that one seat on the Board would be made available for those organisations.

From the beginning it was agreed that it was important for SIAA to have a clear role which was separate from ASA, and although the two organisations would work alongside each other, each had a very distinct purpose.

“Although we were two national organisations with the word ‘advocacy’ in our name, we had very different roles; ASA had a role to work with commissioners and SIAA had a role to work with advocacy organisations.”
— Shaben Begum

In the initial years there were tensions between SIAA and ASA as both organisations struggled to find their feet and be clear about their own roles and responsibilities.

Over the next few years, SIAA was actively establishing relationships with member groups and with other organisations outwith the advocacy movement, as well as working with the government, alongside ASA to continue the extensive work done by Advocacy 2000 in campaigning to make independent advocacy a legal right under the new *Mental Health (Care and Treatment) (Scotland) Act 2003*.

In the latter part of the campaign, SIAA and ASA worked together with the government to contribute to the Code of Practice for the new Mental Health Act.

“There was lots of opposition to having the right to independent advocacy included in the Mental Health Act because of feared financial implications. I had people saying to me; ‘you’re going to bankrupt the NHS.’”

— Shaben Begum

In 2002, Advocacy 2000 had developed the first set of ‘*Principles and Standards in Independent Advocacy Organisations and Groups*’ which were successful in establishing key ideas and clear guidelines for organisations to work towards, as well as raising the profile of the advocacy movement to a level which had not been achieved before. However some years later it was recognised that there was a need to refresh the Principles and Standards into a framework which better suited the new and rapidly expanding advocacy movement.

In 2004 SIAA began working with ASA on a new set of principles and standards which would meet the needs of all the member organisations. It was a long, slow process which involved extensive consultation with all the organisations.

“I was part of the group who developed the principles and standards and the code of practice. I am a keen believer that those things have to be in place.”

— Will Massaro-Mallinson

“We had been working on them for a substantial amount of time.”

— Shaben Begum

“Getting an agreement in a big diverse movement within itself was a hard slog but I have to say that the amount of consultation that went on was quite amazing.” — Will Massaro-Mallinson

“Everyone very clearly had the opportunity to have their say when they were being drafted out at the time.” — Morag McClurg

There were several key issues in the process, particularly in developing a new set of principles and standards which would meet the needs of different organisations delivering different forms of advocacy; citizen advocacy, collective and individual advocacy. So it became important to ensure that the new principles and standards and codes of practice would relate to all the different models of advocacy and that there was no particular focus on one specific model.

“What I wanted to say was that these are the principles that we all work with. It was really important to have all the different sections to say that; a citizen advocate might work in a different way or an individual advocate may work differently from a collective advocacy group, but I don’t agree that there are huge differences. The similarities outweigh the differences. The principles behind independent advocacy would be the same.” — Shaben Begum

Following the implementation of the new *Mental Health (Care and Treatment) (Scotland) Act 2003*, Local Authorities and Health Boards were given the duty to ensure the provision of independent advocacy and it was recognised that it was important for the advocacy movement to have a very clear and definite set of principles and standards.

“It was really important that we had one document for all the different types of advocacy. We could have lots of different ones, but then people would start picking holes in them. We wanted to show that there was one set of principles and standards. That was a huge achievement.”
— Shaben Begum

For the next few years, SIAA continued to work extensively with ASA in the drafting of the new principles and standards and after ASA lost their funding in 2005, SIAA continued the work.

“It was really important that if we wanted public money then we needed to be accountable. We needed to have a set of principles and standards that were clear. Commissioners had to know what they were commissioning.”
— Shaben Begum

From the beginning SIAA recognised the importance of communicating with member organisations on a regular basis and in 2005, an e-bulletin was launched which would be distributed to each member organisation every week and would keep members up to date on training, latest legislation and any other information which was relevant to independent advocacy. The ebulletin has been distributed regularly every week since 2005 and today it reaches over 700 people.

SIAA gained funding from Comic Relief in 2007 for the Elder Abuse Project which supported the ongoing development of good practice around elder abuse advocacy. The Project included the development of training materials, delivery of training relating to elder abuse and the production

of good practice guidelines. Around the same period the SIAA also received funding from the Scottish Government to develop and deliver training relating to Autism. The aim of this project was to raise awareness of the issues faced by people on the Autistic Spectrum amongst advocacy organisations.

Also in 2007 SIAA produced a short film *'A Voice to Trust'* documenting three people's experiences of working with an advocate and how it changed their lives. The DVD was widely disseminated and also made available on the internet in several languages.

"A Voice to Trust is an outstanding piece of work. The fact that it is freely available on You Tube and in multiple languages is commendable. It is a resource that I still regularly direct people to."

— Martin Coyle, CEO Action for Advocacy

"I started having problems at work and at home. I didn't really understand what was happening. Eventually a consultant told me I had dementia. I closed the curtains and closed the door and sat in a dark room for a long time, until I met Brenda." — James McKillop

(From: *A Voice To Trust*, SIAA/Media Co-op, 2007)

"At my last school, I actually got a broken nose. There was a bully on the bus, she gave me sweets and then told me she'd spat on them. I didn't want to go to school. If I hadn't met Catherine, nothing much would have changed."

— Rachel, 16

(From: *A Voice To Trust*, SIAA/Media Co-op, 2007)

In addition to the DVD, SIAA also produced *'A Voice Through Choice'*, a book of independent advocacy stories, from people involved in advocacy explaining how independent advocacy has changed their lives in different ways. The book was also distributed to people and organisations across the advocacy movement and has been reprinted twice.

In 2008, after four years of development and consultation, the *Principles & Standards for Independent Advocacy* and the associated *Code of Practice* were published. They covered all the different types of advocacy and captured the diversity of the movement.

“What I like about the current version (of the Principles & Standards) is that it allows for all the diversity in the movement, but those core principles are at the heart of what you are doing.” — Morag McClurg

“That’s one of the things about advocacy. No-one is saying that one size fits all.” — Muriel Mowat

“Finding a common tool, like finding common principles and standards is a very difficult thing to do. Compromises had to be made across the movement. It was a long hard slog but it was well worth it. We have come out with a set of principles and standards and a code of practice which are ideal.” — Will Massaro-Mallinson

*“We love the Principles & Standards. We have always believed that this is what we should be doing. It’s good to have them written down and it’s good that they came from consultations with people who were delivering advocacy services and were not just imposed on us from outside.”
— Morag McClurg*

“The development of the Principles & Standards and Code of Practice for Independent Advocacy has been really important. These underpin all advocacy work and give something to measure advocacy practice against. The role of advocacy is unique and can often be misunderstood, therefore it’s important that it should be accountable.” — Moira Nicholson

Since then a number of companion guides have also been published. These include *Non-Instructed Advocacy Guidelines*, *Elder Abuse Advocacy Guidelines* and *Mental Health Tribunal Advocacy Guidelines*.

With the publication of the guidance came recognition that there was a need to ensure good quality and best practice within independent advocacy and in order to achieve this, it was necessary to develop tools which could measure advocacy practice across the country, against the *Principles & Standards*. This led to the development of the *Evaluation Framework* and the updated version of the *Guide for Commissioners*.

Since the publication in 2000 of the original *Guide for Commissioners*, NHS Boards and partner Local Authorities have been required to develop, update and implement three-year plans for the provision of independent advocacy. It became the responsibility of the Advocacy Safeguards Agency to support the NHS Boards and Local Authorities in this.

Following the closure of ASA in 2005 it became the role of the Scottish Health Council to ensure that these plans were updated. Approaching the implementation of the *Patient Rights (Scotland) Act 2011* many NHS Boards did not have up to date advocacy plans in place. In 2010 SIAA were asked by the Scottish Government to work alongside commissioners for a year to ensure that future plans were developed and put in place.

“Some areas had up to date plans and had been following the Guidance on an ongoing basis since 2000, but some did not, and still don’t have plans in place.” — Shaben Begum

Through this project, SIAA were able to establish good working relationships with commissioners and have continued to engage with them on advocacy planning.

“We’ve still got a lot of work to do to safeguard independent advocacy and to safeguard the definition of independent advocacy...we are here to safeguard independent advocacy because those people who use advocacy should be getting the best quality service...SIAA has achieved so much against the odds and we have been around against the odds. We’ve outlived our expectancy by seven years, so I think that we as a team have a lot of drive and I feel that there are a lot of things for us still to achieve as an organisation.” — Shaben Begum

Safeguarding the Quality of Independent Advocacy

The remit of the Advocacy Safeguards Agency had included evaluation of advocacy organisations. Their unexpected closure in 2005 had a significant impact on the safeguarding of independent advocacy, which was felt by a number of organisations across Scotland.

“I was very disappointed that ASA had failed because I knew how necessary it was and what a success it could have been.” — Marcia Ramsay

“The bit we miss is ASA. We loved them. The evaluation service they provided was invaluable to us. It was great to have ASA who could come independently and report back as to how we were carrying out our role in line with the principles and standards which reinforced to funders that they were doing what they should be doing.” — Morag McClurg

The closure of ASA left a gap in the monitoring and evaluation of independent advocacy and raised questions about how independent advocacy would be monitored to ensure that organisations were operating within the principles and standards and that good quality work was being delivered.

“The last evaluation we had was done in 2005 by ASA and it was extremely valuable. It highlighted a number of points for us to consider, such as consolidating our projects into a more central headquarters. We have not had an evaluation since.” — Moira Nicholson

In the years that followed some debate ensued as to what or who could replace the service provided by ASA and ensure that organisations are monitored and supported to deliver good quality advocacy.

“We scored very highly on a Citizen Advocacy Programme Evaluation (CAPE) evaluation. CAPE is a tool which tells you how to evaluate by looking at the principles and the areas you want to evaluate.” — Sam Cairns

“CAPE’s a great tool. It works really well. It’s really well thought-out but it is specifically tied to citizen advocacy.” — Alan Graham

For the last five years there has been ongoing discussion within the SIAA membership concerning the need to safeguard good quality independent advocacy and SIAA has consulted with the membership at several AGMs on a number of issues relating to the evaluation of independent advocacy, in the absence of ASA. This has led to the SIAA developing a Quality Assurance project.

A Double-edged Sword?

With the implementation of the Mental Health Act in 2005 came an influx of new referrals. The new legislation would change the way in which independent advocacy was provided across Scotland.

“The Mental Health Act changed many of our contracts because there was a duty of local authorities and health services to provide access to independent advocacy. It then became prioritised in our contracts.”

— Will Massaro-Mallinson

“Where projects were firmly embedded and funding was there, that funding continued and worked really well. However where advocacy had never started, the Mental Health Act took over and funding was put in the direction of individual advocacy; collective advocacy would be sidelined.”

— Joyce Mouriki

With a huge increase in the number of people accessing independent advocacy under the new legislation, many organisations had to make radical changes to the way in which they delivered advocacy.

“Funders then tried to mould the service so that we became mental health focussed for a while and this might have been to the detriment of other users. It was a big rethink for us.” — Will Massaro-Mallinson

“...a volunteer (Citizen) advocate is more independent than a paid member of staff because of their loyalty to their advocacy partner. They are in a one-to-one relationship. They don't have any other loyalty. Commissioners no longer wanted volunteer advocacy; they wanted professional advocacy so at that point, we had to change our model.” — Sam Cairns

“In Scotland, The Mental Health Act opened the door to more funding and more recognition of advocacy but on the other hand, it also began to create a focus on advocacy as a service provision rather than a politicising movement for collective groups.” — Keith Maloney

The inclusion of the legal right to independent advocacy within the new *Mental Health (Care and Treatment) (Scotland) Act 2003* changed the face of independent advocacy irrevocably. While there was no doubt that the new legal right would make advocacy accessible to a wider range of people, it also brought with it many changes. These required advocacy organisations to re-think the way they provided advocacy.

“The new legislation brought a different perspective to advocacy; a more business-like model which provided a service rather than something which supported service users to express their own ideas. There was more of a focus on one-to-one advocacy which moved away from politicising people.”

— Keith Maloney

A Brave New World?

The implementation of the new *Mental Health (Care and Treatment) (Scotland) Act 2003* and subsequent pieces of legislation including the *Adult Support and Protection (Scotland) Act 2007* and the *Patient Rights (Scotland) Act 2011* had a significant effect on numbers of people now accessing independent advocacy, and the statutory duty on local authorities and health boards to commission independent advocacy would have major implications on the advocacy movement across Scotland in the coming years.

During the years that followed the Mental Health Act, Local Authorities and NHS Boards began to re-evaluate ways in which they could meet their statutory duty to commission independent advocacy. Huge changes were on the way, as one by one Local Authorities and NHS Boards began to open up the commissioning of independent advocacy to competitive tendering.

“Competitive tendering had an impact on advocacy. It brought competitiveness to the advocacy movement; before projects worked together, but now there was an awareness that we would be competing for contracts.” — Anne O’Donnell

“It used to be great when we were sharing and all learning from each other. It’s become more about keeping your cards close to your chest.”

— Morag McClurg

The implications of competitive tendering opened up a whole new set of challenges for the advocacy movement, including the fact that organisations would now be in competition with each other for contracts, together with the idea that the way in which advocacy would be delivered may now change.

“Some funders try to mould services around their criteria so that you find yourself losing the innovation that new advocacy services can bring. You’re not allowed to be innovative, you have to fulfil the criteria and before you know it, the service you are proposing is no longer what it once was.”

— Will Massaro-Mallinson

“Organisations need to be principled but also pragmatic. Whether we like it or not, we are in this environment where cuts are being made and if we are going to be realistic then we have to find some way of working within a reduced budget.” — Alan Graham

“Competitive tendering requires people who carry out procurement to understand what advocacy actually is... [Commissioners] are picking the organisations who will challenge them.” — Morag McClurg

The process of actually putting a bid together presented further challenges to organisations.

“Some groups will be lost because they won’t have the ability or the resources to tender, because tendering is not a five-minute process; it’s hours of work.”

— Angela Woolridge

“The implication is that you can tender if you are a much larger organisation, so smaller projects get pushed out.” — Joyce Mouriki

Over the last few years, there has been an increasing trend towards competitive tendering that has resulted in some grassroots organisations disappearing.

“Competitive tendering pushes out smaller, grass roots organisations that do not have the resources to put in bids.” — Karen Anderson

As well as the challenges of competing for contracts, the implications of putting a bid together and changes to the way in which advocacy would be delivered; the statutory duty to ensure independent advocacy provision, had further implications.

“We have always tried to raise a third of our funds from elsewhere, in order to reinforce our independence. However we are limited to where we can go now for funds because most Trusts will not give money to something which should be a statutory duty.” — Morag McClurg

In Edinburgh the effects of competitive tendering had a significant effect on local grass-roots organisations. CAPS is an example of one of the earliest established independent advocacy projects which developed from the roots of a user-led group with strong links to the local community. EARS was established in 1999 from a group who came together from different walks of life within the local community to develop an advocacy project for older people in Edinburgh, responding to the needs of the local area and with solid links within the community.

By 2012, both organisations, which were originally developed in Edinburgh in response to local community need, were compelled to discontinue working in Edinburgh following a review of advocacy services which resulted in the provision of advocacy being opened up to competitive tendering. Both organisations have continued to develop and flourish outwith Edinburgh and continue to support and develop independent advocacy in East Lothian, West Lothian and Midlothian.

Was competitive tendering an entirely new and unexpected turn of events? It seems concerns had been raised some years earlier within the advocacy movement about the possibility of competitive tendering and its potential implications.

"I can remember at Advocacy 2000 talking about competitive tendering as a threat for the future. I can remember talking about it at the Advocacy Workers Forum. It hasn't taken anyone by surprise; in fact I think it was predicted years ago. I guess it's crept in, a wee bit here and there, and before you know it, a precedent has been set." — Alan Graham

It remains to be seen if competitive tendering is the future for independent advocacy.

"Local voluntary sector organisations have moved from being campaigners at a grass-roots level to become big organisations which tender on a large scale for contracts." — Keith Maloney

The Importance of Independence

SIAA as a membership organisation has three categories of voting membership; full membership which applies to independent advocacy organisations, affiliate 1 membership refers to organisations which are not currently independent but are working towards independence and affiliate 2 which applies to organisations that have no plans to become an independent organisation. In 2013 over 80% of SIAA members were independent advocacy organisations the remainder currently have no plans to become independent.

The recognition of the importance of independence in advocacy has been long-standing. As early as the late 1990s, before the establishment of the Scottish Parliament, the Scottish Health Advisory Service identified the following as 'Essential Features of a Good Quality Advocacy Service':¹

Independence

Most people who work in agencies providing health or social care services do their best to safeguard and empower people. But they often have to manage limited resources while maintaining their professional role and identity. This can present them with a conflict of interest. Sometimes it is hard for them to be critical of the services they provide and to see that, despite their best efforts, they are failing some people.

If advocacy is to be effective, it must be independent of any service provider. NHS users must be able to see and have confidence that it is independent. Relevant issues include:

- *how the service is funded and managed;*
- *where it is located;*
- *its public image and identity including, for instance, letterheads and logos;*
and
- *relationships with NHS staff and health professionals*

This is no less true today and also applies, not only to users of NHS services but, to users of any services.

These ideas are echoed in '*Independent Advocacy — a Guide for Commissioners*' published by the then Scottish Executive in 2001².

¹ *Advocacy — A Guide to Good Practice*, Scottish Health Advisory Service,

² *Independent Advocacy — A Guide For Commissioners, A Guide for Health Boards, NHS Trusts, Local Authorities and anyone involved with advocacy*, Scottish Executive, 2001

Why Should Advocacy be Independent?

“Nurses, social workers, care staff, doctors, teachers and other professionals look out for and speak up for the people they serve. It’s their job, it’s part of their professional code of conduct, it’s part of being a decent human being. But they aren’t and can’t be independent.

But to be on someone’s side, advocates have to be structurally and psychologically independent of the service system. Independent advocates — whether paid or unpaid — can be entirely clear that their primary loyalty and accountability is to the people who need advocates, not the agencies providing health and social services, and not to the government. Independence doesn’t mean being right all the time. Independent advocates are no more virtuous than service providers. They just stand in a different place and see things from a different perspective.

Independent advocates do not have the same conflicts of interest as professional workers who are expected to make judgements about who is most deserving or most eligible for a service. Because advocates do not have this sort of power over people and do not control access to resources they are in a better position to see things from the person’s point of view rather than the system’s point of view. They can focus on representing the interests and wishes of the people who need an advocate, and be clear that this is their role.”

The document goes on to define criteria for quality of advocacy delivery as follows:

- *“Advocacy should actively include those individuals and groups most at risk of exclusion and least able to represent and defend their own interests*
- *Advocacy groups should be firmly rooted in, supported by and accountable to a geographical community and/or to the constituency they serve*
- *Advocacy groups should be constitutionally and psychologically independent of government and of the statutory and voluntary service system*
- *Advocacy groups should have a robust process for management and governance which helps them stay clear about their principles and goals”*

The main barriers to truly effective advocacy recognised in these documents are

- conflict of interest and
- service user perception

An advocacy organisation whose sole focus is provision of advocacy can, as the 2000 *Guide for Commissioners* says, '*stand in a different place and see things from a different perspective.*' They are less likely to encounter any conflict of interest in their advocacy role.

Some people may have family, friends or other carers to help them to speak up. However sometimes, if they do, family members may have their own ideas about 'what is best' for the person involved and may therefore have a conflict of interest.

A worker providing advocacy who is employed by an organisation that provides other services may find that they have a conflict of interest in their advocacy role. If the person for whom they are advocating has an issue with a service provided by the employer it may be difficult for the advocate to challenge their employer.

An important part of the advocate's role can be to support an individual to gather as much information as possible, to make informed choices and to consider the possible outcomes of choices. In a situation where different services are being considered, if the advocate is employed by an organisation that provides the type of service being considered that may create a conflict of interest for them in supporting the individual making their informed choice.

It can be possible to put in place policies and procedures to minimise the impact of any conflict of interest but some are more easily mitigated against than others.

The fact that almost all advocacy organisations nowadays are funded, at least in part, by statutory funders can create some degree of conflict of interest if the advocacy organisation is supporting an individual or group to challenge the agency funding them. This is clearly acknowledged and effort is made to avoid this by having robust Service Level Agreements in place between the advocacy organisation and funder. Such an SLA will acknowledge the potential role of the advocacy organisation in this situation and the funder should welcome this kind of input as an opportunity for learning and improving their services.

“We stay very true to our advocacy principles and these are hurdles that we have to jump. As an advocacy organisation independence is a major factor for us, that although we are commissioned and we get funding, we still retain our independence because that gives the people that use our service confidence in us.” — Angela Woolridge

“The fact that we got money from the Council didn’t stop us when we had to advocate for someone against them.” — Morag McClurg

The perception by a service user of any links between the advocacy organisation and a service provider can provide a significant barrier to advocacy support being sought. If a service user has an issue or concern about an agency from which they have accessed a service they may be unwilling to approach an advocacy organisation if they believe there is a connection between the two. As the SHAS document states ‘users must be able to see and have confidence that it is independent.’

“You can’t be an offshoot of a statutory organisation because you’re never independent.” — Angela Woolridge

“We work to a set of five principles of citizen advocacy which pre-date the SIAAs own principles and standards documents. Under the principle of financial independence, geographical independence and psychological independence we wanted to be separate from the health board. We wanted to identify ourselves as an independent organisation.” — Sam Cairns

Over the past 10 years an increasingly large proportion of independent advocacy organisations have been established and funded. In 2001 there were over 60 organisations providing advocacy in Scotland of which 50% were independent with the sole focus being provision of advocacy. By April 2012 there were 59 organisations of which 81% were independent advocacy organisations. Between these years a few organisations ceased to exist, more merged with others to form larger organisations. Many advocacy organisations were originally established by service providers recognising the need for advocacy for their client group and, once established, were supported by the service provider to become independent of their parent organisation.

Muriel Mowat

Research and Quality Officer, SIAA

Where do we go from here?

Scottish Advocacy Workers Unite

Independent advocacy has come a long way since the emergence of small, user-led groups in the 1980s and the first citizen advocacy partnerships, and has gone through many transitions; from a political voice, to a legitimate movement, to a legal right. Many positive changes have resulted through raising the profile of independent advocacy and making it available to a much wider community, however these changes have had a profound effect on the movement. So what does this mean for the advocacy 'movement' and indeed, is there a 'movement' anymore?

"I think the movement has started to fall apart. I think it's the way we have to get funding. We are in competition with one another in a way that I don't think we were previously. I think we have lost the getting together we used to have." — Will Massaro-Mallinson

"There are some things that we can agree on. I feel confident that we can agree on what is independent advocacy. Most people agree with the Principles and Standards and use them. That's a really strong basis. The threat regarding competitive tendering is strong and real but we could overcome it. SIAA need to do lots of work with commissioners to educate them, but we also need to bring people together." — Shaben Begum

"We don't always celebrate the good work that's being done. Bring people together and let people talk. The AGM seems to be the only opportunity for people to come together, but not everybody comes." — Morag McClurg

"Often you feel quite isolated, you work around your own little bubble, your own issues. It would be interesting for advocates to share experiences with other advocates. I think people need to come together."
— Will Massaro-Mallinson

Discussion around the apparent lack of a cohesive 'movement' seems to have sparked off some debate about what individual organisations can do to re-establish a unified movement working together once again, to effect change.

“In 1999–2004 we had the Scottish Advocacy Workers Forum and we used to go away for weekends and have some really useful discussions. It was the fact that it was an advocacy workers forum. It wasn’t the organisations that joined, it was the workers that went along.” — Will Massaro-Mallinson

“We hoped to be a part of something. We realised that if we wanted things to happen then we had to step up and be a part of it. SIAA is a membership organisation if people want things to be different or if they’re not happy, there’s no point sitting being quiet about it.” — Morag McClurg

“A conference each year for people to get together to look at new initiatives, new legislation and the implications for advocacy. A platform for that would be really useful.” — Will Massaro-Mallinson

“I would like us to think more about a full-day AGM, and having a conference. The last few AGMs have been talking about quality and this is something people have been really engaged with, people get really excited about that kind of thing.” — Shaben Begum

The Future of Independent Advocacy

Following the commissioning of advocacy in terms of the *Mental Health (Care and Treatment) (Scotland) Act 2003* has come the suggestion that collective and citizen advocacy were being side-lined because of a shift in focus to commissioning individual, issue-based advocacy under the Act, and that the campaigning voice of advocacy has been lost and replaced with consultation meetings.

“You go to consultation meetings and find an agenda asking what you think about strategies and planning of service provision. These are very difficult and very inaccessible things for people to think about. What happens now is that somebody else decides what the issue is and then asks service users what they think about it. The agenda items are set by people other than those who use services.” — Keith Maloney

“People were jaded in collective advocacy because they were just going from consultation meeting to project board meeting to strategic development groups where other people were setting the agendas, because health boards or local authorities wanted to talk about consultation papers.”
— Anne O’Donnell

“Before, people in user groups would work out what was happening to them and then they would go and campaign for better services. Now people are being asked to consult on questions that are being set by people who have more power in. In the guise of increased involvement, the campaigning edge is being eroded.” — Keith Maloney

So, if the political voice of collective advocacy has been subdued through consultation meeting after consultation meeting, what can be done to reignite the spark which once drove these pioneering user-led groups into action?

“It’s very difficult to keep the discussion about collective advocacy alive because it’s easier to commission individual advocacy and because of pressures on organisations to become more business-like it’s easier to commission and measure performance in terms of advocacy hours rather than system change. We have to keep looking at documents that are being produced because the language slips easily back into describing individual advocacy and not the community development approach and activism of collective advocacy.” — Keith Maloney

And if the face of collective advocacy has changed under the terms of commissioning advocacy under the Act, then what are the implications for the citizen advocacy movement?

“We always had targets that we had to adhere to through funding but the targets changed after the Mental Health Act, to focus on issue-based advocacy rather than citizen advocacy. At that time there was an emphasis from the funders to provide issue based advocacy around the statutory legislation. As a citizen advocacy organisation we found ourselves in a place where citizen advocacy was not focused on and the funding was for issue-based advocacy.” — Sonya Bewsher

A Competitive Edge

Along with the commissioning of advocacy under the new Act, has come the move to competitive tendering and the ramifications of this on the advocacy movement as a whole.

“The number of advocacy organisations has shrunk. Advocacy was fundamentally about being embedded in the community and growing from the community roots up. Responding to local needs, being able to change and respond to needs in your community.” — Morag McClurg

SIAA’s *Guide for Commissioners*, published in 2010 drew attention to specific issues around competitive tendering:

“Competitive tendering will have an impact on advocacy commissioned because:

- It sets up the ‘purchaser-supplier dynamic’ where the advocacy organisation is expected to see itself as delivering a service on behalf of the Local Authority or Health Board, instead of in response to the people who need advocacy. This could compromise the organisations’ independence.*
- It forces advocacy organisations to compete with one another for funds, thereby potentially damaging relationships between organisations*
- Larger, more established organisations may have the resources to fill out complicated tender forms, potentially leaving smaller organisations without funding, therefore making it harder for advocacy to be truly rooted in the community.”*

(From: *Independent Advocacy: A Guide for Commissioners*, SIAA, 2010)

“The tendering process makes it more difficult but we are determined that we will pursue it because that’s how we will survive as an organisation because it’s about advocacy; that’s the bottom line and we will fight to still be able to deliver that.” — Angela Woolridge

“My fears are that funding cheaper and trying to get more for less will equal other non-independent advocacy organisations being brought into the frame.” — Will Massaro-Mallinson

“There have been so many competitive tenders which have been fought and won, not even by independent advocacy services. That goes back to people not knowing what independent advocacy is.” — Morag McClurg

"I think competitive tendering has created divisions that didn't exist before. Before you would have neighbouring organisations working together, now there won't be that trust." — Shaben Begum

"Everything is reduced to a cost. If you adopt the language of finance, you lose the ability to talk about value, particularly when commissioners decide what the value of advocacy is based on the priority of their needs, not necessarily those expressed by the people who use services."
— Keith Maloney

In an article published in the Spring 2012 edition of the SIAA's quarterly magazine *About Advocacy*, it was highlighted:

"Historically the advocacy movement in Scotland was developed and driven by users of mental health services and learning disability services.

The community development approach, led by those who use the service is driven by the needs and wishes of the members of the community. This allows members of the community to have a sense of control over their lives and circumstances.

Competitive tendering will not fully allow members of communities to be involved in the process. It can create potential competitors from agencies formerly accustomed to joint working, thus damaging local networks and connections."

(From: *About Advocacy*, SIAA, Spring 2012)

So what can be done to ensure that independent advocacy is not compromised by competitive tendering and that collective and citizen advocacy are not side-lined in favour of individual, issue-based advocacy decided on by commissioners?

"The procurement system needs to be looked at. It needs to be much more sophisticated. Buying advocacy is not the same as buying furniture. They need to look at the history of the organisation; user involvement must carry as much weight as other aspects of a contract." — Shaben Begum

"If there was something in the tendering process about the value behind the organisation which is tendering then perhaps there would be a change that a local grass-roots organisation would win the tender." — Joyce Mouriki

“We need to work with commissioners to be realistic about advocacy. If they tender advocacy they are going to lose local focus and you are going to have more and more organisations, for example, big organisations in England tendering for small advocacy budgets, and they can put in the kind of bids that smaller organisations cannot.” — Will Massaro-Mallinson

“Although there are lots of guidelines for commissioning advocacy, very few of them actually involve the person who uses the service in the tendering process. I think they should.” — Joyce Mouriki

“We have always been actively involved in seeking other funding which reinforces independence.” — Morag McClurg

*“It can be resolved by commissioners understanding that it is independent advocacy they need to be funding, not just any old advocacy, and it is independent for a reason; because it avoids any conflict of interest. It’s a national issue. It needs to be done through SIAA through the Scottish Government, and filtered down through commissioners.”
— Will Massaro-Mallinson*

Value for Money

With the move to competitive tendering, discussion has ensued around how advocacy organisations can demonstrate their value to commissioners, to ensure that funders are commissioning good-quality advocacy. So how can organisations define their worth and in the absence of ASA, who decides what is good-quality advocacy and what is not?

“How do we define the value of advocacy? Can we use Social Return on Investment? It is very difficult to define the value of advocacy unless you find a way of factoring in how it addresses power balances.” — Keith Maloney

“We play our part locally by providing the worth of independent advocacy to our own commissioners. We decided to do the Social Return on Investment training and we are getting really good feedback from our service users. It has been really useful engaging with our services. At the end of the day we hope it will convince funders; here’s a report that tells you the value of independent advocacy.” — Will Massaro-Mallinson

*“The Quality Assurance work that is being done by SIAA at the moment is needed. But the Quality Assurance Group needs to actually get started.”
— Morag McClurg*

*“Somebody has to take charge of the principles and standards and methods of evaluation. Let’s get a board of directors together of people committed to advocacy who are not necessarily managing advocacy projects.”
— Chris Mackie*

“Some of our staff felt that Social Return on Investment should be done across Scotland, it would provide evidence of what people get out of advocacy, regardless of the model they use.” — Morag McClurg

Future Uncertain?

With the *Social Care (Self-directed Support) (Scotland) Act 2013* and impending welfare reforms, it would appear that there is no shortage of people accessing advocacy and indeed it seems likely that numbers will continue to increase under new reforms.

“There is a level of anxiety when the government decides to change things. We have people at the door whose mental health is deteriorating and they can’t cope with anything else.” — Chris Mackie

“Relatives and carers do not fully understand the significant changes which are currently being made to benefits.” — Moira Nicholson

This new legislation which is part of a wider personalisation agenda will have an impact on the way people access care services in the future, by allowing people to choose their own services within a given budget. This will further increase demand on advocacy.

“Self-directed support works in theory allowing people to access services which best meet their needs, however there is a lot of anxiety, people are panicking about what’s going to happen. Independent advocacy has an integral role to play in ensuring that people are empowered by Self-directed Support.” — Moira Nicholson

So, while numbers of people accessing independent advocacy are likely to increase following government reforms, what about those voices which are still unheard?

“Some consultants are very obstructive, if you have a mental health issue, they have no time for you. They just want to get on with things. They want you to go away.” — James McKillop

(From: *A Voice Through Choice*, SIAA/Media Co-op, 2007)

“I live in a home with three other people. Some of the staff are alright. One is rude to me. He won’t help me with my book. He sends me to my room. He told me he would lock me in. I spoke to the manager but she said I just try to get people into trouble. I get frightened when he’s on shift. I think he doesn’t like me.”

(From: *Citizens Grand Jury*, film, People First (Scotland), 2011)

“Advocacy challenges views about how people become invisible in society and the need for people to have a voice in order to change that. There is still abuse going on and often services will cut corners in terms of safeguarding against abuse because of financial pressures.” — Rob Warren

“There are still areas where there are no voices. I’m very worried about the voice of older people. There are a lot of older people who will become frail and who will need to be looked after. It might be advocacy within their own families, who are treating them badly. That’s a new area.” — Shulah Allan

“There is a huge gap in children and young people’s advocacy but I think this funding will not necessarily go to an independent organisation. It may go to an existing organisation.” — Will Massaro-Mallinson

“In theory everyone with a mental disorder could access independent advocacy but we knew then that not everybody would, and we know now that not everybody can.” — Shaben Begum

“Mental health services are streets ahead in terms of understanding what advocacy is about. If you look at where children’s’ services are, it’s where mental health services were twenty years ago. There is not an appreciation of what an advocacy worker can do to help a child or a young person express themselves.” — Chris Mackie

*“My biggest concern at the moment is that people accessing health and social care services understand their rights in the widest sense.”
— Joyce Mouriki*

*“Something for advocacy organisations to remember is to be focused on this is what we do and while it might be appealing to do something to get more money, that will make them lose focus on what they are actually here for, rather than being an organisation that is a one-stop-shop.”
— Shaben Begum*

Inspiring Our Future

The implications of the *Mental Health (Care and Treatment) (Scotland) Act 2003*, and resultant commissioning of advocacy under the Act, the move to competitive tendering and the inevitable impact this has had on the unity of the movement, with organisations competing for contracts; together with the impending government reforms all add up to an uncertain future. What is clear, though, is that over the last twenty five years or so, some extraordinary things have been achieved by passionate, committed people and there is still much work to be done.

“There have been people who have told me that thanks to an advocacy worker they did not attempt suicide, they did not end up homeless, because we kept them in the waiting room for their appointment.” — Chris Mackie

“I think a lot has changed since the 1990s when people saw advocacy as naive or trouble-making.” — Anne O'Donnell

“There has been a change in the attitude towards advocacy. Before advocacy was scrutinized and criticized now we are welcomed as friends and asked for our contribution.” — Alan Graham

“It's been a long time since a door was closed to us. There are so many ways in which people can go and make their voices heard to the decision-making bodies and influence what's going on in the agenda.” — Joyce Mouriki

“When we started we were constantly fighting for the right to attend meetings, to get into wards to see people and it was just a daily struggle. Yesterday I got three messages inviting me to a meeting. It's a 360 degree shift from where we were before.” — Alan Graham

“So long as people at different stages of their lives have to become involved with service and clinical involvement or being incarcerated or having their liberty taken away from them, there will continue to be a need for advocacy.” — Shulah Allan

“I am not negative about the future of advocacy. I know advocacy will go on because I have seen with my commissioners their recognition of the benefits of advocacy. We have to turn our commissioners into champions of advocacy.” — Will Massaro-Mallinson

“There has been a tendency over the last few years to focus on the doom and gloom. There must be good work going on and that should be highlighted.”
— Morag McClurg

“We as a movement have become much more professional in terms of accountability, transparency and ensuring quality.” — Shaben Begum

“We’re sticking to our guns to keep it going into the next generation. If we’re not here then other people will take it forward.” — Jimmy McIntosh

“Advocacy is full of people who are passionate and if they’re not it makes me wonder why they would be in it because it’s not easy. It’s interesting and it’s good and positive but it’s not always easy.” — Marcia Ramsay

“We need to focus on getting advocacy into politicians’ and public consciousness. That’s what we should be putting our energies into.”
— Chris Mackie

“How do we make people understand that advocacy is not just a service but an important part of citizenship and being part of a community?”
— Rob Warren

How indeed?

It is evident that the advocacy movement is as diverse as it is divergent; with over fifty unique organisations all with differing priorities, needs and ideals, delivering different models of advocacy, often in new and innovative ways, across a wide and diverse community. What is clear, however, is that each organisation has something in common; each is committed to, and passionate about, independent advocacy.

So, where do we go from here?

“There was a man I used to work with and he was the sweetest man. I walked in and you could see him smiling. It’s such a privilege to have that opportunity to make those kinds of relationships.” — Muriel Mowat

“My whole time in advocacy was very exciting. I was bursting with how great it all was. You really felt like you were making a difference.”
— Marcia Ramsay

"It's about actually being able to build a relationship and observing people starting to trust you." — Muriel Mowat

"Advocacy challenges views about how people become invisible in society and the need for people to have a voice in order to change that."

— Rob Warren

"I feel really lucky to have that involvement in advocacy. Our jobs are full of frustrations but that gives you the motivation to keep focussed on this is what we do and we're going to get it done." — Shaben Begum

"To set up an advocacy service for older people was an absolute joy. It was the first one in Scotland. I am still here 14 years later because I really enjoy it. I'm so happy when we get feedback saying 'this really worked for me.'"

— Will Massaro-Mallinson

"There's still that passion that bullies you up, despite all the odds, I think we have made huge progress." — Muriel Mowat

"Sometimes people ask me when I'm going to retire. I say, I'll keep going until my body tells me to stop." — Jimmy McIntosh

Barbara Brown

Researcher, Scottish Independent Advocacy Alliance

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Inspiring Our Future

Scottish Independent Advocacy Alliance

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Please note that the information contained in this report is correct and accurate, to the best of our knowledge, and the comments expressed in the report are based on the opinions of the contributors involved and do not necessarily represent the views of Scottish Independent Advocacy Alliance.

Appendix 1: The Millan Principles

The Millan Principles from *'New Directions: Report on the Review of the Mental Health (Scotland) Act 1984'*

(i) Non discrimination

People with mental disorder should whenever possible retain the same rights and entitlements as those with other health needs.

(ii) Equality

All powers under the Act should be exercised without any direct or indirect discrimination on the grounds of physical disability, age, gender, sexual orientation, language, religion or national or ethnic or social origin.

(iii) Respect for Diversity

Service users should receive care, treatment and support in a manner that accords respect for their individual qualities, abilities and diverse backgrounds and properly takes into account their age, gender, sexual orientation, ethnic group and social, cultural and religious background.

(iv) Reciprocity

Where society imposes an obligation on an individual to comply with a programme of treatment of care, it should impose a parallel obligation on the health and social care authorities to provide safe and appropriate services, including ongoing care following discharge from compulsion.

(v) Informal Care

Wherever possible, care, treatment and support should be provided to people with mental disorder without recourse to compulsion.

(vi) Participation

Service users should be fully involved, to the extent permitted by their individual capacity, in all aspects of their assessment, care, treatment and support. Account should be taken of their past and present wishes, so far as they can be ascertained. Service users should be provided with all the information and support necessary to enable them to participate fully. All such information should be provided in a way which renders it most likely to be understood.

(vii) Respect for carers

Those who provide care to service users on an informal basis should receive respect for their role and experience, receive appropriate information and advice, and have their views and needs taken into account.

(viii) Least restrictive alternative

Service users should be provided with any necessary care, treatment and support both in the least invasive manner and in the least restrictive manner and environment compatible with the delivery of safe and effective care, taking account where appropriate of the safety of others.

(ix) Benefit

Any intervention under the Act should be likely to produce for the service user a benefit that cannot reasonably be achieved other than by the intervention.

(x) Child welfare

The welfare of a child with mental disorder should be paramount in any interventions imposed on the child under the Act.

Appendix 2: List of advocacy providers in the 2012–2013 year

ABEL (Anti-bullying East Lothian)

Brunton Hall, Ladywell Way, Musselburgh, East Lothian, EH21 6AF
0131 653 5234/5 • abel@eastlothian.gov.uk
www.antibullyingeastlothian.org.uk

ABEL provides one-to-one advocacy to children and young people attending school in East Lothian, and/or their parents, around issues of concern including bullying, exclusion, or breakdown of communication with school.

Ace Advocacy West Lothian

28 Heatherbank, Livingston, EH54 6EE
01506 444330 • advocacy@enable.org.uk

ACE Advocacy, part of Enable, provides one-to one advocacy, citizen advocacy and collective advocacy to adults with a learning disability, Asperger syndrome or autism in West Lothian.

ACUMEN Argyll & Clyde United in Mental Health

Room 2015, Mile End Mill, 12 Seedhill Road, Paisley, PA1 1JS
0141 887 9103 • enquiries@acumennetwork.org
www.acumennetwork.org

ACUMEN provides collective advocacy for people with mental ill-health in Argyll and Clyde.

Advocacy Highland

3rd Floor, 33 Academy Street, Inverness IV1 1JN
01463 233460 • info@advocacy-highland.org.uk
www.advocacy-highland.org.uk

Advocacy Highland provides one-to-one advocacy and citizen advocacy to people of all ages in the Highland Health Board area. They work with people with mental ill-health, dementia, a learning disability, or autism; and older people. They also manage Strong Together an Inverness citizen advocacy project for people with a learning disability.

Advocacy Matters

5th Floor, Merchants House, 30 George Square, Glasgow G2 1EG
0141 572 2850 • enquiries@advocacymatters.org.uk
www.advocacymatters.org.uk

Advocacy Matters provided one-to-one advocacy for people with mental ill-health in the Glasgow area. Following a re-commissioning of independent advocacy services in Glasgow, The Advocacy Project will provide independent advocacy for people with mental ill-health in Glasgow from July 2013.

Advocacy North East

Advocacy North East (Aberdeenshire) Unit 2, Dalfling Business Centre, Blairdaff, Inverurie, Aberdeenshire, AB51 5LA
01467 651604 • advocacyne@btconnect.com

Advocacy North East (Moray), Elgin Business Centre, Maisondieu Road, Elgin, Moray IV30 1RH
01343 559649 • advocacynemoray@btconnect.com

www.advocacyne.org.uk

Advocacy North East provides one-to-one and collective advocacy in Aberdeenshire and Morayshire. They work with people with mental ill-health; a learning or physical disability; carers; and people in local authority care homes.

Advocacy Orkney

Kirkwall Travel Centre, West Castle Street, Kirkwall, Orkney KW15 1HR
01856 870 111 • advocacy-orkney@btconnect.com
www.orkneycommunities.co.uk

Advocacy Orkney provides one-to-one and citizen advocacy to a range of people including people with mental ill-health or dementia; a learning or physical disability; problem drug or alcohol use; older people; looked after children and young people or their parents; parents of children with additional support needs; and carers.

The Advocacy Project

Cumbræ House, 15 Carlton Court, Glasgow, G5 9JP
0845 076 2262 • enquiry@theadvocacyproject.org.uk
www.theadvocacyproject.org.uk

The Advocacy Project provides one-to-one and collective advocacy and they work in Glasgow, East Renfrewshire, North and South Lanarkshire. They work with adults with mental ill-health or dementia, a learning or physical disability; adults of black or minority ethnic background and older people.

Advocacy Service Aberdeen

Aberdeen Business Centre, Willowbank Road, Aberdeen, AB11 6YG
01224 332314 • asa@advocacy.org.uk
www.advocacy.org.uk

Advocacy Service Aberdeen provides one-to-one and collective advocacy in Aberdeen. They work with people with mental ill-health; a learning or physical disability; carers; and people in a local authority care home.

Advocacy Shetland

Market House, 14 Market Street, Lerwick, ZE1 0JP
01595 743929 • advocacy@shetland.org
www.advocacy-shetland.org

Advocacy Shetland provides one-to-one advocacy to people of any age using health or social care services, or otherwise deemed 'vulnerable'.

Advocacy Western Isles

Lamont Lane, Bayhead, Stornoway, HS1 2EB
01851 701755 • office@advocacywi.co.uk
www.advocacywi.co.uk

Advocacy Western Isles provides one-to-one and collective advocacy to a range of people including people with mental ill-health; a learning disability; and children and young people.

Advocard

332 Leith Walk, Edinburgh, EH6 5BR
0131 554 5307 • advocacy@advocard.org.uk
www.advocard.org.uk

Advocard provides one-to-one and collective advocacy to people with mental ill-health in Edinburgh; and one-to-one advocacy within the Royal Edinburgh Hospital.

Advocating Together

13 Ryehill Lane, Dundee, DD1 4DD
01382 666601 • enquiries@advocating-together.org.uk
www.advocating-together.org.uk

Advocating Together are collective advocacy groups for people with a learning disability in Dundee.

AIMS Advocacy

70 New Street, Stevenston, KA20 3HG
0800 652 2986 • morag@aimsadvocacy.org.uk
www.aimsadvocacy.org.uk

AIMS Advocacy provides one-to-one and collective advocacy. They work with people over 16 in North Ayrshire who are eligible to receive a community care service; and patients in Ayr Clinic.

Angus Independent Advocacy

60 High Street, Arbroath, Angus, DD11 1AW
01241 434413 • enquiries@angusindadvocacy.org
www.angusindadv.org

Angus Independent Advocacy provides one-to-one and citizen advocacy to people with mental ill-health or dementia; a learning disability; acquired brain injury; older people; and people under 16 subject to mental health legislation.

Autism Rights Group Highland

22 Wester Inshes Place, Inverness, IV2 5HZ
01847 851743 • info@arghighland.co.uk
www.arghighland.co.uk

The Autism Rights Group Highland is a collective advocacy group for adults with autism spectrum condition.

Barnardo's Hear 4 U – Children's Rights and Advocacy

John Pollock Centre, Mainholm Road, Ayr, KA8 0QD
01292 294309 • glynis.morris@barnardos.org.uk

7 George Street Meuse, Dumfries, DG1 1HH
07747 793358 • kathryne.lamb@barnados.org.uk

12 Lochfield Road, Paisley, Renfrewshire, PA2 7RG
0141 884 7896 • sharon.houston@barnardos.org.uk

www.barnados.org.uk

Barnardo's Hear 4 U, managed by Barnardo's Scotland, provides one-to-one advocacy in South Ayrshire, Dumfries and Galloway and Renfrewshire. They work with children and young people with mental ill-health, who are looked after and accommodated, or who are within the child protection system.

Borders Independent Advocacy Service

Low Buckholmside, Galashiels, TD1 1RT
01896 752200 • info@bordersadvocacy.org.uk
www.bordersadvocacy.org.uk

BIAS provides one-to-one advocacy in the Scottish Borders. They work with people with mental ill-health; people with a learning disability; health & social care users; older people in residential care; and people subject to adult support & protection and self-directed support legislation.

CAPS

Old Stables, Eskmills Park, Station Road, Musselburgh, EH21 7PQ
0131 273 5116 • contact@capsadvocacy.org
www.capsadvocacy.org

CAPS provides one-to-one and collective advocacy, for adults with mental ill-health, in Midlothian and East Lothian.

Carers Scotland Advocacy Service

21 Pearce Street, Glasgow, G51 3UT
0141 445 3070 • advocacy@carersscotland.org.uk
www.carersscotland.org.uk

The Carers Scotland Advocacy Service is part of Carers Scotland and provides one-to-one advocacy to carers over 16 in South West Glasgow.

CEARTAS

Suites 5–7, McGregor House, 10 Donaldson Crescent, Kirkintilloch, G66 1XF
0141 775 0433 • info@ceartas.org.uk
www.ceartas.org.uk

CEARTAS provides one-to-one and collective advocacy in East Dunbartonshire. They work with older people; people with a physical or learning disability; and people with mental ill-health including dementia.

Central Advocacy Partners (formerly Advocacy into Action)

27 West Bridge Street, Falkirk, FK1 5RJ
01324 633321 • elizabeth@centraladvocacypartners.org.uk
www.centraladvocacypartners.org.uk

Central Advocacy Partners provides one-to-one, collective and citizen advocacy in Stirling, Falkirk and Clackmannanshire, to people with a learning disability.

Circles Network

Rowanbank Clinic, Stobhill, 133C Balornock Road, G21 3UL
0141 232 6406 • info.glasgow@circlesnetwork.org.uk

21 Grey Place, Greenock, Inverclyde, PA15 1YF
01475 730 797 • info.inverclyde@circlesnetwork.org.uk

6 Pentland House, Saltire Centre, Glenrothes, Fife KY6 2AH
01592 772 220 • fife@circlesnetwork.org.uk

www.circles.network.org.uk

Circles Network is a UK wide organisation which, in Scotland, provides one-to-one and collective advocacy; and they work in Inverclyde, Fife, and the NHS Greater Glasgow & Clyde Forensic Mental Health Service. They work with people who have mental ill-health or dementia, physical or learning disabilities, or addiction problems; older people, carers and people who are homeless.

Citizen Advocacy Support Service

Sutherland House, 123 Prestwick Road, Ayr, KA8 8NJ
01292 268873 • enq@cassinfo.org.uk

Citizen Advocacy Support Service provides citizen advocacy to people with a learning disability in South Ayrshire.

Drumchapel Advocacy Project

Suite 18 Garscadden House, 3 Dalsetter Crescent, Glasgow, G15 8TG
0141 944 0507 • danny@dlmac.co.uk

The Drumchapel Advocacy Project is part of the Drumchapel Law and Money Advice Centre. They provide one-to-one and collective advocacy, to anyone over 18, in Drumchapel.

Drumchapel Children's Rights Project

Suite 18 Garscadden House, 3 Dalsetter Crescent, Glasgow, G15 8TG
0141 944 0507 • clairehaining@dlimac.co.uk

Drumchapel Children's Rights Project is part of Drumchapel Law and Money Advice Project. They provide one-to-one and citizen advocacy to children and young people between 5 and 18 in Drumchapel, Anniesland, Knightwood, Blairdardie, Yoker and Scotstoun.

Dumfries and Galloway Advocacy Service (formerly People's Advocacy Service)

107 English Street, Dumfries, DG1 2DA
01387 247237 • info@peoples-advocacy.com
www.peoples-advocacy.com

Dumfries and Galloway Advocacy Service provides one-to-one advocacy to adults. They work with a range of people including, but not limited to, those with mental ill-health; a physical or learning disability; older people and carers.

Dundee Independent Advocacy Support

6a Meadows Mill, West Henderson's Wynd, Dundee DD1 5BY
01382 205 515 • office@diasdundee.org

Dundee Independent Advocacy Support provides one-to-one, collective and citizen advocacy to people with mental ill-health or dementia; a learning or physical disability; and older people.

Dunfermline Advocacy Initiative

2 Halbeath Road, Dunfermline, KY12 7QX
01383 624382 • enquiries@dunfermlineadvocacy.org
www.dunfermlineadvocacy.org

Dunfermline Advocacy Initiative provides citizen advocacy to people over 16, with a learning disability, in West Fife.

EARS Advocacy Service

Forecourt Business Centre, Ashley Place, Edinburgh EH6 5PX
0845 607012 • info@ears-advocacy.org.uk
www.ears-advocacy.org.uk

EARS Advocacy Service provides one-to-one and collective advocacy; and work in East, Mid and West Lothian. They work with older people and adults with a physical disability.

East Ayrshire Advocacy Service

20 Lindsay Street, Kilmarnock, KA1 2BB
01563 574442 • irene@eaas.org.uk

East Ayrshire Advocacy Service provides one-to-one and collective advocacy in East Ayrshire. They work with people over 16 with mental ill-health; people between 16 and 65 who have a learning disability, acquired brain injury, or dual diagnosis; people over 65; parents involved in child protection procedures; and people under 16 subject to mental health legislation.

Edinburgh Carers' Council

1–3 Canon Street, Edinburgh, EH3 5HE
0131 270 6087/6089 • info@edinburghcarerscouncil.co.uk
www.edinburghcarerscouncil.co.uk

Edinburgh Carers' Council provides one-to-one and collective advocacy, to carers of people with mental ill-health or dementia; a learning disability or acquired brain injury, in Edinburgh.

Equal Say

11–13 Dowanhill Street, Glasgow, G11 5QS
0141 337 3133 • ca@equalsay.org
www.equalsay.org

Equal Say provides one-to-one and citizen advocacy to adults with a learning disability in Greater Glasgow.

Equal Voice in Central Fife

The Roundhouse, Priory Campus, Victoria Road, Kirkcaldy, Fife, KY1 2QT
01592 223875 • equalvoiceincentralfife@yahoo.co.uk
www.equalvoice.org.uk

Equal Voice in Central Fife provides citizen advocacy to people over 16 with a learning disability in central Fife.

Equals Advocacy Partnership

101 Park Street, Motherwell, ML1 1PJ
01698 327772 • admin@equalsadvocacy.org.uk
www.equalsadvocacy.org.uk

Equals Advocacy Partnership provides one-to-one and collective advocacy, to people with mental ill-health or dementia, in North Lanarkshire.

Fife Elderly Forum

Office 1–2, Fraser Buildings, Millie Street, Kirkcaldy, KY1 2NL
01592 643743 • info@fife-elderly.org.uk
www.fife-elderly.org.uk

Fife Elderly Forum is an advice and information agency dealing with older people's issues. They also provide one-to-one and collective advocacy to people over 60.

Forth Valley Advocacy

1 The Bungalows, Stirling Road, Larbert, FK5 4SZ
01324 557070 • info@forthvalleyadvocacy.com
www.forthvalleyadvocacy.com

Forth Valley Advocacy provides one-to-one advocacy in Stirling, Falkirk and Clackmannanshire to people of any age with mental ill-health; and older people.

Highland Carers' Advocacy Service

Glen Orrin, High Street, Dingwall, IV15 9TF
01463 723569 • carersadvocacy@hccf.org.uk
www.highlandcommunitycareforum.org.uk

Highland Carers' Advocacy Service is part of the Highland Community Care Forum and they provide one-to-one advocacy to carers in the Highlands.

Include Me!

Tom Rogers Mill, East Burnside, Cupar, Fife, KY15 4DQ
01334 656242 • contact@includeme.org.uk
www.includeme.org.uk

Include Me provides citizen advocacy to people between 16 and 64, with a learning disability, in north east Fife.

Independent Advocacy Perth and Kinross

90 Tay Street, Perth, PH2 8NP
01738 587 887 • info@iapk.org.uk
www.iapk.org.uk

Independent Advocacy Perth and Kinross provide one-to-one and collective advocacy to people with mental ill-health or dementia; a learning or physical disability; carers; older people; and children and young people with mental ill-health or a learning disability.

Inverclyde Advocacy Service

Formerly at: 21 Grey Place, Greenock, PA15 1YF

Inverclyde Advocacy Service provided one-to-one and collective advocacy to anyone over 16, with a community care issue, in Inverclyde. Following a re-commissioning of advocacy services in Inverclyde, Circles Network provides advocacy in this area.

Kindred

7 Rutland Court Lane, Edinburgh, EH3 8ES
0131 536 0583 • kindred.enquiries@gmail.com
www.kindred-scotland.org

Kindred provide advocacy in addition to other services to children, as well as parents or carers of children, with additional support needs. They are based at the Royal Hospital for Sick Children in Edinburgh and work in Edinburgh, the Lothians and Fife.

Lomond and Argyll Advocacy

155 Glasgow Road, Dumbarton, G82 1RH
01389 726543 • laasadvocacy@aol.co.uk
www.laas.org.uk

Lomond and Argyll Advocacy provides one-to-one advocacy in Argyll and Bute and West Dunbartonshire. They work with adults with mental ill-health or dementia; adults with a learning disability; and older people.

Mental Health Advocacy Project (West Lothian)

Mental Health Resource Centre, Strathbrock Partnership Centre,
189a West Main Street, Broxburn, West Lothian, EH52 5LH
01506 857 230 • admin@mhap.org.uk
www.mhap.org.uk

The Mental Health Advocacy Project provides one-to-one and collective advocacy, to people with mental ill-health, in West Lothian.

Partners in Advocacy

The McIntosh Suite, 2nd Floor Beaverhall House, 27/5 Beaverhall Road,
Edinburgh, EH7 4JE
0131 478 7723/7724 • edinburgh@partnersinadvocacy.org.uk

Suite 309, The Pentagon Centre, 36 Washington Street, Glasgow, G3 8AZ
0141 847 0660 • glasgow@partnersinadvocacy.org.uk

1st Floor, 30 Whitehall Street, Dundee, DD1 4AF
01382 229110 • winnie@partnersinadvocacy.org.uk

www.partnersinadvocacy.org.uk

Partners in Advocacy provides one-to-one, collective and citizen advocacy; and they work in Dundee, Edinburgh and the Lothians, East Renfrewshire and Glasgow. They work with adults and children with a learning disability, physical disability, or additional support needs; children with mental ill-health; and older people.

Patients' Advocacy Service

The State Hospital, 110 Lampits Road, Carstairs, Lanarkshire, ML11 8RP
01555 842 078 • tsh.advocacy@nhs.net

The Patients' Advocacy Service provides one-to-one advocacy to patients detained within the State Hospital.

People First (Scotland)

77–79 Easter Road, Edinburgh, EH7 5PW
0131 478 7707 • info@peoplefirstscotland.org
www.peoplefirstscotland.org

People First (Scotland) are collective advocacy groups in Aberdeenshire, Edinburgh, Clackmannanshire, Fife, Glasgow, Midlothian and South Lanarkshire.

Powerful Partnerships

PO Box 17407, Edinburgh, EH12 1FZ
07947 429618 • info@powerfulpartnerships.org.uk
www.powerfulpartnerships.org.uk

Powerful Partnerships provides citizen advocacy to people with a learning disability in Edinburgh.

Renfrewshire Carers' Centre Advocacy Project

Unit 55 Embroidery Mill, Abbey Mill Business Centre, Paisley, PA1 1TJ
0141 887 3643 • maureen@renfrewshirecarers.co.uk
www.renfrewshirecarers.org.uk

Renfrewshire Carers' Centre Advocacy Project is part of the Renfrewshire Carers' Centre. They provide one-to-one and collective advocacy, to adult carers, in Renfrewshire.

Royal Edinburgh Hospital Patients' Council

Morningside Place, Edinburgh, EH10 5HF
0131 537 6462 • info@rehpatientscouncil.org.uk
www.rehpatientscouncil.org.uk

The Royal Edinburgh Hospital Patients' Council are collective advocacy groups for people who use, or have used, the services of the Royal Edinburgh Hospital.

Speak Out Advocacy Project

14 Pankhurst Place, The Village, East Kilbride, G74 4BH
01355 230 202 • info@speak-out.org.uk
www.speak-out.org.uk

Speak Out Advocacy Project, part of Enable, provides one-to-one and collective advocacy, to people with a learning disability, in South Lanarkshire.

Spirit Advocacy

Spirit Advocacy, Cromwell Villa, 23 Lotland Street, Inverness, IV1 1ST

HUG

01463 719366 • hug@spiritadvocacy.org.uk
www.hug.uk.net

People First Highland

01463 418202

Spirit Advocacy incorporates both HUG and People First Highland. HUG is a collective advocacy group for people with mental ill-health and People First Highland is a collective advocacy group for people with a learning disability.

User and Carer Involvement

81– 85 Irish Street, Dumfries, DG1 2PQ
01387 255330 • info@userandcarer.co.uk
www.userandcarer.co.uk

User and Carer Involvement are collective advocacy groups of people with mental ill-health, dementia, a learning disability or carers.

VOCAL

8–13 Johnston Terrace, Edinburgh, EH1 2PW
0131 622 7625 • advocacy@vocal.org.uk
www.vocal.org.uk

VOCAL, or Voice of Carers across Lothian, is an organisation that provides a number of services to carers in the Lothians including one-to-one advocacy.

Voice Advocacy

27–29 Crown Street, Ayr, KA8 8AG
01292 264396 • voiceadvocacy@btconnect.com
www.aamh.org.uk

Voice Advocacy, part of Ayr Action for Mental Health provide one-to-one and collective advocacy in South Ayrshire. They work with adults, including older people, with mental ill-health or dementia.

Who Cares? Scotland

5 Oswald Street, Glasgow, G1 4QR
0141 226 4441 • enquiries@whocaresscotland.org
www.whocaresscotland.org

Who Cares? Scotland provides one-to-one advocacy in Ayrshire and Arran; Borders; Fife; Forth Valley; Grampian; Highland; Lanarkshire; Lothian; Tayside; Western Isles; Greater Glasgow and Clyde. They work with children and young people who are, or have been, looked after away from home; or living at home but subject to child protection proceedings and have additional support needs.

You First Advocacy

47 Causeyside Street, Paisley, PA1 1YN
0141 849 1229 • dennis@youfirstadvocacy.org
www.ramh.org

You First Advocacy provides one-to-one advocacy in Renfrewshire. They work with adults with mental ill-health, a learning or physical disability; and older people.

Your Voice (formerly FBS Advocacy)

Unit 15, Coatbridge Business Centre, 204 Main Street, Coatbridge, ML5 3RB
01236 700 108 • admin@urvz.org
www.urvz.org

Your Voice provides one-to-one and collective advocacy, to children and young people with a disability or mental ill-health, in North Lanarkshire.

Youth Advocacy Group

28/30 Grange Street, Kilmarnock, KA1 2DD
01563 537327 • shelagh.convery@btconnect.com

Youth Advocacy Group provides one-to-one advocacy for people between 8 and 18 in East Ayrshire.

Those organisations working in more than one geographical area and providing more than one type of advocacy and/or working with more than one group, do not necessarily do so in each of the geographical areas they work.

The contact details and areas of work are accurate at time of writing. For up to date information about advocacy organisations, please check 'find an advocate' on the website of the Scottish Independent Advocacy Alliance.