

About Advocacy

The Scottish Independent Advocacy Alliance Magazine

Summer 2014



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is launched**
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Editorial

Regular readers of this publication may remember reading about *AWOL*, a book of poetry by performance poet and mental health activist, Jo McFarlane. Jo has performed her poetry at SIAA events, most recently last year's Parliamentary Reception. She has been referred to as both "the poet laureate of recovery" and "one of the most influential women in mental health today". We are now proud to announce the publication of Jo's memoir, *Skydiving for Beginners: A journey of recovery and hope*. Read about the launch of her memoir and enjoy the photographs on pages 8 and 9.

Also in this edition hear about updates from SIAA projects, newly published *Guidance for advocates working in prisons* and information about the new Central Advocacy Partners Lottery funded Parents Project, the Scottish Mental Health Strategy and newly published guidance from the Mental Welfare Commission.

Muriel Mowat, Editor

Next issue:

Please contact enquiry@siaa.org.uk if you have content for a future edition.

Thank you:

The SIAA would like to thank all the individuals who have contributed to this magazine.

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Disclaimer:

The views expressed in this magazine are those of the individual authors and should not be taken to represent those of the Scottish Independent Advocacy Alliance.

Editor:

Muriel Mowat
muriel.mowat@siaa.org.uk
0131 556 6443

SIAA
London House
20–22 East London Street
Edinburgh, EH7 4BQ

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SIAA News

New Faces

Since the last edition of *About Advocacy* we have welcomed Roisin McKelvey as our temporary Administration and Finance officer and many of you will already have had contact with her.

Also we have three new graduate interns starting work with us in the coming weeks. Two of the interns will be carrying out research on the impact of independent advocacy for different groups. The third will be producing the *Advocacy Map 2013–2014*. This edition will be particularly useful as it will help us track the impact of the recession including the cuts in funding, closure of services and welfare reform. We will be using the information gathered to help influence legislation and policy such as the new Mental Health Bill and the regulation around the Public Bodies (Joint Working) (Scotland) Act 2014. We will be contacting all advocacy organisations, commissioners and funders to gather data so please keep an eye out.

Quality Assurance Pilot Project

The Quality Assurance Pilot Project will be carrying out the first evaluation of an independent advocacy organisation in the coming weeks.

Families at Risk

The guidance for advocacy organisations working with families at risk will be published and disseminated soon, many thanks to all the organisations and individuals who provided ideas, feedback and comments as the document has developed. Dates for the accompanying training will be publicised soon.



Intern Eloise Johnston will produce the 2013/14 Advocacy Map

Self-Directed Support

The Advocacy & Self Directed Support Project are preparing to start delivering training to advocacy organisations soon. We will be in touch with dates of training taking place across the country.

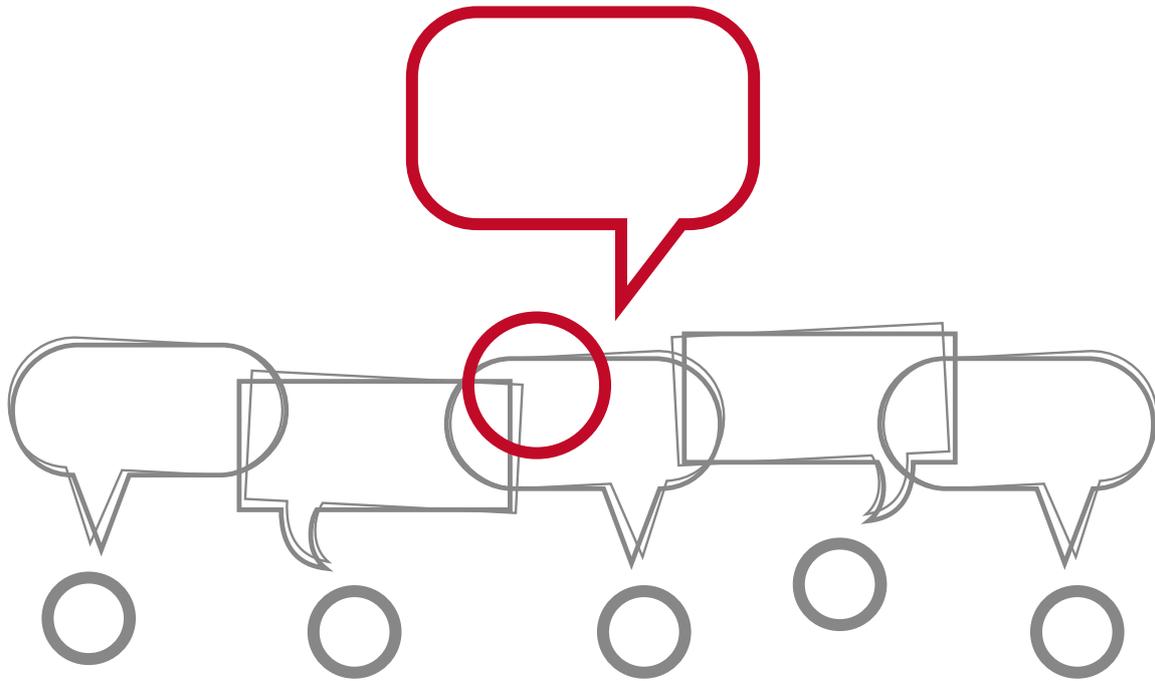
Keys to Life

As many of you will be aware the Keys to Life strategy, Recommendation 32, mentions the SIAA working with PAMIS and SCLD “to scope the need for advocacy and to develop an Action Plan together to improve delivery and uptake of independent advocacy at local level”. We look forward to working with PAMIS and SCLD on this important piece of work.

Farewell

We send all our best wishes for the future to Sonya Bewsher, our Development Officer who recently left.

Shaben Begum MBE
Director



Families at Risk

Anna Chrystal, Project Co-ordinator

The SIAA Families at Risk project started in September 2013. Information about the project featured in the Winter 2013 edition of About Advocacy. Since then the project has moved on apace.

One main aim of the project was to produce guidance for advocacy organisations and workers working with individuals from families at risk. That guidance is now close to publication and there have been a number of developments in other areas.

I would like to take this opportunity to thank everyone who helped provide feedback by attending a consultation, sending a case study or offering written feedback on the draft guidance. All of your input has helped inform the development of a guidance document that aims to be relevant and easily applicable to the work of many independent advocates across Scotland. Alongside the feedback from advocacy organisations we are grateful for the input from organisations such as WithScotland, Children in Scotland and Children's Hearings Scotland. This specialised feedback has allowed us to be specific

about the role and boundaries of advocacy in situations such as Children's Hearings. When this edition of the magazine is published the draft document will be with the designer so look out for it making its way to you or get in touch to request a copy.

In addition to the guidance document, we have also been working to create leaflets explaining the role of independent advocacy for parents and one for children and young people. The Scottish Children's Reporter Administration has helped with this development and we expect the leaflet for parents to be available in Children's Hearings waiting rooms across Scotland. We are also working towards the inclusion of a leaflet for children and young people.

These leaflets will not be specific to a geographical area or project but instead explain what independent advocacy is and what support may be available, the leaflets also signpost to the SIAA website so that people can find an advocacy project in their local area. We hope these will

prove useful to both service users and advocacy projects. We will also make these available for advocacy projects so do get in touch if you would like to know more about this.

Once the guidance document has been published and distributed we plan to offer training to independent advocacy projects across Scotland. The training is aimed at all who may be providing advocacy for parents whose child/children may be going through the child protection system. It will focus on process, dilemmas and issues that may arise, reflecting the guidance document. The training will be advertised and spaces can be booked via our website.

We plan to deliver seminars on the role of independent advocacy which will be open to social work, health and other professionals working with parents facing, or at risk of facing, child protection procedures. These seminars will explore how independent advocacy can support parents facing difficulties. We are keen that local independent advocacy organisations are involved in these seminars so please get in touch if you would be interested in playing a part in this work.

There has been a recent change in legislation with the introduction of the new Children and Young People Act (Scotland) 2014. This paves the way for a multitude of changes surrounding children and young people such as establishment of the named person. In other areas the provision of care for young people leaving care has been increased up to the age of 21 with some further support continuing to 26.



All of these changes will have a direct impact on service provision which the Scottish Government has made a commitment to maintaining. This legislation opens a new set of rights and responsibilities details of which can be found on the Scottish Government website.

So with all these developments and changes it will be a busy year ahead before the completion of the Families at Risk Project. I hope that more independent advocacy projects will be involved and benefit from the work that is going on. We also hope that this work will support the ongoing aim of the SIAA to make independent advocacy available to all who need it by ensuring increasing availability of independent advocacy for families at risk.



LOTTERY FUNDED

Families at Risk is funded by the Third Sector Early Intervention Fund, a new programme being run by Big Fund (the non-Lottery arm of the Big Lottery Fund), for the Scottish Government.



Advocacy for parents

Elizabeth Findlay, Manager, Central Advocacy Partners

Central Advocacy Partner's Parents' Advocacy Project, funded by the Big Lottery Fund for five years from April 2014, will support parents who have a learning disability, including those on the Autism Spectrum. Working across the Forth Valley three advocacy workers will support parents to be better informed of their rights, responsibilities and choices in relation to child protection issues. We also plan to help parents to set up and run peer advocacy groups in Falkirk, Stirling and Clackmannanshire, supporting them to develop the skills and confidence that will help them to resolve issues that are having an impact on their families.

Our journey to provide this service has been a long one! The start of every Central Advocacy Partners' project is at our annual business planning day. This event enables our workforce (both paid staff and volunteers), our Board of Directors and our members (with the help of a Graphics Artist to ensure everyone's full involvement) to identify any gaps in advocacy in our communities. Suffice to say that the need for a Parent's Advocacy Project has been highlighted at this event since 2007! At the same time, we were also receiving a small

but significant number of referrals for parent's work through our former service agreement with Falkirk and Clackmannanshire councils.

So, based on this, we successfully applied to the Henry Smith Charity to request funding for a project that would help us to further develop our understanding of vulnerable parents' advocacy needs. Using our learning from this three year project, we applied to the Big Lottery for a new improved project. We also applied successfully to the Big Lottery Development Fund to further consult with vulnerable parents and a wide range of professionals working in child protection in Falkirk, Stirling and Clackmannanshire. The information gathered undeniably helped us in our stage 2 application, but more importantly gave us an even greater understanding of what matters most to the parents we would be working with.

Professionals were also involved in the consultation process and it quickly became clear that they believed they would be indirect beneficiaries of the project, noting that the past involvement of Central Advocacy Partners

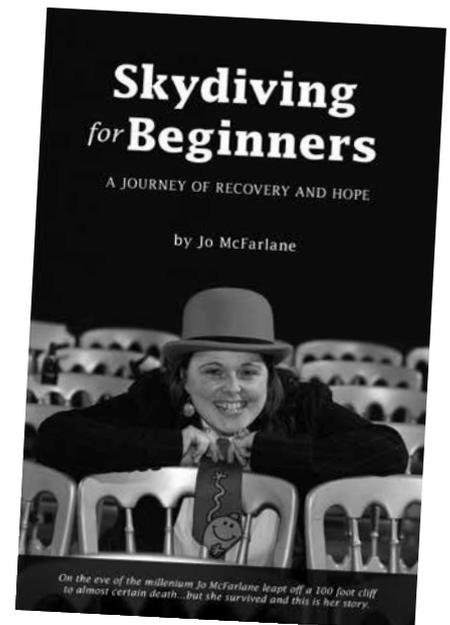
had improved their interventions with parents, alleviating parent's fears and defensive behaviour which then led to better engagement and substantial savings in time and money. They also told us that the following aspects of the role have been particularly missed since the end of the Henry Smith Charity funded project:

- A voice making sure parents' views are heard
- A go-between improving links between families and services
- An interpreter putting information into language that parents understand
- A listener helping parents to talk things over
- A scribe helping parents with letters and forms
- A problem solver helping families think things through
- A sounding board encouraging families to have confidence in their own ability to cope by helping them work things out by themselves
- A confidante with whom confidential information can be shared
- An ally unambiguously on the parent's side.

We believe that our project will have a profound impact on disadvantaged parents who need the support of an independent advocacy worker to redress the power imbalance and inequalities they face on a daily basis. We also believe that the Big Lottery Fund's decision to make such a substantial award is recognition of the importance of long term independent advocacy for some of the most vulnerable. Such long term advocacy allows the opportunity for advocacy workers to spend time building positive trusting relationships with their advocacy partners so that real change occurs.

Parents told us that they faced the following challenges:

- Feeling isolated
- Negative expectations about their parenting ability
- Assumptions being made that their parenting skills cannot improve because the lack of them was seen as an inherent part of their disability.
- This perceived lack of ability to develop appropriate parenting ability resulted in opinions being held by professionals that their child would be best placed with an adoptive parent
- Inability to understand the written material associated with Child Protection
- Inability to understand expectations of them as parents
- Feeling fearful and worried about attending formal meetings and court
- Feeling distrustful of the professionals involved in making decisions about their children
- Lack of engagement in the decisions being made about their families
- Inability to deal with their fears and anger appropriately
- Low self-esteem and a lack of confidence because of previous discrimination and on-going scrutiny of their parenting
- Lack of clarity and consistency from different professionals involved with their family on what constitutes good parenting



Skydiving for Beginners, A Journey of Recovery and Hope

Muriel Mowat, Operations Manager

*“On the eve of the millennium
Jo McFarlane leapt off a 100 foot
cliff to almost certain death...
but she survived and this is
her story.”*

The Scottish Independent Advocacy Alliance is delighted to announce the publication of *Skydiving For Beginners, A Journey of Recovery and Hope* by Jo McFarlane. Tracing her journey from childhood, Jo recounts the poverty and trauma of her early years, through dark periods of psychosis and hospitalisation which dogged her time as a student, activist, and community worker; to the slow emergence of her identity as a poet and champion of recovery.

Jo’s story of her personal journey is at times harrowing but also inspiring and uplifting. Described by Simon Bradstreet (Director of the Scottish Recovery Network) as ‘the poet laureate of recovery’ Jo is a well-known speaker at seminars and conferences, performing her work to packed audiences, offering hope, inspiration

and an insight into living well with mental ill health. Her story of survival is testament to the healing power of poetry, love and laughter; and the transformative joy that comes from living in the ‘Now’.

Throughout the book Jo relates her experiences of mental ill health and dealings with psychiatric services. While many of those dealings were with dedicated and caring staff she did also have some very negative experiences at the hands of staff members who were less caring, uninterested, judgemental. The book aims to act as a tool to educate those working in psychiatric services.

It shows the part that independent advocacy played in her story beginning with her first encounter with an advocate while she was detained in the Royal Edinburgh Hospital. Jo feels that her involvement with advocacy has been of great benefit and she has had a long term relationship with the Scottish Independent Advocacy Alliance.

On Wednesday 16th April Jo’s book was launched at an exciting event, supported by the new Centre for Mental Health and Incapacity Law, Rights



Richard Holloway opening the event, Jo reading from her book and Allan Beveridge delivering his commentary

and Policy, in the Rivers Suite, Edinburgh Napier University Craiglockhart Campus. The room was overflowing with Jo's family, friends and admirers. There were many familiar faces amongst the crowds.

The event was chaired by Dr Richard Holloway, a self-proclaimed fan of Jo and her poetry, who welcomed everyone and spoke of his impressions of her story. Dr Allan Beveridge, another Jo fan and Consultant Psychiatrist, Queen Margaret Hospital, Dunfermline, author of *RD Laing: Portrait of the Psychiatrist as a Young Man*, talked about the book's relevance to psychiatric treatment and care.

Jo then took the floor raising laughter and tears from her audience as she talked about her journey and read extracts from the book. Finally Shaben Begum rounded off the first part of the evening speaking about Jo, the role of advocacy in her story and how she herself is a true advocate for advocacy.

Copies of the book were available for sale at the event and a lengthy queue formed as everyone waited to have Jo sign their copy. Much chatting and merriment followed and the launch finally ended a long time after the originally billed finish.

Many thanks go to the Scottish Government Health & Social Care Directorate for their support with the publication of the book, to Edinburgh Napier University for the use of such an appropriate venue for the launch, to Dr Holloway and Dr Beveridge for their contribution to the evening and to all who came along to support the launch and made it such a successful event.

The final words here are Dr Richard Holloway's and can be found on the back cover of Jo's book:

"This is a brave and beautiful book that will give hope to the hopeless and strength to those who think they can't go on. If Jo can do it, so can you!"

Copies of the book, priced at £7.00, are available from the SIAA office. Contact us on 0131 556 6443 or enquiry@siaa.org.uk for your copy.

Mental Health Strategy For Scotland: 2012–2015

From the Scottish Government Mental Health and Protection of Rights Division

Mental illness is one of the top public health challenges in Europe and it is estimated that mental health disorders affect more than a third of the population every year. That is why mental health and wellbeing is one of the Scottish Government's clinical priorities and we have seen significant improvements across mental health care, services and support in recent years.

The Scottish Government published its national mental health strategy on 13 August 2012. It set out our plans to respond to the on-going challenge of improving mental wellbeing and ensuring improved services and outcomes for individuals and communities.

The commitments and the high-profile targets within the strategy demonstrate the importance the Scottish Government places on mental health and wellbeing. In delivering the strategy, we want to see continued progress through a reduction in variation across services, and an increase in the pace of change and improvement.

The strategy supports the Government's vision that we live longer, healthier lives through integrated health and social care systems with a focus on prevention, anticipation and supported self-management. It adopts the 3 Quality Ambitions for Scotland that health and care is person centred, safe and effective.

These are reflected in the seven key themes applicable across the whole strategy; the key change areas identified as a focus; and the 36 specific commitments to be delivered over the lifetime of the strategy to 2015.

Seven Themes for Mental Health

1. Working more effectively with families and carers;
2. Embedding more peer-to-peer work and support;
3. Increasing support for self-management and self-help approaches;
4. Extending the anti-stigma agenda forward to include further work on discrimination;
5. Focusing on the rights of those with mental illness;
6. Developing the outcomes approach to include personal, social and clinical outcomes; and
7. Ensuring we use new technology effectively as a mechanism for providing information and delivering evidence based services.

Key Change Areas

The strategy aims to increase the pace of change and improvement across the following four key change areas:

1. Child and adolescent mental health;
2. Rethinking how we respond to common mental health problems;
3. Community, Inpatient and crisis services; and

4. Other services and populations (for example offenders; neurodevelopmental disorders; veterans etc).

Commitments

The 36 specific commitments cover the full range of mental health improvement and services and set out the work we are engaged in with our partners to demonstrate how we can better:

- Reduce variation in the availability of mental health services such as intensive home treatment and first episode psychosis services;
- Focus on infant and early years mental health;
- Support people to be able to manage their own mental health;
- Make more use of social prescribing, linking people to their communities and other supports and activities;
- Support families and carers to be more meaningfully involved in care and treatment.

We are working closely with our partners, including the NHS, Local Authorities, the third sector and service users and carers to successfully deliver the strategy and ensure we offer the best quality of life and opportunities for people with mental health problems, and their carers and families.

We do not underestimate the challenges but implementation of the strategy is well underway and we have seen good progress so far in

delivering the 36 specific commitments. Seven commitments have been completed so far; 23 commitments are underway; four commitments are scheduled for work in 2014 and 2015; and two are on-going without a specific timetable.

In addition to the strategy, independent advocacy was one of several new rights around patient representation introduced by the Mental Health (Care and Treatment) (Scotland) Act 2003, (section 259(5)). Advocacy is provided at a local level. The provision of advocacy to such diverse groups is a challenge, however all Local Authorities and health boards are fully aware of their responsibilities to comply with the legislation. Since 2005–2006, additional funding has been provided by the Scottish Government to local authorities and health boards to help them implement the 2003 Act, of which provision of independent advocacy is an important part.

Further Information

The Scottish Government is in the process of updating our website to reflect progress on delivering the strategy. Thereafter, updates will be available at:

www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Strategy

The mental health strategy, including a full list of the 36 commitments, can be accessed at:
www.scotland.gov.uk/Publications/2012/11/4306

Scottish Government, Mental Health and Protection of Rights Division, April 2014

Self-Directed Support Research

Barbara Brown, Researcher

I am delighted to be back at SIAA and very pleased to have been asked to undertake this new and exciting research project, to measure the impact of advocacy in relation to Self-Directed Support. I am very much looking forward to visiting advocacy organisations across Scotland over the next few months, to talk to clients and advocacy workers about their experiences.

The aim of the research is to assess the value of independent advocacy in supporting people through the Self-Directed Support process, using case studies as real evidence to highlight the real difference independent advocacy makes in a person's journey. The research will form part of a final report produced for the SIAA Advocacy and Self-Directed Support Project. We anticipate that the evidence can be used as a tool to inform good practice in advocacy planning across Scotland.

The research is now underway and already I have had the opportunity to travel up and down the country, meeting with people who have been assessed for Self-Directed Support. Many want to share their experiences of the process, and talk about how independent advocacy has helped them along this journey.

"[The advocacy worker] has really been good giving the information and forms to fill in and we can take our time. I feel she's really helping."

Advocacy partner

I have had a chance to interview people and their advocacy workers and hear how they work in partnership with each other. I have also had the opportunity to speak to Local Authority Social Workers and Care Managers who believe that the work undertaken by independent advocacy organisations in supporting advocacy partners has helped make the process smoother not just for the advocacy partner but also for the professional.

"In the past two months I've referred six or seven people to advocacy. If I had my way and there was advocacy available, I would refer every one of them."

Care Manager, Learning Disability Team

In the course of my research I have had an opportunity to look at the development of Self-Directed Support as part of the wider concept of Personalisation and examine how the Social Care (Self-Directed Support) (Scotland) Act 2013 came about as part of the Scottish Government's ten-year strategy. The Strategy aims to give people receiving social care services more choice and control over the way in which their services are delivered. I also had a chance to explore the principles which underpin the Act, including:

- Involvement
- Informed Choice
- Collaboration
- Rights

The Social Care (Self-Directed Support) (Scotland) Act 2013 became law in January 2013 and since that time, Local Authorities have begun implementing Self-Directed Support in different ways, and to varying degrees across Scotland. Research has highlighted some significant challenges as Self-Directed support is rolled out across Scotland, not least in helping people to address anxieties and uncertainty about the process and supporting them to make sense of the huge amount of, often conflicting, information on the subject.

“There’s a lot of information given to families, but some of it contradicts itself, you’ve got providers who put out their own guidance on SDS and it’s different to where the Government is, it’s just all worded differently. It can be confusing.”

Care Manager, Transitions Team

It has become apparent that there are notable inconsistencies in the way in which Self-Directed Support is delivered across Local Authority areas. Research shows a significant number of Local Authority areas where Self-Directed Support has not yet been implemented while in other areas, the process is well underway. In addition, the way in which Self-Directed Support is delivered varies considerably between Local Authority areas. It is clear that the role of independent advocacy will be more important than ever in challenging

inconsistencies and supporting people to make sense of the process. This will play a part in ensuring that everyone who is eligible is offered the four options and that Self-Directed Support is implemented appropriately across all Local Authority areas and in line with the principles of the Act.

Along with supporting good practice in advocacy planning, we hope that the final report will provide clear evidence about the impact of independent advocacy for people in their journey through the process. We are already hearing from some about the real benefit they felt having independent advocacy support when it came to understanding and considering options and making and expressing choices.

In the coming months I will continue to travel across the country meeting with people and their advocacy workers, to talk to them about their experiences and about how independent advocacy has helped them to make sense of the process, to challenge decisions and achieve their outcomes.

“My goals are to go to respite and move out to my own house.”

Advocacy Partner

If you would like to participate in this project, I would be delighted to visit your organisation, or to speak to you over the telephone. Please contact me at **Barbara.Brown@siaa.org.uk** or call the office on 0131 556 6443.



Good Practice Guidance from the Mental Welfare Commission

Lynn McBean, Communications Manager, The Mental Welfare Commission for Scotland

The Mental Welfare Commission for Scotland produces good practice guidance in response to what they see and hear about practical or ethical difficulties in applying mental health and incapacity law. The MWC works with professionals, service users and carers to produce guidance.

All the guides are based on real experience and provide practical advice on putting the principles of mental health and incapacity law into practice

The MWC has recently published two new guides, one on Covert Medication, the other on Significantly impaired decision-making ability in individuals with eating disorders¹.

'Significantly impaired decision-making ability' in individuals with eating disorders

Following a consultation event with a variety of stakeholders we have produced guidance on Significantly impaired decision-making ability in individuals with eating disorders.

SIDMA is a test that needs to be applied before anyone can be given compulsory treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act).

The Act does not define SIDMA, although the code of practice and other guidance material give some help. Many people with eating disorders are treated under the 2003 Act. We know it can be difficult to apply this test for individuals with eating disorders. At what point can a person be said to have SIDMA and why?

We wanted to look at how the SIDMA test can be applied to individuals with eating disorders where treatment under the 2003 Act is being considered.

We invited practitioners, legal experts, individuals with eating disorders and carers to a consultation event. We asked them to reflect on their own experiences and we used anonymised case examples to provoke discussion. We also gave

them examples of statements justifying the SIDMA criterion for compulsory treatment.

We asked them to consider what constitutes ability or inability to make decisions about treatment for an eating disorder.

You can find our full report with findings from our discussions and case studies on our website.

Covert medication guidance summary

We have recently updated our guidance on Covert Medication².

It is a difficult and complex issue where our expertise in applying legal and ethical principles to individuals' care and treatment is often needed. The use of covert medication appears to be increasing. It was therefore a good time to revise and re-issue our guidance. We greatly valued the cooperation of the Care Inspectorate in the revision of this guidance.

Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the individual is *unknowingly* taking medication. This is likely to be due to a refusal to take medication when it is offered, but where treatment is necessary for the individual's physical or mental health.

We have developed our guidance from reading of existing good practice statements and the requirements of the law in Scotland. We advise anyone considering covert medication to follow our guidance.

Our guidance applies only to situations in which an individual lacks capacity to make a decision regarding medical treatment and refuses treatment. Covert medication must never be given to someone who is capable of deciding about medical treatment.

The practitioner with primary responsibility for the individual's medical treatment has the ultimate responsibility to decide whether or not to authorise covert administration of medication. This decision should be taken following consultation. Before deciding, the practitioner must:

- consider the necessity of giving the medication
- carefully assess the person's capacity to make a decision about the treatment
- apply the correct legal principles and procedures, in particular Part 5 of the Adults with Incapacity (Scotland) Act 2000.

There are occasions where covert administration of medication can be considered the best way to provide an individual with necessary medical treatment. It must be given safely and in accordance with the law. By following our guidance, practitioners will be able to demonstrate that they have done their best to comply with best legal and ethical principles when giving treatment in this way.

¹ www.mwscot.org.uk/media/190042/sidma_final.pdf

² www.mwscot.org.uk/media/140485/covert_medication_finalnov_13.pdf

SIAA Guidelines for Advocates working in Prisons: A companion to the Code of Practice for Independent Advocacy

Muriel Mowat, Operations Manager

The 2008 HM Chief Inspector for Prisons in Scotland report 'Out of Sight — Severe and Enduring Mental Health Problems in Scottish Prisons'¹ found that over four in every hundred prisoners has a severe and enduring mental health problem and that, in addition, a very large proportion of prisoners, possibly as many as 70%, have some form of mental health problem.

The 2007 report from the Prison Reform Trust, *No One Knows*², stated that;

Assuming a prison population of 7,000 in Scotland, the research suggests that on any given day about 500 prisoners will have IQs in the range of a technical learning disability, while an additional 1,400–1,750 will require some additional support.

All of these prisoners therefore have a right of access to independent advocacy.

Following the transfer of responsibility for healthcare from the Scottish Prison Service in 2011 to NHS Boards need for advocacy in local prisons has been included in local advocacy planning. As a result many independent advocacy organisations now have to consider how they can provide advocacy within a prison setting.

To support this work the SIAA has published *Guidelines for Advocates working in Prisons: A companion to the Code of Practice for Independent Advocacy*. The Guidelines were developed with assistance from those member organisations with experience of working in prisons. Lesley McDowall, Clinical Adviser of the Scottish Prison Service offered assistance with

information on the special considerations for this area of work.

The Scottish Prison Service has developed a Partnership Framework Agreement designed to bring together service providers within the criminal justice community to ensure a shared understanding of service needs, resources and access to ensure that all parties agree the shape of service delivery for delivery in prisons or in the community. The Third Sector Partnership Pack provides guidance to assist third sector organisations to work in partnership with public organisations providing Criminal Justice services.

The pack can be found at www.sps.gov.uk/AboutUs/PartnershipWorking.aspx

This new advocacy guidance aims to ensure best practice in the delivery of advocacy for prisoners while taking full account of the constraints inherent on the prison environment. In addition it will provide information for Prison staff and management about the role of an independent advocacy worker and what will be expected from the advocacy organisation.

¹ *Out of Sight — Severe and Enduring Mental Health Problems in Scotland's Prisons*, Scottish Government, 2008

² Loucks, N. (2007) *No One Knows: Offenders with Learning Difficulties and Learning Disabilities — Review of prevalence and associated needs*. London: Prison Reform Trust.

The new Guidance will be sent out over the next few weeks. Copies can be requested by emailing enquiry@siaa.org.uk.