

About Advocacy

The Scottish Independent Advocacy Alliance Magazine

Autumn 2014



Leuchie House

Breaks for people with long term conditions.

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Impact of independent

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Editorial

Welcome to this packed edition of About Advocacy. We have articles on a range of topics including People Powered Health & Wellbeing, Adults at Risk of Harm, Leuchie House and the progress of Self-Directed Support.

For advocacy organisations working in prisons the article from Independent Advocacy Perth & Kinross about delivering advocacy in HMP Perth and the idea of a prison advocacy network may be of particular interest. On the topic of prisons read about the new Supporting Offenders with Learning Disabilities (SOLD) Network.

Read about the soon to be published findings of Hanna Carlsson's research into the impact of independent advocacy on people with mental health problems.

Finally meet Colin McKay, the new Director of the Mental Welfare Commission who talks about his strong personal commitment to advocacy. We look forward to working with him in the future.

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.

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SIAA News

Independent Advocacy Research

This edition of About Advocacy sees the departure of our interns who have all been working on different pieces of research about independent advocacy. Hanna Carlsson's research report evidenced the impact of independent advocacy on the lives of people with mental health issues, an article on her report can be found on page 14. Karin Engstrom looked at the difference advocacy made to the lives of people with a learning disability. Finally, Andreea Bocioaga's research looked at how advocacy had changed the lives of older people. The reports will be available on our website in the coming weeks.

Our final intern Eloise Johnston has been researching the annual spend on independent advocacy for the 2013-14 edition of the Advocacy Map. Early findings make disheartening reading as we see that spending has stayed static or gone down in many areas whilst the number of people advocacy organisations support has gone up.

We'd like to thank all the advocacy organisations, advocacy partners, commissioners and funders who helped to make all these reports possible with their input. We'd also like to thank all our interns for all their hard work in such tight deadlines and producing comprehensive reports evidencing the impact of independent advocacy. We wish them the best of luck in all their future endeavours!

New Development Officer

Hello to Kiren Zubairi our new Development Officer. Kiren joins us with an array of skills in statistical and policy research, social media, digital communication and equality and justice. Kiren will be contacting member organisations over the coming months as she gets to know the advocacy movement.

Advocacy and Self-directed Support Project

The Advocacy & Self-directed Support training programme for advocacy organisations starts in September look out for details of training taking place near you. The Families at Risk project training programme for advocacy organisations will be starting in October. For either of these training programmes, if you have enough participants why not get in touch to organise in house training for your organisation at a mutually convenient time.

A date for your diary!

Keep the date free – the SIAA Annual General Meeting takes place in Glasgow this year on Thursday 6th November, more details to follow. Our Keynote speaker will be Colin McKay the new director of The Mental Welfare Commission. See page 16 for Colin's article.

Shaben Begum, Director

Advocacy in Prisons

Nicky Smith, Independent Advocacy Perth & Kinross

I joined Independent Advocacy Perth & Kinross in October 2013 as a Mental Health Advocacy Worker covering HMP Perth and HMP Castle Huntly Open Estate. The issues that arise can be broad ranging and are not restricted to healthcare. Issues have included housing, finances, contact with children, support at parole board hearings and communications with solicitors.

“Communicating with prisoners can be challenging. A prisoner cannot easily pick up the phone or send an e-mail, and communications often take place via staff members.”

While we adhere to the SIAA ‘Principles and Standards and Codes of Practice’, we must also comply with prison security, for example, any disclosure in relation to an offence is exempt from our confidentiality policy, and there is always the risk that I could even be sworn in as a witness and asked to testify against a partner. It is therefore vitally important to set clear boundaries from the outset; keeping in mind the elements of prison security and criminal justice balanced with ensuring Independent Advocacy principles are maintained.

Some of the other difficulties which have to be worked around in the prison environment are that appointments may require 24 hours notice. In addition, following up on enquiries can be frustrated by the fact that prisoners can be moved at short notice and may be gone by the time I am able to arrange another visit.

In setting up the service, it was important to invest time in awareness raising with a number of organisations within the prisons.



Author Nicky Smith

These included NHS mental health teams, Scottish Prison Service staff, Social Work teams, Prison Chaplains, the Prison Visitors centre and a number of outside agencies. This is an ongoing process but referrals are now being received from a variety of sources which is encouraging and hopefully a sign of things to come.

“Issues arising from advocacy in a prison can be quite distinct from other situations and development of the service is very much a work in progress as new challenges present themselves.”

Work on a protocol for dealing with prison cases is an ongoing process and the timely publication of the SIAA’s ‘Guidelines for Advocates working in Prisons’ is very much welcomed.

A prison advocacy forum is being set up to share information and best practice; to join or for more information please contact enquiry@siaa.org.uk or phone 0131 556 6443.

The Supporting Offenders with Learning Disabilities (SOLD) Network

Kenny McKay, People First

ARC Scotland and People First (Scotland) have recently secured Scottish Government funding for an exciting new 3 year project to improve supports for people with learning disabilities in the criminal justice system. The Supporting Offenders with Learning Disabilities (SOLD) Network will also have the support of a steering group including Cornerstone, Turning Point Scotland, Scottish Consortium for Learning Disability, NHS Scotland and Police Scotland.

The lack of adequate support for people with learning disabilities in the criminal justice system has been highlighted over recent years. The Prison Reform Trust identified the scale of the problem in prisons and the difficulties faced by prisoners with learning disabilities. Lord Carloway highlighted measures to improve the experiences of vulnerable suspects during police interviews and court proceedings. The Scottish Government's new learning disability strategy 'The Keys to Life' included a 'Criminal Justice' section with five associated recommendations (recommendations 45 to 49) to be overseen by the Equalities sub-group of the Justice Board.

Recommendation 46 stated:

"That a national criminal justice action group be established ... consisting of professionals in this field, working in partnership with people with learning disabilities, to identify challenges and promote opportunities and influence change to provide support for people with learning disabilities in the criminal justice system."

The SOLD network will form the action group described. It will provide a forum for professionals from relevant sectors to share learning, identify challenges, develop and promote creative solutions.

This will happen at the 3 network events to be held each year and through a website where members can share practice and learning, including accessible information for use by people with learning disabilities and those working with them.

People First will ensure that the voices of people with learning disabilities are an integral part of the project by establishing and supporting user groups for people with experience of the criminal justice system. Members of these groups will be a meaningful part of the process through direct involvement in the network events and by developing easy read materials and delivering training to professionals based on experience.

If you have a learning disability and have experience of the criminal justice system and you would like to influence the work of the SOLD network, please contact **Kenny McKay** at People First:

Kenny.mckayp1st@btconnect.com

If you wish to find out more about SOLD, or be included in the network circulation list, please contact **James Fletcher**:

james.fletcher@arcuk.org.uk.

People Powered Health and Wellbeing; shifting the balance of power

Lisa Curtice, People Powered Health and Wellbeing Alliance

“Combining our mutual strengths and capacities so that we can work with one another on an equal basis to achieve positive change.”

People Powered Health and Wellbeing (PPHW) is a programme at the Health and Social Care Alliance Scotland (the ALLIANCE) which arose from ALLIANCE members' commitment to people being at the centre of their care and support and having their voices heard. Funded by the Scottish Government, the aim of the programme is that people are able to influence their own health and wellbeing and contribute to the design, delivery and improvement of support and services, including peer support.

PPHW draws on the expertise of third sector partners including the Scottish Community Development Centre (SCDC), the Scottish Co-production Network, Thistle Foundation, the Scottish Recovery Network and the Institute for Research and Innovation in the Social Services (IRISS) in developing person centred and co-production approaches. We work closely with the Joint Improvement Team (JIT) and draw upon the ALLIANCE's work promoting self-management by people with long-term conditions, and on the tools and process to map the assets and networks of individuals and communities developed through the ALISS (A Local Information Service for Scotland) programme. PPHW also supports local teams in health and social care partnerships, particularly NHS Boards, to improve practice by embedding co-productive and person centred approaches into their everyday work and developing stronger relationships with third sector organisations.

Why Co-production?

Nesta describes co-production as “delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours”. By placing relationships at the centre of co-produced supports and services we can draw on the knowledge, ability and resources of all involved to develop solutions, shifting the balance of power to the person who uses supports and services. Fiona Garven, Director of SCDC believes it's about “combining our mutual strengths and capacities so that we can work with one another on an equal basis to achieve positive change.”

Co-production can: keep people well, empower people who use supports and services and staff, make best use of time and resources, improve the quality of relationships, help connect with communities and speak to our value system as the right thing to do.

PPHW is co-produced by our Reference Group of people who use services and supports and carers. The aim of the Group is to enable members to share their experiences of health and social care services, which in turn influence our programme, the wider person centred agenda and develops their confidence and capacity to achieve their own goals.

The Group currently has 10 members from across Scotland who are passionate and committed to person centredness. Members have contributed to a wide range of events, forums and consultations and have seen their opinions and voices influence the implementation of significant Scottish Government strategies such as the 20:20 Vision for health and social care.

Our Reference Group is facilitated and lead by PPHW's Inclusion Officer, Lisa Gardner. Lisa is very keen to hear from people who have experience of using health and social care services or care for someone who does.

Personal outcomes

A key change that we are working towards is a shift in the balance of power between services and people who use them. If people are to experience supports and services that are more enabling, and that make a genuine difference to their journey of recovery and wellbeing, there will have to be a change in the way that practitioners interact with people. One way to effect a shift from 'doing to' to 'doing with' is to change the conversation that people and practitioners have together, for example at assessments. A more enabling conversation focuses on what matters to the person, rather than 'what the matter is' with them. This is known as the personal outcomes approach and PPHW partners JIT and Thistle Foundation are working

together to facilitate this change across sectors in Scotland.

Peer working

PPHW works in partnership with the Scottish Recovery Network (SRN). SRN are one of the key organisations supporting and sustaining recovery and peer support approaches in the mental health sector in Scotland.

Peer working, in which people with experience of recovery are paid to offer support, provides a way to value lived experience and co-produce services with people who use services. Peer support is a way of sharing our common humanity and is underpinned by respect, responsibility and mutuality. Peer workers offer hope to others and help to change the culture of services in which they work.

Conclusion – future, how to get in touch

PPHW and the ALLIANCE share many values with SIAA. We recognise the role of independent advocacy in empowering people and fostering equal and reciprocal relationships and are therefore keen to learn and share more from our colleagues in Advocacy organisations and in particular those who advocate for people accessing healthcare services and supports.

For more information:

Tel: **0141 404 0231**

Email: pphw@alliance-scotland.org.uk

Twitter: [@pphwscot](https://twitter.com/pphwscot)

Website (coming soon):

<http://pphw.alliance-scotland.org.uk>



Leuchie House is the only venue in Scotland offering caring respite breaks for people with long-term conditions with 24-hour expert nursing care in a non-clinical environment. But the challenge for us is letting those who need us know about our service – and that they and their carers are entitled to vital respite breaks.

Many of the guests who come here are referred through their social work department and have their breaks paid for through their care package. This has been improved for many guests with the recent introduction of Self-Directed Support, whereby people can choose how to spend the funds they are due for respite care, rather than their local authority deciding on their behalf.

So far so good. But we still have the uphill challenge of letting local authorities know about us in the first place so that they can refer clients.

A dedicated programme of events and coverage across various media has helped raise awareness among the general public, but we are always striving for ways to let health professionals know more about the way Leuchie House operates.

Unlike other respite care options for many of the guests of all ages, which could be a hospital bed or space in a residential care home, Leuchie House offers a mixture of health and social care and the environment is more that of a country house hotel than a care facility.

In extensive grounds in the East Lothian countryside near North Berwick, Leuchie House is an independent charity set in an 18th Century classical house which still retains the proportions and architectural details of a country home whilst offering fully accessible accommodation for guests at a variety of levels of mobility.

There is a great emphasis on the importance of social interaction for guests and there is a full programme of activities and outings available. Carers are welcome to stay if they wish – in separate accommodation to ensure they get a proper rest at night – and all the trips and activities are tailored to guests' individual requirements.

All meals are cooked on the premises using fresh, local ingredients wherever possible and all are prepared to each guest's individual dietary needs. On the last night of each 11-night break, the Catering Manager prepares a stunning dinner party for the guests, which is held in the magnificent candlelit dining room.

Mairi O'Keefe, the Chief Executive, explained:

"The ethos at Leuchie is very much geared towards a quality experience for guests. They are entitled to break away from the realities of everyday life as much as everyone else, with all the treats and experiences that would entail"

"We are also passionate about equipping our guests with knowledge that they can take home with them after a stay at Leuchie, so our physiotherapists offer advice on exercises and wheelchair assessments that will help make people's lives easier when they are back at home."

Linda Landels from the Scottish Borders was diagnosed with Multiple Sclerosis in 1996. She and her husband Fred have two grown-up sons and two grandchildren.

On a recent visit to Leuchie, Linda said: "It's been great because my husband Fred was able to visit his sister and her family in Spain for the first time since they moved there 20 years ago.

As well as me having a good time while I'm here, I know Fred is able to go away knowing I'm happy and well looked after.

"We both need these breaks. You come through the doors at Leuchie and it's an instant sigh of relief. It took me a long time to admit I needed respite because it seemed a bit like a last resort as the options for respite were not great. Now we can plan ahead for breaks without worrying how I'm going to get on and we can both look forward to our breaks.

"One of the reasons I love coming to Leuchie is that it takes you out of your routine at home and lets you do things you wouldn't normally get the chance to do. When you are in a home environment you can feel quite confined, but I do a lot more when I'm here."

None of the breaks offered would be possible without an ongoing fundraising effort. Although guests pay for their breaks - either through their social work package or other funding sources, as well as those who self-fund – Leuchie still needs to raise at least £1,700 every single day on top of guests' fees to keep running.

For more information or to make a donation visit www.leuchiehouse.org.uk or call 01620 892864.

SDS Implementation – the advocacy experience

Karen Irvine SIAA Advocacy & SDS Co-ordinator

The 1st of April this year saw the official start date for Scottish councils' legislative duty to offer the four SDS options and publication of the statutory guidance to accompany the Act. Although there are some excellent examples of creative and inclusive approaches to SDS, the gap between intent and practice is becoming very apparent to advocates across the country.

Audit Scotland has recently published a report on the early stages of SDS implementation across four of Scotland's councils. The report mirrors the issues advocates have been picking up within and across all of our local authority areas.

What advocates are saying:

- It is very hard to know what the "rules" are for SDS.
- SDS implementation is patchy. Advocates need local and national knowledge to help them in their SDS role.
- Not all key staff in the social care workforce are aware of what advocacy is and what the potential benefits may be.
- The interpretation of who is "appropriate" for advocacy referral is not applied consistently within and across localities.
- Councils have adopted different methods of allocating the money they spend on individual's social care packages. Advocates need to know what the system is in their own and other areas, so they can challenge if necessary.
- SDS will work best if councils make sure that people can choose from a range of different services and support.

Many Councils are sticking with their "approved providers list". Councils have discretion in how they introduce Option 2 so it is difficult for advocates to challenge decisions and to refer to other areas for example.

- There are concerns that fewer people are being assessed as requiring a service.
- Pressures to operate within existing funding for current client groups raises real issues for advocacy organisations' capacity to take on additional SDS work.

Data gathered on the 2013-2014 financial year show an overall drop in funding for advocacy with many areas showing either standstill or reduced budgets. These cuts are alongside overall increased demand for advocacy putting additional pressure on already stretched budgets.

We would urge all advocacy organisations to gather comprehensive information on SDS related tasks and impact on the budget. This information should be considered in strategic advocacy planning processes.

To support the advocacy movement SIAA are about to publish SDS and Advocacy Guidance and are delivering training across Scotland over the coming months.

SDS training provided by SIAA starts in October. For more information please contact:
Kellie.King@siaa.org.uk

2014 the year of Self-Directed Support

James Blair SDSS Policy Officer

Self-directed Support (SDS) is about putting the individual at the heart of the social care services around them. The Social Care (Self-directed Support) (Scotland) Act 2013 was implemented on 1st April 2014. From that date local authorities have to offer the 4 options of SDS to individuals with assessed needs.

Background

The principles of choice and control for individuals over their care and support that underpin SDS have been around for many years. Disabled people (service users) came together and campaigned for personalised social care services. SDS ensures that the principles of choice and control become reality. From April 2014 Local Authorities must work in partnership with the individual to assess their social care needs and agree the design and implementation of their care and support.

SDS comes in 4 options:

Option 1: A cash payment (Direct Payment)

Option 2: Individual budget (Individual Service Fund)

Option 3: Local Authority arranges support

Option 4: a mixture of the above

More information on the options can be found in the Scottish Government publication - '*Self directed Support: my support, my choice: your guide to social care*'.

The Act

On April 1st 2014 the Act was launched at an event hosted by the Lothian Centre for Inclusive Living. This legislation sets challenges for service users and Local Authorities in creating new social care mechanisms around individuals. The Act states that local authorities, service users and their representative organisations should work together on SDS.

2014 and beyond

Change does not happen overnight. To ensure that the underpinning principles of the Act are met will require a cultural shift, this will take some time and effort.

This shift in services around the individual will take a significant amount of training for Local Authorities. Scottish Government has funded a number of organisations to train and support councils and service user-led organisations, during the transition to SDS. Every social worker, finance and procurement worker will be trained in SDS. Service users will also need information and support in considering the range of possibilities SDS can offer.

The Scottish Government and national partner organisations have planned for the evolution, with a ten year strategy to implement SDS across Scotland. Hopefully the strategy will embed real change within social care systems in Scotland.

For more information contact:
SDSS www.sdsscotland.org.uk
National SDS Information: www.sdsinfo.org.uk

Adults at Risk of Harm

Paul Comley, National Adult Protection Co-ordinator

Many of you reading this will be familiar with the above term which forms the basis of much of the activity around adult support and protection. Last year at a policy and strategic level, Scottish Government set five national priorities for adult support and protection which included:

- Adults at risk of Financial Harm
- Adult Support & Protection in Care Home settings
- Adult Support & Protection in A&E settings
- Service Users and Carers Involvement in Adult Support & Protection
- National Data Collection

These projects have now all reported their findings and full details can be found in the 'National Priority Projects 2013/14' section of the Scottish Government website.

The National Adult Protection Coordinator at 'WithScotland' led on the service user and carer project producing the, 'Adult Support and Protection National Priority Working Group Service User and Carer Engagement Final Report'. The findings related to the adult support and protection process, engagement, public awareness and links to other areas of work. The work also included a literature review that highlighted several themes including losses, capacity and consent, service user views and processes. An easy read version of the report to be published.

The report also highlighted some themes around the importance service users place upon the need to build trusting relationships with those supporting them and for support within the adult protection process to be provided as soon as possible. In some ways this referred to the potential benefits of earlier referral to independent advocacy services or the enhanced use of existing supports to assist the person's understanding in the early stages of an adult protection inquiry.

Work has also been taken forward locally and nationally around the different types of harm. The Adult Support and Protection (Scotland) Act 2007 defines harm as 'all harm' and although it offers some examples, the definition is not limited by these. Since the inception of the Act we have become increasingly more aware of the different types of harm which may be having a broader impact than at first realised. Though those affected may not always be adults at risk of harm in terms of the Act, it is useful to understand the breadth of potential harm that people can experience. These can include mail scams, rogue traders and internet/email scams to name a few.

"This demonstrates how seemingly ordinary daily events such as receiving a letter may place some people at risk of harm."

Royal Mail are currently working with Trading Standards Scotland around the issue of scam mail. If one of your service users appears to

be receiving and/or responding to a lot of unsolicited mail, they may be experiencing a form of harm. For more information on mail scams you can check out the <http://www.thinkjessica.com/> website.

Many local authorities are also considering piloting the use of equipment that people can use to monitor and block nuisance calls.

Police Scotland and partners ran a campaign about doorstep crime earlier this year and a useful booklet called 'The Little Book of Big Scams' published by the legacy Strathclyde Police Force provides useful information.

'WithScotland' is a national resource supporting professionals working with children and adults at risk of harm and abuse. We connect research with practice; exchange knowledge and ideas and coordinate activities across child and adult protection communities. Within adult protection we have led on projects for Scottish Government including the revised Adult Protection Code of Practice and we are currently working on a model for significant case reviews. In addition we also support the learning and development agenda. We are currently engaging faith based communities around the adult and child protection agenda. If you have connections to a faith based community which is interested in learning more about adult and child protection, please get in touch with us at: WithScotland@stir.ac.uk.

More generally, if you need further material on adult support and protection, you can find a sample of material currently available on the WithScotland website; <http://withscotland.org>.

The website contains national and geographically specific content including, 'Internet safety training', information on 'Finance and Property Harm' and a 'Phone Scam Booklet'.

We are also enhancing the information available on our website around adult support and protection.

If you have developed materials that you would like to share across Scotland, please send them to us at WithScotland@stir.ac.uk and we will upload them to our website.

If you want to learn more about adults at risk of harm and how the adult support and protection process can help, visit the websites of organisations such as;

- 'Act Against Harm', 'Scottish Care – Tell someone project' and the
- 'Adult Support and protection code of practice' or see the
- Perth and Kinross e-learning guide on 'Protecting People through Learning and Development' available on the WithScotland website.

For information about WithScotland visit the website at: www.withscotland.org.uk
If you have developed materials that you would like to share across Scotland, send them to WithScotland@stir.ac.uk and they will be uploaded to the WithScotland website.

“Advocacy –They’re just meant to be there”

Hanna Carlsson, Intern, SIAA

“An investigation of the impacts of Independent Advocacy on the lives of advocacy partners experiencing mental ill health.”

When I started my internship in January this year, this was the remit I was given to guide my research project. I began by visiting a few advocacy organisations across Scotland to get a better feel for how advocacy organisations are working and what would be a viable project design. Wherever I went I was warmly welcomed and I learnt a lot about the fantastic work done by advocates in Scotland. Realising how multi-faceted the movement is, I felt the need to narrow down the remit to be able to provide rigorous results. Together with Muriel Mowat, who supervised the project, it was decided that I would focus on the impact of issue-based advocacy on those experiencing mental ill health.

Once we had decided what I should focus on, the real work began. Thanks to the help of 5 different SIAA member organisations I got in contact with 12 individuals who were willing to be interviewed. The interviewees had all sought advocacy support for diverse issues and had experience of different mental ill health problems.

It was a real privilege to listen to their stories. Though they had different backgrounds they all shared a positive experience of independent advocacy! The interviews were taped and later transcribed word for word. That way I knew what the interviewees had said instead of having to rely on my impressions and memories. After coding and analysing the interview transcript, the results could be organised into three key findings.

The first finding was that **Advocacy addresses needs of people experiencing mental ill health which other services cannot cover.** It was found that people experiencing mental ill-health often shared similar struggles even though they may have different diagnoses. Mental ill health commonly affected the ability to read, write and speak up, which caused issues for interviewees when dealing with ‘official communication’. For example, mundane tasks like paying bills may be easy to an individual when he or she is mentally well. The same task, however, may be nigh on impossible during a depression or a period of mental ill health. Another shared issue was accessing and understanding information about rights and benefits one was entitled to. With the ever changing nature of the welfare system many found it difficult to keep up.

Mental Welfare Commission for Scotland and Advocacy

Colin McKay, Mental Welfare Commission for Scotland



I took up post as the new Chief Executive of the Mental Welfare Commission for Scotland in April, following the retirement of Dr Donny Lyons. It's a tremendous honour to be given this opportunity – and it is a homecoming to an area I worked in for many years, as a legal and policy officer for ENABLE Scotland, before disappearing into the twilight world of the civil service.

Some version of the Commission has existed since the 19th century, even if we might shudder at some of our previous names (the Board of Control, anyone?). My proudest achievement while a civil servant was to take through Parliament the Mental Health (Care and Treatment) (Scotland) Act 2003, which, as part of the overall modernisation of mental health law, clarified the responsibilities of the Commission.

Our goal is to ensure that care, treatment and support is lawful and respects the rights and promotes the welfare of individuals with mental illness, learning disability and related conditions. To do that well, we need to work closely with advocacy services. They can bring their local knowledge to our visits to hospitals and care services, and make us aware of issues that we should investigate; and our guidance and specialist advice can help them advocate effectively, particularly on complex legal and ethical issues.

I have a strong personal commitment to advocacy, dating back to three years in the 90s when I acted as chair of the Advocacy Project in Glasgow. I am delighted to see that it continues to thrive more than 20 years later.

I must admit, though, to disappointment that advocacy can still struggle to gain recognition and support from funding agencies. The Millan committee set out the case for a universal right to advocacy in mental health law, not just when detention is in prospect. Section 259 of the 2003 Act could not be clearer: 'Every person with a mental disorder shall have a right of access to independent advocacy'.

"Of course, times are tight, but we need to hold on to the insight that advocacy not only protects the rights of the individual, but can also increase the chances of a negotiated package of care, reducing the need for more expensive or compulsory interventions."

So I have no doubt that the Commission needs to build its links with the advocacy movement, and I look forward to meeting many of you at the SIAA AGM in November.

For more information please visit the Mental Welfare Commission website on:
<http://www.mwcscot.org.uk/>