

About Advocacy

The Scottish Independent Advocacy Alliance Magazine

Winter 2011



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Editorial

Welcome to the Winter's edition of About Advocacy! You will have noticed that with this edition you have received a questionnaire which asks a few short questions about the way we let you know what is happening in Independent Advocacy in Scotland and what you find is most useful and informative about the magazine. Please fill it in on paper or online by 22 December. Details of the hows and whys can be found on page 15.

There are some fantastic stories from SIAA members about the incredible benefits they have found after all the hard work they invested in the Social Return on Investment project. We look forward to hearing about many more.

Rhian
Editor

Next issue:

Please contact rthompson@siaa.org.uk if you would like to submit content for the next magazine.

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:

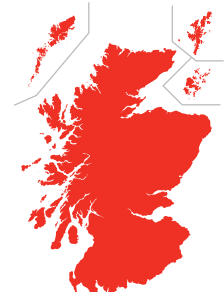
Rhian Thompson
rthompson@siaa.org.uk
0131 260 5380

SIAA
Melrose House,
69a George Street
Edinburgh, EH2 2JG

The Scottish Independent Advocacy Alliance
Scottish Charity No. SC033576
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An electronic copy of this magazine can be downloaded from our website: www.siaa.org.uk.





SIAA News

SIAA Annual General Meeting

The 9th SIAA AGM took place on 6 October in Edinburgh. It was a successful event with members attending from all over Scotland. The morning was a valuable opportunity to update members on the achievements of the past 12 months and the afternoon was spent with delegates taking part in the SIAA consultation café where everyone discussed the development of the advocacy movement.

Quality Assurance

The Quality Assurance work, which has been ongoing for the last few years, has made significant progress. I would like to acknowledge all the hard work carried out so far by members of the Quality Assurance Working Group. It's taken a great deal of debate, time and commitment from a small group of highly motivated individuals to whom we are very grateful.

Briefing papers

Over the last few months we have produced a number of briefing papers for MSPs in response to particular events in the media or because the Parliament has been discussing and debating particular issues. Copies of these Briefings are now available on our website.

Advocacy safeguarding

As many of you will be aware the SIAA has been working with Local Authority and NHS Advocacy commissioners to assist them in the development of advocacy plans. We are now in the final stages of producing a report for the Scottish Government on this project and will let you know when it is published.

Mental Health Strategy

The Scottish Government has produced a draft Mental Health Strategy and started the consultation process recently. The SIAA is holding two consultation events with member organisations in order to help us formulate a full and thorough response.



Photo © SIAA

Goodbye to Adelle

Finally, we said goodbye to Adelle Gardiner at the end of October. Adelle was employed on a temporary basis as the Quality & Research Officer to cover for Muriel Mowat who was undertaking the Advocacy Safeguarding role. We wish Adelle all the best for her future career!

Shaben Begum, MBE
Director, SIAA



Scottish Mental Health Service for Deaf People

Deborah Innes, National Health Service Scotland

A case and campaign for the development of a national service for patients who are deaf and have mental health problems was developed over a number of years by a variety of groups supporting and representing the interests of the deaf community. It reached a turning point when the Scottish Council on Deafness (SCoD) petition, was heard by the Scottish Parliament's Health and Sport Committee in June 2008.

Funding was agreed by the Scottish Government and the Scottish Mental Health Service for Deaf People (SMHSDP) was officially launched in May 2011. The service is being hosted by NHS Lothian

and commissioned through NHS National Services Division (NSD) who will have responsibility for quality monitoring. The service is hosted within Lothian in West Lothian Community Health and Care Partnership.

The purpose of the Scottish Mental Health Service for Deaf People is to provide a specialist mental health service to patients aged 18 and over with sensory impairment resident in Scotland and advise local NHS Board mental health services. Patients under the age of 18 may very occasionally be seen through negotiation and on a case by case basis.

The SMHSDP employs one Consultant and three Advanced Nurse Practitioners (ANPs), all part time. Our office base is in St John's Hospital, Livingston and all referrals come through our team administrator.

The three ANPs are based regionally; one in the North region (Grampian, Tayside, Highlands, Western Islands, Orkney and Shetland), one in the East (Edinburgh, Borders, Fife and Forth Valley) and one in the West (Greater Glasgow and Clyde, Ayrshire and Arran, Dumfries and Galloway and Lanarkshire), with the Consultant Psychiatrist supporting each of them through regular contacts, supervision support and visits to each of the regional clinics.

The patients are referred from secondary care and are required to have a named key worker locally and to be involved with a local healthcare team.

The service primarily offers assessment of patients who are deaf British Sign Language (BSL) users, deafened, severe or profoundly hard of hearing or deaf blind. All the staff are able to use BSL and other communication methods to ensure that we are communicating directly with the patient who has communication needs. The staff also have knowledge of the particular mental health issues with which deafness can be associated.

Following assessment of the patients, the SMHSDP provide an accurate assessment, including diagnosis of any mental illness, and suggest a care plan detailing appropriate treatment and signposting to other agencies which may be able to provide suitable input.

The SMHSDP also support local health teams to provide the treatment and patient support that is required. The SMHSDP may provide time limited

treatments that are felt to be appropriate, for example, Cognitive Behaviour Therapy (CBT) and also limited follow up of patients with severe and enduring mental illness.

The SMHSDP also provides assessments for inpatient treatment, which are delivered at the John Denmark Unit in Manchester. Following assessment by one of the clinicians in the service, we communicate and liaise directly with the John Denmark Unit to arrange admission and later facilitate the patient's discharge to the community with follow up from the local mental health teams and support from the service.

Another major remit of the SMHSDP is to be involved in facilitating training for local clinicians throughout Scotland. There is a major training initiative, which provides basic deaf awareness for staff working in mental health across the whole of Scotland. In addition to this, the SMHSDP supports training to teams in local Health Board areas in the form of presentations, informal talks and joint assessments.

The service also collects statistics to provide accurate data regarding the numbers of people who have hearing impairment and suffer mental health problems. It has traditionally been very difficult to obtain accurate data about the level of need in this area.

On our website: **www.nhslothian.scot.nhs.uk/mhdeafservice** you can find information about the service, how to contact us and a download a copy of the information leaflet.

Putting the 'Independent' in Independent Advocacy...

Erin Townhill, Policy and Parliamentary Officer, SIAA

Independent Advocacy is clearly defined in section 259 of the Mental Health (Care and Treatment) (Scotland) Act 2003, which also gives a legal right of access to Independent Advocacy for anyone with a mental disorder and places a duty on Health Boards and Local Authorities to secure the availability of Independent Advocacy. The Act thus clearly recognises the unique role and benefits of Independent Advocacy. So what does the 'Independent' in Independent Advocacy mean and what makes Independent Advocacy so distinct from Non-Independent Advocacy?

The answer, provided in the **'SIAA Principles and Standards'** and in the Act itself is very simple: Independent Advocacy is independent of all other services. This is what makes Independent Advocacy unique and valuable in its own right, what makes it vital to many people in Scotland, and why it should be available to all those who need it.

This independence from service providers means that individuals and groups are sometimes more likely to approach, and put their trust in, an Independent Advocacy Organisation when they need advocacy support. This may be because they wish to challenge decisions made by a service provider or because they wish support from a third party to ensure they receive all that they are entitled to. It may be because they are wary of the service provider because of their own or others' past experiences. It may also be because they value their existing relationships with support workers and believe that, in this instance, support from an independent source will enable them to take action without putting a strain on their existing support networks or putting their support worker in a difficult position.



For whatever reason a person may access it, the Independent nature of Independent Advocacy allows the advocate to stand alongside the person and support them in a unique way that no service provider can replicate: by challenging, questioning, and holding professionals to account on a person's behalf when 'best interests' are given as a reason for decisions made.

In short, the 'Independent' in Independent Advocacy counters the risk of 'conflict of interest' and allows advocacy to take place without compromise, always according to the wishes of the person concerned and in such a way that it empowers and enables choice.

According to the Scottish Government, the Christie Commission, and user rights groups; choice and personalisation is where the future of public services lies, meaning that Independent Advocacy will have an increasingly important role

to play as it gives people a stronger voice in their care and access to services in the future.

Unfortunately in practice, access to Independent Advocacy varies, with the SIAA's Advocacy Map showing that access to Independent Advocacy continues to be patchy in Scotland, with many struggling to get it when they most need it.

To ensure true personalisation and choice in Scotland, decision makers need to recognise the importance of putting the Independent in Independent Advocacy, and to make Independent Advocacy more widely available in Scotland.

The SIAA defines Independence as being:

- **Structural** — an independent organisation is a separate organisation in its own right. For example, they are registered as a charity or company and have their own Management Committee or Board of Directors. Everyone involved in the organisation recognises that they are separate and different from other organisations and services.
- **Financial** — an independent organisation has its own source of funding that does not cause any conflicts of interest and that does not compromise the work it does.
- **Psychological** — everyone involved in the organisation knows that they are only limited in what they do by the principles of Independent Advocacy, resources and the law. It is important to recognise that although there may be conflicts of interest present, psychological independence is vital.

'The Mental Health Act places a duty on health boards and local authorities to secure the provision of appropriate Independent Advocacy services for people with mental health problems... We take those issues very seriously and we will continue to work with NHS boards to ensure... the independence of advocacy services'

— Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing

Consultation on a Mental Health Strategy for Scotland

Erin Townhill, Policy and Parliamentary Officer, SIAA

On 5 September 2011 the Scottish Government launched its consultation on a Mental Health Strategy for Scotland 2011–2015. This strategy will form a framework for work on Mental Health over the next four years, and will inform the new Mental Health Bill. It is therefore essential that the role and impact of the Independent Advocacy movement are reflected in the final document.

When launching the consultation the Public Health Minister, Michael Matheson, said:

'Significant progress is being made in promoting positive mental health, preventing problems and improving mental health services across Scotland.'

'We want to build on this progress by delivering increasingly joined up and systematic mental health services, which enable people to keep well and take responsibility for their mental health'

The strategy will aim to bring together all mental health improvement and prevention work into one document. It sets out 14 outcomes aimed at increasing people's understanding of their own mental health so that they can seek action or seek help, ensuring care and treatment is delivered safely and efficiently and promoting the role of families and carers. It signals their intention to take forward Scotland's mental health policy in a more joined-up and systematic way.

The consultation is seeking views on:

- The overall structure of the strategy, including comments on the 14 broad outcomes and asks whether these are the right outcomes
- Whether there are any gaps in the key challenges identified



- What further actions should be prioritised to help meet these challenges.

The Strategy and Independent Advocacy

The consultation document makes no reference to Independent Advocacy despite it being a right under the Mental Health (Care and Treatment) (Scotland) Act 2003 and it is vitally important that it does.

Independent Advocacy helps people by supporting them to express their own needs and make their own informed decisions. Independent Advocates support people to gain access to information and explore and understand their options. They speak on behalf of people who are unable to speak for themselves, or choose not to do so. They safeguard people who are vulnerable or discriminated against or whom services find difficult to support. Where the Advocacy Partner lacks capacity the Independent Advocate

observes, questions, challenges and ensures their rights are upheld (Non-Instructed Advocacy).

It is clear from the priority given within the document to person centred care and human rights that Independent Advocacy has a valuable contribution to make in enabling the strategy to achieve its aims.

To ensure Independent Advocacy is included in the final strategy the SIAA will be engaging with decision makers and providing a detailed consultation response. We will be consulting with SIAA members to ensure that our response reflects the experience and views of Independent Advocates in Scotland.

After the consultation

After the consultation period, the Scottish Government will publish an analysis of the consultation responses, and a final Strategy including an updated set of actions which will be delivered between 2012 and 2015.

For more information please contact Erin Townhill, Policy and Parliamentary Officer, at etownhill@siaa.org.uk.

The consultation deadline is 31 January 2012 and the consultation document can be viewed on the Scottish Government website.



**Collaborating to map the history
of the Independent Advocacy
movement in Scotland**

GET INVOLVED

We want to show the world how the advocacy movement started in Scotland, how it has developed, what changes it has experienced, what challenges it has faced and what it has achieved so far.

Do you have any information, stories, photos, videos or documentation that could help us inspire the movement?

Contact enquiry@siaa.org.uk for more information or to contribute to the project. If you are on Facebook, please Like our Inspire page which you can link to from the website.



For what it's worth: evidencing the value of Independent Advocacy

Adelle Gardiner, Research and Quality Officer, SIAA

Independent Advocacy is amazing. Those of us within the Scottish Advocacy movement are more than convinced of this and could produce countless examples of how advocacy has made a positive impact for so many individuals. Unfortunately anecdotes, no matter how powerful, are rarely enough to convince funders to invest their increasingly scarce resources in Independent Advocacy.

Luckily there are other ways to show we are worth it!

This year, SIAA members have been exploring the principles and processes of Social Return on Investment (SROI), with ten member organisations taking part in what we hope will be the first of several SROI training programmes for members.

What is SROI?

Social Return on Investment is a specific way of measuring the impact of an activity or service on the people who access or contribute to that activity. Much like a multitude of other evaluation processes, you might think. True, but the key feature that distinguishes SROI from the rest is that it translates social impact into a financial figure. By completing an SROI report an Independent Advocacy Organisation will be able to show funders that every £1 invested in advocacy yields £xx worth of social value. The stories from the participating Independent Advocacy Organisations below show just how powerful these figures can be.

The impact of SROI

This programme was undeniably demanding of participants' time and brain power, but the learning proved incredibly positive whether

organisations continued with their SROI report or not. Here are the SROI experiences of just a few of our members...

Central Advocacy Partners — an uplifting way to start the week

Central Advocacy Partners embarked on the SROI training because of the decision to put advocacy in Forth Valley out to tender. We thought that if we had an SROI ratio we would be able to use this in our bid, and we will do this, especially given our very powerful results:

The SROI report shows that, if our funders invest in our organisation over 3 years, every £1 spent equates to an actual value of £5.90, if it's 4 years — £1: £7.68, and if it is 5 years — £1: £9.37! This means that over 3 years we save the councils £1,328,314, over 4 years £1,701,411 and for 5 years £2,075,811.

We also soon realised there were other benefits that we had not anticipated. Normally we seek feedback from people about how we have achieved our funders' outcomes, but the structure of the SROI meant that we had to ask specific questions about how people's lives were affected by advocacy and ask them to place a value on it. Staff carried out the interviews.

This time we were asking people about the impact advocacy had on their lives and giving them this opportunity was clearly very powerful for them.

The majority of people who shared their experiences with us appreciated the opportunity to look back over the time we had worked with them and they could clearly describe the



positive impact advocacy had on their lives. We also enjoyed feeding back our interviews — this became a regular part of our team meetings and was an uplifting way to start the week!

AdvoCard — valuing volunteers

AdvoCard's service is delivered by volunteers as well as paid staff. We had no objective evidence about the value volunteering brings to our service delivery. The SROI training gave us an opportunity to do just that by finding out what benefits, if any, working with a volunteer brings to our service users. We also wanted to measure the value that volunteers put on their experience of delivering advocacy.

After interviewing 17 service users and 6 volunteers, we collected a lot of valuable feedback material. The comments were very supportive of having or being a volunteer. Some of the responses pointed to specific things we could address to make our volunteers be more effective in their advocacy work.

Other aspects of our advocacy work unfortunately have overtaken our next steps towards completing the SROI analysis. Our intention is to get back into the process with financial proxies, etc so that we can put a reliable figure on the value of what our volunteers bring to advocacy.

The Advocacy Project — benchmarking Non-Instructed Advocacy

Having completed the training, we felt it was important to follow the process through by putting our learning into practice. We chose to sample our Older People's service in Glasgow where around 60% of individuals have limited capacity. Non-Instructed Advocacy has often been open to challenge, we therefore felt that piloting this service would provide a valuable benchmark.

We embarked on a journey through impact maps and financial proxies that, if we're honest, still feel a bit alien. However, along the way we have gathered really powerful feedback from people who use our service, their carers, agencies that refer to advocacy and commissioners who monitor our work. Focussing on the outcomes, intended and otherwise for individuals allowed us to record the actual difference we made in a person's life, often during a very difficult time.

Along with the consultant who is supporting us we've set up a reference group made up of management and staff with the addition of some expertise from social work, health, quality and research. While we're still grappling with some of the concepts, we are confident in reaching our goal and aiming for a final report by the end of the year.

Thanks to these members for sharing their findings and experiences in this article. If you want to share your findings or are interested in participating in future SROI training, please contact Muriel Mowat at mmowat@siaa.org.uk or telephone her on 0131 260 5380.

CEMVO Scotland's Mainstreaming Race Equality Support Programme

with Eleanor McKnight, CEMVO Scotland

The Council of Ethnic Minority Voluntary Sector Organisations (CEMVO) Scotland was set up in 2003 with the aim of building the capacity and sustainability of the ethnic minority (EM) voluntary sector and its communities in Scotland.

With a database network of over 600 EM voluntary organisations and community groups, this enables us to gather vital intelligence about the needs of and issues affecting the sector. We also work strategically with public, statutory and government agencies to tackle a range of issues on race equality.

CEMVO Scotland has a range of funded programmes designed to support ethnic minority voluntary sector organisations and communities in Scotland. These are

- Social Enterprise Capacity Building Programme
- Black Leadership Network (BLN)
- Quality Management Programme
- Reciprocal Exchange Network (REN)

These services help empower EM individuals to use public services, as well as informing them of their choices and rights.

As a strategically funded partner of the Scottish Government Equalities Unit, we have been extending our remit and recently started a Mainstreaming Support Programme which helps public, statutory and third sector organisations implement race equality at strategic level across workforce and service delivery. This will hopefully lead to improved services for individual users.

What support can we provide on mainstreaming?

Our mainstreaming of race equality support includes the following elements:

Ethnic Minority Community Engagement

We can work with mainstream organisations, including Advocacy Organisations, to organise and facilitate ethnic minority community engagement events at local, regional or national levels. These events can, for example, be for consulting with communities on policy or service development issues, such as setting local race equality Outcomes.

Equality Impact Assessments (EQIAs)

We can provide support to mainstream organisations in EQIA processes, in either organising community participation consultative groups or individual specialist ethnic minority input into Equality Impact Assessments.

Equalities Consultancy Support

We can provide 3 days free consultancy support to mainstream organisations by a small team of equality specialists. The team will provide guidance and support to review organisational culture including leadership, workforce and training, service provision, procurement etc, as well as suggest practical solutions. Race equality will underpin this area of consultancy work but it may be possible to cover other protected characteristics depending on the needs of individual organisations.

Board and Management Committee Members

We can provide support to mainstream organisations in the recruitment of ethnic minority people onto their boards and management committees. We have a quarterly newsletter highlighting vacancies on boards and management committees of statutory, public and third sector organisations which is circulated to ethnic minority groups throughout Scotland. Our role is to increase awareness of such vacancies and provide support to ethnic minority people in applying for such posts. If you have vacancies and wish to increase ethnic minority representation, please get in touch with us.

Race Equality Mainstreaming and Advocacy

Ethnic minority groups are currently very concerned that the recession is likely to worsen existing inequalities and discrimination for particular groups. As we see further cuts to specialist services such as the EHRC Helpline, Advocacy Organisations will have an even bigger role to play to enable people to gain information, understand their options and make their views known.

In a recent review of poverty and ethnicity in Scotland by the Joseph Rowntree Foundation, it was found that all ethnic minority groups appeared disadvantaged on one or more poverty indicators (minority status, length of residence, religious background, belonging to a travelling culture) and faced high levels of racial harassment related to living in areas of deprivation.

Mainstreaming

Mainstreaming a race perspective is the process of assessing the implications for BME women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making BME people's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that BME people benefit equally and discrimination is not perpetuated.

[Adapted from a report of the United Nations' Economic and Social Council on gender equality 1997]

CEMVO Scotland is keen to work with any Advocacy Organisation who would like to increase their understanding of equality issues in general and of race equality in particular in order to provide culturally competent services.

There is no cost for providing any of the above support although we negotiate a written agreement for the implementation of at least one action area arising from our support.

For further information please contact:
Eleanor McKnight or Fiaz Khan at
0141 248 4830 or email:
Eleanor.McKnight@cemvoscotland.org.uk

Service Level Agreements — a consistent approach?

Muriel Mowat, Research and Quality Officer, SIAA

The Explanatory Notes¹ which accompanied the Patient Rights Bill indicated that the Scottish Government would provide additional funding for advocacy provision. The notes explained that new funding would be provided to cover the potential impact of the proposed duty on the Patient Advice and Support Service (PASS) to direct people to 'other sources of advice and support or persons providing representation or advocacy services.'

In preparation for this, and in order to ensure NHS Boards have up to date Advocacy Plans in place, the SIAA was asked to work with NHS Boards to provide advice and assistance in undertaking a needs assessment and to support the development of advocacy plans to ensure that gaps in provision are addressed.

This work is now nearing completion and a report will be published on advocacy planning across the country.

One issue that has raised by Commissioners as a result of this work, and also previously by some Advocacy Organisations, has been what should be included in Service Level Agreements. This question recognises the sometimes complex nature of advocacy and the need for monitoring methods and information to be identified that will reflect this complexity.

In response to this we have started work on a template for the development of Service Level Agreements (SLAs) for Advocacy Organisations.

The draft of this template states that the SLA should be written in partnership with the Advocacy Organisation, so that the Commissioner and the Advocacy Organisation are absolutely clear from the beginning about what is expected from both parties. It recognises that the detail contained in



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an SLA will vary across statutory agencies and from one area to another. However it will include points for consideration by Commissioners for inclusion in the document and will give examples to illustrate these points.

We hope to have the draft ready within the next few weeks and will be consulting it very soon.

¹ Patient Rights (Scotland) Bill, Explanatory Notes, published by the Scottish Parliament March 2010

Loud and Clear?

Rhian Thompson, Information Officer, SIAA



We are reviewing our communications here at the SIAA. We want to make sure that the voice and experiences of Independent Advocacy are being heard loud and clear in Scotland and that we are providing a useful service for SIAA members. To do this we need your help.

What About Advocacy?

With this edition of *About Advocacy* you will have received a questionnaire which asks a few short questions about what you find most useful and informative about the magazine.

It is really important that we get feedback from readers and browsers to ensure that we know what we are doing right and to identify what we can improve on. The survey, both on paper and online, is anonymous, so you can be honest. The survey should only take a minute or two to fill in.

From our members we welcome responses from all of the people in your organisation who have read or browsed our magazine. Ideally we would like everyone involved in Advocacy Organisations to complete a copy.

To fill in more than one you can photocopy the one you have received or participate in our online questionnaire:

For Member organisations: <http://svy.mk/ryk172>
For all other organisations or individuals: <http://svy.mk/rKbh9a>.

Please complete the survey and return it to us by 22 December.

SIAA e-bulletin

For *About Advocacy* we are taking a slow and cautious move forward to make sure that it is the best it can be. Because the e-bulletin has

consistently received positive feedback from across the Independent Advocacy movement and beyond, we are not changing the content of the mailing, but we thought it was about time we upgraded the appearance and checked out any accessibility issues.

We have been looking for a free solution which can manage contact lists and is easy to use. We have settled, for now at least, on MailChimp. Investigations have shown that this solution is well used and recommended by various organisations and individuals. So we are giving it a go.

Not only does the new HTML version look prettier than our old one, but it is much easier for us to manage and we can monitor some general statistics (don't worry, we can't follow individuals). There are many more things that we potentially could do with this platform, but we are taking it all one step at a time.

We offer two versions of this e-bulletin, you can opt to receive the HTML version, or the Text Only version. We have stuck closely to the Accessibility guidelines in the Text Email News (TEN) Standard for the Text only version.

The SIAA will be running a survey to ask your opinion on the e-bulletin in the near future, but do get in touch with any feedback or ideas whenever you like.

If you want to comment on the magazine or the e-bulletin or any of our communications, or if you want to find out more about how the e-bulletin system works, please don't hesitate to contact me at ρθompson@siaa.org.uk or telephone 0131 260 5380.

Mental Health Tribunals — Guidelines for Independent Advocates

Muriel Mowat, Research & Quality Officer

The Mental Health (Care & Treatment) (Scotland) Act 2003 included provisions for the creation of the Mental Health Tribunal for Scotland (MHTS). This changed the way decisions are made in relation to the compulsory care and treatment of patients who have a mental disorder. The Act includes the right to have support from an Independent Advocate at Tribunal hearings and now, operating since 2005, these Tribunals are a regular part of the work of Independent Advocates across Scotland.

Over the past few months the SIAA has been working to develop guidelines for Independent Advocacy in relation to Tribunals.

These guidelines are being drawn up in response to reports of inconsistent approaches at Mental Health Tribunals from service users, Advocates and Tribunal members. In addition the McManus report on the limited review of the Mental Health (Care & Treatment) (Scotland) Act 2003 has included the following recommendations

- for Tribunal members to have training ‘...on the role of the advocate at the tribunal hearing with a view to improving understanding of the role and enhancing consistency of treatment of advocates at hearings.’
- ‘Service providers should ensure that their training programmes include training on the role of the advocate for health care staff.’

The document will provide guidelines for Independent Advocates supporting a person, before, during and after attending a Tribunal. The aim of the guidance is to ensure both consistent good practice on the part of the Independent Advocates and also to increase understanding for members of the Tribunals on what can be expected of Independent Advocates.

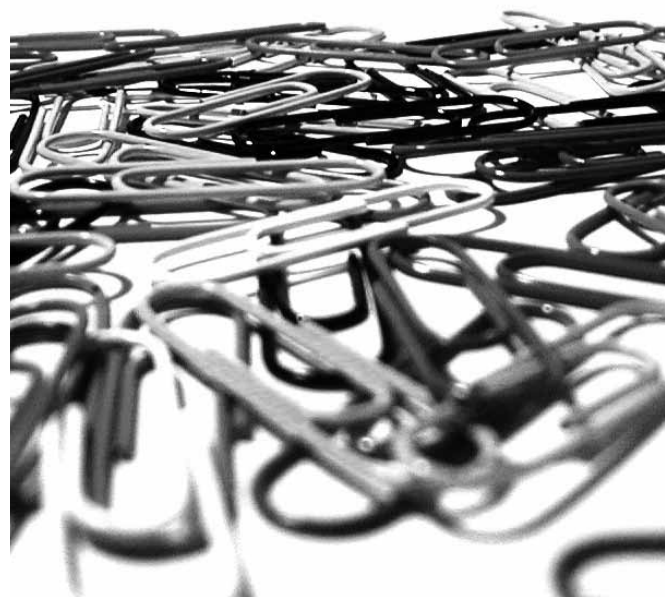
The guidance is being developed in consultation with MHTS and with Independent Advocacy Organisations.

To develop the first draft of the guidelines, information has been gathered from Advocacy Organisations on their practice around Tribunals.

To facilitate consultation on the draft, Advocacy Organisations were invited to nominate staff to participate in focus groups held in Edinburgh and Glasgow and, in advance of the meeting, gather views from colleagues on the content of the draft. A focus group made up of Tribunal members was also held in Edinburgh.

We are now in the process of making the revisions to the draft suggested in the focus groups and will be sending the revised draft out to those who took part in the these groups for final comment.

We aim to have the guidelines completed and published early in the new year.



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