# Independent Advocacy and Alcohol & Drugs – MAT Standard 8 Learning resource

**For Professionals**

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**Developed by:**

Scottish Independent Advocacy Alliance

Healthcare Improvement Scotland

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# Introduction

## Key takeaways

- Scotland experiences highest alcohol and drug related harm in Europe.
- Access to independent advocacy is crucial to redress power imbalance and keep people accessing services.
- People with mental health challenges have a broad right of access to independent advocacy.

This resource is intended for professionals or service providers who support people affected by alcohol and drugs, and the families and carers, who may be working alongside independent advocates or referring to independent advocacy.

This resource provides:

- Explanation of the role of independent advocacy in MAT and alcohol and drug service settings,
- Guidance as to how and when to refer people to independent advocacy, and
- Resources for further learning.

## Context

Scotland experiences the highest rate of alcohol and drug deaths and associated harms in Europe. These disproportionately impact wider social and economic conditions, including poverty and inequality which contribute to substance use and can make recovery harder. For individuals who experience alcohol and/or drug use, evidence shows they often face barriers in accessing services, such as have difficulty in being listened to or being able to exercise their rights.

The ability to access independent advocacy is crucial in being able to redress the power imbalance and help people participate fully in the processes that affect them. Experiential data from Public Health Scotland (PHS) indicates that for people accessing services who had access to independent advocacy, their overall experiences improved. The importance of independent advocacy to support people has also been recognised in the Medical Assisted Treatment (MAT) standards and the Charter of Rights for People Affected by Substance Use.

## Access to Independent Advocacy

MAT standard 8 emphasises that all individuals accessing MAT have the right to ask for independent advocacy and support for housing, welfare, and income needs. This independent advocacy worker will support people when using services, make sure they can share what best suits them and that they are treated fairly. As outlined in the MAT standards national benchmarking report, many people are unaware of the availability of independent advocacy and often not sure what role it could have to help them. This evidence highlights the need for service providers to share information about independent advocacy to people who access their services.

**"I wouldn't be able to manage the meeting on my own. I'd just kick off and she [independent advocate] keeps me calm."**

- Moray Collective voices report

- Public Health Scotland national mission evaluation
- Medical Assisted Treatment standards
- Charter of Rights for People Affected by Substance Use

# What is Independent Advocacy and why it is important?

Independent advocacy is about speaking up for, and standing alongside individuals or groups, and not being influenced by the views of others.

Key principles include:

- everyone having the right to a voice
- addressing barriers and imbalances of power, and
- ensuring that an individual's human rights are recognised, respected, and secured.

Independent advocacy supports people to navigate public services/systems and acts as a catalyst for change in a situation. Independent advocacy can have a preventative role and stop situations from escalating, and it can help individuals and groups being supported to develop the skills, confidence and understanding to advocate for themselves.

In Scotland, independent advocacy organisations and workers operate based on Scottish Independent Advocacy Alliance (SIAA) "Principles, Standards and Code of Best Practice". Independent advocates are trained in various communication methods, human rights, are trauma-informed, and have a good understanding of the thematic area in which they work, such as alcohol and drugs, mental health or adult support and protection.

- Scottish Independent Advocacy Alliance
- SIAA Principles, Standards and Code of Best Practice
- Easy Read version of Principles, Standards and Code of Best Practice

## Why is independent advocacy needed?

People accessing alcohol and drug services may not have a full understanding of their own rights when trying to access services and supports. They are also likely to need support in multiple areas such as housing, mental health, support to care for their families and to care for themselves. This can be an isolating experience that can be difficult to navigate on their own.

An independent advocate can support the person by standing by their side, explaining the person's options, and helping them navigate the complex system. It can be empowering and helps to reduce a power imbalance.

Having an independent advocate supporting the person can be helpful for service providers as well. Due to stigma or difficulties verbalising their thoughts people may have issues engaging with services, making an independent advocate a helpful support.

Independent advocacy can support the person by being there for them without judgement. It can help people navigate the wider system, understand sometimes complex information and support them to attend necessary meetings and appointments. Although independent advocates sometimes speak for the individual when instructed by them to do so, it is always what the person wants to say or share in a situation. Ultimately, independent advocates want to empower people to speak for themselves.

## What can independent advocacy do?

When the person has an independent advocate by their side, you as a service provider:

- are able to safeguard the person's wishes and preferences,
- can fully work in best interest,
- have someone in the room who knows how to communicate with the person,

- have less missed meetings and appointments with people you support,
- have more efficient meetings and appointments when people are prepared at their meetings and appointments,
- have less crisis situations when they are more likely to be de-escalated,
- enables supported decision-making, and
- can ensure the individuals rights are being upheld

**See appendix 1 for case study examples.**

- What is independent advocacy and why is it important: A video from Dundee sharing information about independent advoacy in Adult Support and Protection settings.
- SIAA Opening Doors English Subtitled video: how independent advocacy can help an individual and why an individual might turn to independent advocacy.
- A Voice to Trust: a video sharing testimonial of using independent advocacy services.

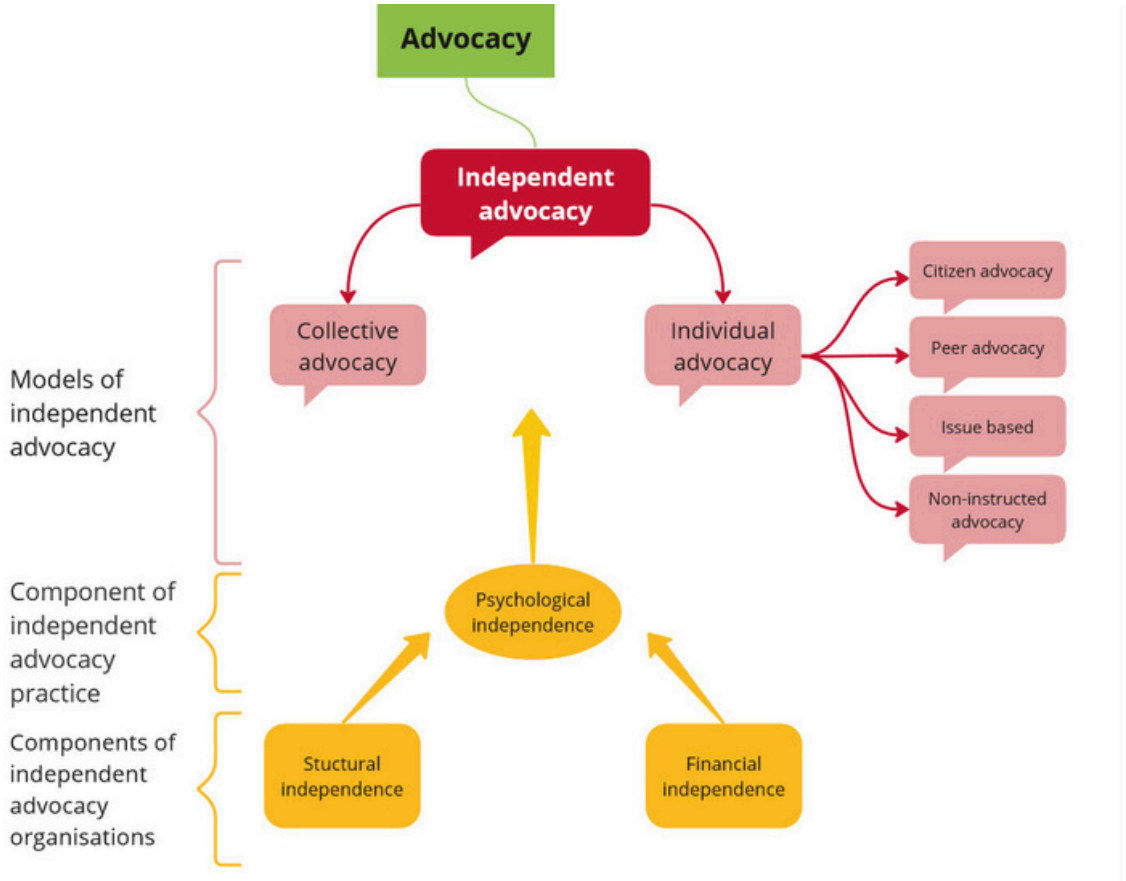
## Independent Advocacy Models

Independent advocacy can be provided through different approaches, called models, depending on the person's preference and locality. **Individual advocacy** can be provided either as an issue-based, citizen or peer advocacy model to support the short- or long-term, or specialised needs of the person. **Collective advocacy** creates space for people to get together, for peer support and learning, and influence the agendas and decisions that shape their lives. Collective advocacy, in particular, is a great tool for institutional accountability and collective systems change.

Further resources to understand types of independent advocacy

## Independence in independent advocacy

Independent advocacy differs from other types of advocacy. Independence means the organisation is structurally and financially independent of other services. This enables independent advocates' psychological independence from other services and pressures. It also enables them to support the person without having to consider best interest or be influenced by others' views or biases. This allows independent advocate to build a trusting relationship with the person they support, who may have lost trust in the services they need to engage with.



# The Charter of Rights for People Affected by Substance Use

December 2024, Scotland's National Collaborative published the Charter of Rights for People Affected by Substance Use. The Charter aims to help people who use drugs and alcohol know what their rights are and what support they can expect from services. The Charter has received recognition from the UN Office of the High Commissioner for Human Rights as the first of its kind in the world.

Charter terminology:
**Duty bearer** - all the bodies carrying out public services
**Rights holder** - people accessing services

The Charter's purpose is threefold:

- to support people affected by substance use to realise their rights,
- to support service providers to understand how to implement these rights, and
- to shift the power and culture from criminalisation and stigma towards public health and human rights.

Independent advocacy is essential to achieving these aims, particularly in helping people move from being viewed as "undeserving" to recognising themselves as rights-holders.

- Charter of Rights for People Affected by Substance Use
- The Charter Toolkit
- The Charter of Rights in Practice
- Using Human Rights in Recovery - a Guide
- SIAA document on Advocating for Human Rights

All duty bearers have a part to play in respecting, protecting and fulfilling the rights of people affected by alcohol and drugs. Have you wondered what human rights-based approach might look like in your role? Or in a pharmacist's or a receptionist's role?

Check 'Using Human Rights in Recovery - a Guide' by Scottish Recovery Consortium to see how you can bring human rights to life in the different roles.

## Key considerations

- Professional should familiarise themselves with the Charter of Rights and what are their duties as duty bearers. Balancing Rights is a good place to start.
- Professionals should actively use the The Charter Toolkit and its application of the FAIR model to improve meaningful engagement between alcohol and drug services, ensuring accountability sits alongside rights awareness and participation.
- Professionals should actively use the Charter of Rights in Practice guidance and its application of the PANEL principles to ensure people are treated with dignity, fairness and respect.

# Drugs and Alcohol Workforce Knowledge and Skills Framework

The Drugs and Alcohol Workforce Knowledge and Skills Framework describes the practice-specific knowledge and skills required by those whose primary role is to support people affected by substance use. These are focused on embedding care, compassion and empathy in service delivery. As recommended by the Scottish Drug Deaths Taskforce, the knowledge and skills required are arranged according to five themes:

1. Delivering Family-Inclusive Care
2. Tackling Stigma
3. Providing Harm-Reduction Advice
4. Taking A Human Rights-Based Approach
5. Practising Trauma-Informed Care

This framework can assist duty bearers in effective implementation of the Charter of Rights.

## Key considerations

- Use the Workforce Knowledge and Skills framework to understand what you need to know and be able to do in your role when working in alcohol and drug services.
- Each person working with people with experience in using alcohol and drugs should have an understanding of advocacy services.

## Further reading

The Drugs and Alcohol Workforce Knowledge and Skills Framework

# Duties under Rights-Based Practice

Independent advocacy is a vital mechanisms for upholding human rights, promoting equality, and ensuring that individuals can participate meaningfully in decisions that affect their lives. Access to independent advocacy is mentioned in several pieces of legislation (see appendix 2 for the full list). Some of the legislation (such as the Mental Health (Care and Treatment) (Scotland) Act 2003) places a duty on services that people are informed about how to access independent advocacy, such as referring people to independent advocacy. To help understand the duties on professionals in regards to independent advocacy this section covers a guide to referrals and working with independent advocacy.

It is important to note that the provision of independent advocacy may differ based on the local authority area and the commissioned contracts. Some areas may have waiting lists due to limited funding .It is important to inform the person about this to manage their expectations.

## Guide to Referrals

**What Charter of Rights says:**

- All rights holders need to be aware of their rights.
- All rights holders should have access to independent advocacy.
- All rights holder should be able to hold services to account.

**Under MAT Standard 8, staff and service providers have a clear responsibility to:**

- inform all people accessing services about independent advocacy and to maintain established referral pathways,
- inform people of the access at multiple occasions,
- have leaflets and information about independent advocacy in a variety of formats accessible to service users.

If a person is hesitant about independent advocacy, where available, they can be referred to independent advocacy drop-in sessions. These allow people to speak with an independent advocate without committing to working with one, access support from others who may be in a similar situation and gain an understanding of how independent advocacy can help people.

## When to refer to independent advocacy

It is important to build a relationship with your local advocacy provider and understand what their provision may look like. This will reduce inappropriate referrals that can create an overload at the advocacy organisation, long waiting times in accessing independent advocates, and frustrated service users.

Independent advocacy can be accessed at any point in a person's alcohol or drug journey – whether they are currently using, beginning to engage with services, or further into their recovery. **Staff should raise independent advocacy as an option throughout and at initial contact**, in line with MAT standard 8.1.

## Making referrals

Each independent advocacy organisation has their own systems for referrals: phone, email, online form etc. It is important to find out the correct format to refer to avoid people being missed due to unreceived referral. People can also self-refer themselves to independent advocacy organisations and should be provided information about how to do this.

When referring a person to independent advocacy, the organisation will require some information about the person being referred to them. This can include:

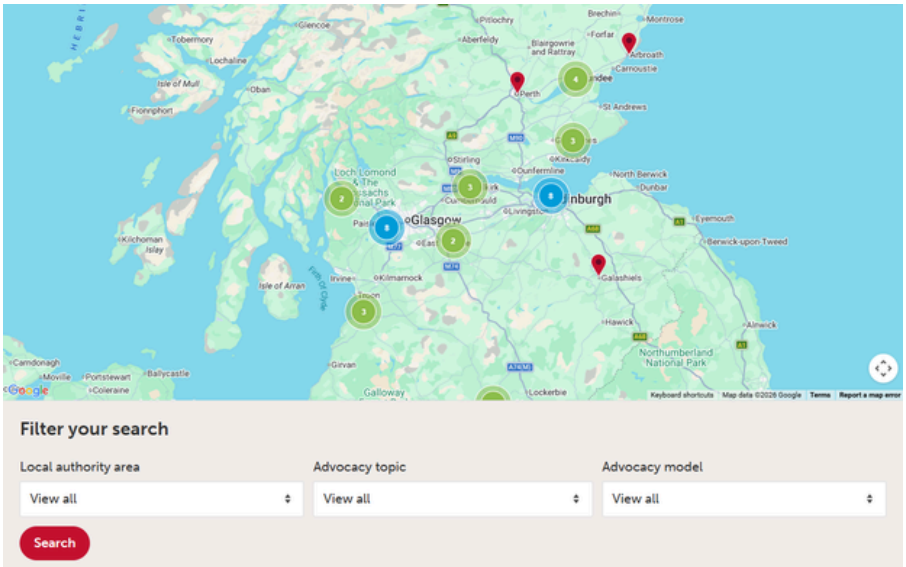
- Name of the person who needs an independent advocate,
- contact details,
- address,
- issues the person if facing,
- what the person wants to gain from independent advocacy.

It may be useful to know that many independent advocacy organisations and workers refer to the person being supported as **advocacy partner.**

## Find your local advocacy provider

To find your local independent advocacy organisation use the Find and Advocate tool on SIAA website. The tool contains information on people and groups that are eligible to access independent advocacy through local providers.

**Find and Advocate**



### Monitoring referrals to independent advocacy

MAT Standard 8.8 requires that ADPs, planners and service managers monitor referrals to independent advocacy. Any staff working with people should record whether advocacy has been discussed with a person and, if not, why was it the case.

This monitoring supports accountability and helps identify gaps in provision or awareness that can be addressed through commissioning, training or pathway development.

## Working with independent advocates

Once a person has independent advocacy support, the independent advocate might be asked by the person to join them in meetings, ask for information, and support them with housing or other challenges they may have.

Independent advocate adds weight to the view of the person even when it doesn't align with what is in the best interest of the person according to the service providers. This may be a differing decision on their medication or whether they should stay in a hospital. This can seem challenging and frustrating. However, it is important to keep in mind that the independent advocate is not there to review practice but rather to ensure the person is being enabled to participate and have their voice heard about their treatment.

The work independent advocates do is complex, and independent advocates report of difficulties in carrying out their role due to services lacking an understanding of the independent advocacy role. This can lead to inefficient use of everyone's time and capacity, and leaving the person without the vital support they require.

Working with Independent Advocates: A Good Practice Guide by Mental Welfare Commission outlines some of the key ways to approach interactions and relationships with independent advocacy.

## Key considerations

- Ensure you and/or your team have training on the role of independent advocacy to know when and how to signpost to independent advocacy to support them to carry out their role effectively.
- When a person's view or wish is being stated, consider it with an open mind and with a willingness to allow people to take informed positive risks.
- Aim for a good working dialogue between the professional staff and independent advocates.
- Support the person to have meetings with the independent advocate, such as providing a space to meet in.
- In difficult situations or when you are not sure whether to share information with an independent advocate refer to the Working with Independent Advocates: A Good Practice Guide.

## Further reading

- Working with Independent Advocacy: A Good Practice Guide by Mental Welfare Commission
- Best practice for effective access and involvement of independent advocacy for an adult in Adult Support and Protection processes.

# Other considerations

Independent advocacy may need to be considered in other situations as well. Professionals might encounter situations where a person may need to be referred to independent advocacy for other co-occuring issues, such as mental health or adult support and protection.  And sometimes family members and carers may need further support due to the wider impacts of alchol and drug use.

## Mental Health

Healthcare Improvement Scotland (HIS) estimate in their National Mental Health and Substance Use Protocol that approximately 30-40% of people with severe and enduring mental illness have co-occurring alcohol and/or drug conditions. The Mental Health (Care and Treatment) (Scotland) Act 2003 establishes a clear right of access to independent advocacy for:

- all people with a mental disorder
- including those under compulsory measures under the Act.

This right is not limited to specific statutory processes but was intended to be preventative by applying broadly across a person's life.

## Adult Support and Protection

The pathways into substance use for people may include a variety of factors that often interlink and overlap including exploitative and controlling relationships, past trauma as well as depression and anxiety. These issues have a significant impact on women's human rights in particular and substance use can often be used as a coping strategy to manage these.

Council are required to consider providing adults at risk of harm access to independent advocacy.

### Further reading

- Best practice for effective access and involvement of independent advocacy for an adult in Adult Support and Protection processes.

## Family members and carers

Harm relating to substance use have a ripple effect, impacting not only on the individual but also those closest to them. For those using drugs and alcohol, it is often left up to family members to navigate the system on their loved one's behalf.

However, family members can face the same barriers and stigma when trying to support their loved ones and can often feel blamed, judged by others and viewed as interfering. Too often when their own rights as family members and carers are not recognised, this can negatively impact on mental health and wellbeing. Referring family members and carers to independent advocacy for themselves can prevent crisis situations.

### Further resources

- Best Practice for Effective Access and Involvement of Independent Advocacy for an Adult in Support and Protection processes - provides useful guidance also for situations beyond ASP
- Working with independent advocates - a guidance by the Mental Health Commission
- Scottish Families Affected by Alcohol and Drugs (SFAD) have collated feedback from families around their lived reality and changes they would like to see, including service provision such as advocacy.

# Appendices

## Appendix 1: Case study examples of independent advocacy in practice

### Case study 1

Mark who is in his 30s, has mental health issues and impacted by substance use has been prescribed a medication by his GP. Mark does not want to take the medication. The GP believes it is a necessary medication and in Mark's best interest to take it. Mark's family is scared for what will happen to Mark if he will not take the medication and is encouraging him to take it too.
In this case:

- **the doctor** must operate in what is in best interest for the patient,
- **the family** has their own views because of the relationship they have with Mark,
- **the independent advocate** does not have a prior relationship that will influence how they support Mark, and does not have to work in best interest. Therefore, they can support Mark in understanding the options Mark faces if he does not take the medication and also take the time to understand what Mark wants from the situation..

**Questions to consider:**

- Can you identify conflict of interest in Mark's case? What are they? How can they impact on or influence Mark?
- Can you identify who Mark might have difficulties telling about his thoughts about? And why?
- What would you do if you were in Mark's situation?

**Case study 2**

Marnie was a 34-year-old woman impacted by alcohol use which has precipitated a crisis situation. This has brought involvement of Child Protection processes and her children being moved into kinship care. Marnie's eldest child was living with her father, Marnie's abusive ex-husband. Her younger child was living with Marnie's adoptive family, where Marnie had experienced childhood sexual abuse. Marnie didn't know what to do but wasn't comfortable with her children being placed in families where she herself had experienced abuse. The crisis situation uncovered decades of abuse, denial, avoidance and coping/managing behaviours relating to poor mental health stemming from the abuse Marnie had experienced when she was younger and stigma she was experiencing now due to alcohol misuse.

Independent advocacy supported Marnie in understanding her how she got where she is now, not judge herself too harshly, and remain engaged in the processes to get herself and her children the help they needed. They supported in navigating the multiple processes from reporting historical sexual abuse to understanding Child Protection processes and attend meetings. With independent advocacy, Marnie had somebody in her corner who believed her and empowered her in the situation.

**Questions to consider:**

- How would this support Marnie received from an independent advocate be useful for other professionals (police, child protection services, GP, social work)?

**Case study 3**

Ben was a 62-year-old man who had been using drugs on and off for years and was experiencing anxiety and depression. Due to this Ben had estranged from his children who were now adults and was having difficulties with his housing association who wanted to do essential repairs in his flat. When his 8-year-old granddaughter, Holly, got in touch telling she wanted to get to know her grandfather, Ben decided to start a recovery journey. Ben was able to get a GP appointment but found it difficult to understand what the GP was telling him. GP provided Ben with leaflets, and after noticing that Ben seemed somewhat confused also provided details of a local independent advocacy organisation. GP explained to Ben what independent advocacy is and how they can support Ben. GP also asked Ben if they should get Ben referred to independent advocacy. Ben agreed to this hesitantly.

The following week Ben received a call from his independent advocate Jerry. Jerry found out that Ben had difficulties understanding the information provided to him and anxiety over this. He contacted the GP and the housing association to request easy read format of the information Ben required, and helped Ben understand the options he has. With Jerry's support Ben felt more comfortable going back to the GP and get the medication he felt suited him best. Jerry further supported Ben to negotiate with the housing association and the repairs to his flat. Finally, Jerry supported Ben in expressing the steps he is taking for his recovery to Holly's father, his son, in order to start building back the relationship with his family.

**Questions to consider:**

- What difference did the GP make for Ben by introducing and referring Ben to independent advocacy? What might have happened if the GP hadn't done this?

## Appendix 2: independent advocacy in legislation and policy

Additional legislative and policy recognitions of independent advocacy are listed below:

| Legislation / Policy | How it relates to independent adovcacy |
|---|---|
| Mental Health (Scotland) Act 2015 | Strengthens the 2003 Act by **requiring** health boards and local authorities to report to the Mental Welfare Commission on how they are meeting advocacy duties. Promotes accountability and consistency. |
| Adults with Incapacity (Scotland) Act 2000 | While not conferring a universal statutory right, the Act **recognises the role of advocacy** in supporting adults who may be vulnerable or lack capacity, particularly in decision-making processes. |
| Adult Support and Protection (Scotland) Act 2007 | Requires councils to **consider** providing independent advocacy when supporting adults at risk of harm. Advocacy helps ensure the adult's views are heard and respected. |
| Patient Rights (Scotland) Act 2011 | Promotes patient-centred care and includes provisions for **informing** patients about their rights, including access to independent advocacy to support decision-making. |

| | |
|---|---|
| Self-Directed Support (Scotland) Act 2013 | Encourages choice and control in social care. Independent advocacy helps individuals understand their options and navigate the system to make informed decisions. |
| Carers (Scotland) Act 2016 | Recognises the role of carers and includes provisions for independent advocacy to support carers in accessing services and having their voices heard. |
| Social Security (Scotland) Act 2018 | Provides a **statutory right** to independent advocacy for disabled people applying for benefits, ensuring they can fully participate in the process and understand their rights. |
| Children (Scotland) Act 1995 and Children's Hearings (Scotland) Act 2011 | Under the Children's Hearings System Advocacy Scheme, children and young people involved in hearings have a legally **supported entitlement** to independent advocacy to help them understand and express their views. |

## Thank you!

Healthcare Improvement Scotland and the Scottish Independent Advocacy Alliance would like to formally acknowledge and thank the members of the Independent Advocacy stakeholder group, and all the other individuals who supported the design and development of this work. Your time, expertise, and contributions have been invaluable and are very much appreciated.