The Right to a Voice: Independent Advocacy in Alcohol and Drug Services

A guide to support Alcohol and Drug Partnerships embed independent advocacy in strategic advocacy plans

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Developed by:

Scottish Independent Advocacy Alliance

Healthcare Improvement Scotland

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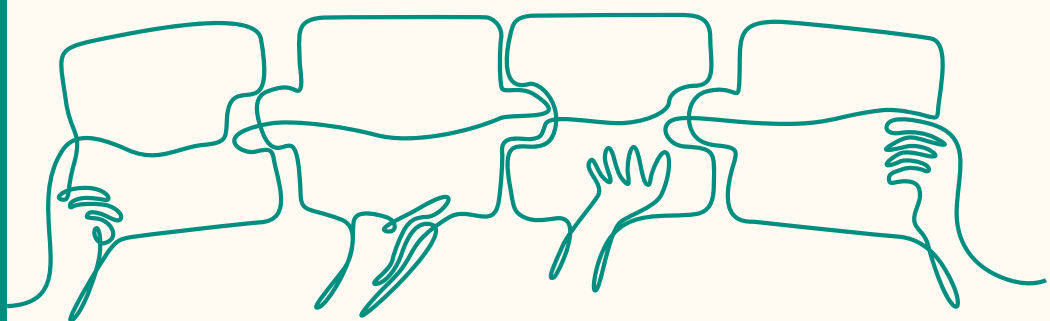


1. Introduction

This Alcohol and Drug Partnership (ADP) Strategic Independent Advocacy Guide supports the strategic planning, commissioning and reporting of independent advocacy for people who access alcohol and drug services in Scotland. It has been developed by Healthcare Improvement Scotland and the Scottish Independent Advocacy Alliance (SIAA) to support ADPs in meeting their obligations under MAT Standard 8 and embed independent advocacy within longer-term ADP and Health and Social Care Partnership (HSCP) strategic plans. This guide should be considered alongside the National Specification for Alcohol and Drugs Services, as part of the long-term Alcohol and Drugs Strategic Plan 'Preventing Harm, Promoting Recovery'.

Scottish Government, National Specification for Alcohol and Drugs Services

Scottish Government, Drugs Strategic Plan 'Preventing Harm, Promoting Recovery

How to use the three sections of the document

This guide is designed to be flexible to enable ADPs to build local strategic advocacy plans (or contribute to their local plan if one already exists) that reflects the needs, assets and governance structures of their area.

Section 1: Page 4 - 15, introduction to independent advocacy significance for alcohol and drug services.

Section 2: Pages 16 - 23, brings together drug and alcohol policy with independent advocacy law and policy

Section 3: Pages 24 - 33, the practical 'how to' on building or contributing to a strategic advocacy plan

Independent advocacy: right to a voice for people who access drug and alcohol services

Independent advocacy is a powerful mechanism for ensuring that people's voices are heard, their rights are protected, and power imbalances are addressed. For people who access alcohol and drug services, where stigma, poverty, trauma and systemic disadvantage intersect, the case for independent advocacy is especially compelling.

Independent advocacy enables real participation

Too often, people who use services are asked to 'consult' after decisions have already been made. Independent advocacy changes this dynamic. It supports people to engage meaningfully in decisions about their own care, treatment and lives, not as passive recipients of services, but as active participants with rights.

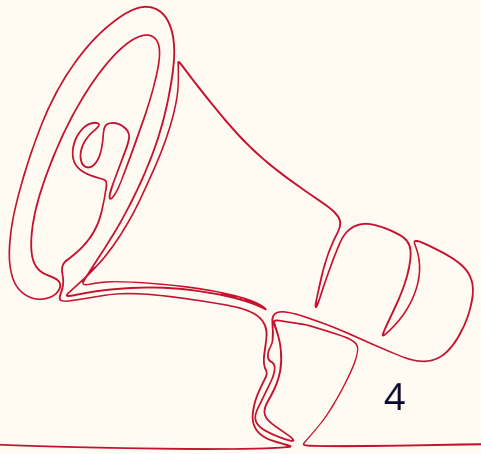
Independent advocacy addresses structural inequality

People who access alcohol and drug services disproportionately experience poverty, adverse childhood experiences, housing instability and contact with the justice system. These factors create significant barriers when navigating complex service systems or challenging decisions that affect them. Independent advocacy directly responds to these power imbalances.

Independence is what makes independent advocacy work

"Independent advocacy has made a big difference to me, it's helped me to express my feelings and get my point across about things I probably would never have opened up about."

— advocacy partner



Independent advocacy supports families and carers

Families and carers navigating alcohol and drug systems on behalf of loved ones often lack support for their own needs. They have rights to information, support, and potentially independent advocacy — separate from the person they care for. Signposting families to advocacy services is an important part of a comprehensive approach.

Scottish Families Affected by Alcohol and Drugs, Just Ask Families

Independent advocacy upholds the UNCRC and human rights

For children affected by parental substance use, independent advocacy directly upholds their rights under the UNCRC (Incorporation) (Scotland) Act 2024 — particularly Article 12, which guarantees children the right to have their views heard. While no dedicated funding currently exists for this, it must be considered as part of any strategic approach to upholding children's rights.

Scottish Government, Children's Rights and the UNCRC in Scotland: An Introduction

Independent advocacy rights for people with co-occurring mental health conditions and/or neurodivergence

Co-occurring substance use and mental health conditions are common. In Scotland, adults who use substances report significantly

lower mental wellbeing scores than those who do not, and substance use is estimated to have been a factor in between 48% and 56% of suicides in Scotland between 2008 and 2018. While more Scotland-specific research is needed, data from England gives a sense of the scale: in 2021, nearly two thirds (63%) of adults starting treatment for substance use had an identified mental health treatment need.

This overlap has a direct and important implication for independent advocacy. The Mental Health (Care and Treatment) (Scotland) Act 2003 gives everyone with a 'mental disorder' a statutory right to access independent advocacy. The term 'mental disorder' is broader than it might first appear — it covers mental health conditions, personality disorder and learning disabilities. The 2003 Act is often interpreted in practice to include autistic people within the scope of "mental disorder," though autism is not named in the statutory definition itself. This right applies regardless of whether someone is subject to compulsory measures under the Act;
it is a right of access, not a crisis intervention.

This means that a significant proportion of people accessing alcohol and drug services already have a legal right to independent advocacy. To ensure legal duties are fulfilled and access to rights realised, strategic advocacy planning must remove siloed budgeting for mental health services and ADPs and address the independent advocacy needs at a local level.

Scottish Government, Co-Occurring Substance Use and Mental Health Concerns in Scotland

2. What Is Independent Advocacy?

“Independent advocacy is about speaking up for and standing alongside individuals or groups; and not being influenced by the views of others. Fundamentally it is about everyone having the right to a voice, addressing barriers and imbalances of power, ensuring that an individual’s rights are recognised, respected, and secured.”

Independent Advocacy Principles, Standards & Code of Best Practice (2019)

Independent advocacy = Right to be heard

Principle 1: Independent advocacy is loyal to the people it supports and stands by their views and wishes.

Principle 2: Independent advocacy ensures people’s voices are listened to and their views taken into account.

Principle 3: Independent advocacy stands up to injustice, discrimination and disempowerment.

Independence is what makes advocacy work

Independent advocacy organisations must be structurally, financially and psychologically independent from service providers and statutory organisations. This freedom from conflicts of interest means advocates can support people’s views and wishes, even when these conflict with professional opinions or perceived risk.

Independent advocacy:

- ☑ Does not make decisions for people or control resources
- ☑ Does not work in "best interests" - it works with the person's views and wishes
- ☑ Takes a human rights-based approach
- ☑ Has no undue influence over a person
- ☑ Actively minimises conflicts of interest

This independence enables:

- **Trust:** People can speak freely without fear their independent advocate has divided loyalties
- **Quality**: The independent advocate's primary loyalty and accountability is to the advocacy partner or group
- **Culture change and empowerment:** Independence challenges organisations to truly listen to people's voice

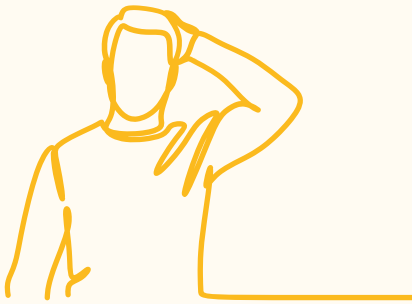
Sometimes advocacy from a professional, family member, or service provider fits well. But when someone's views conflict with services, when power imbalances are significant, or when decisions are contested, independent advocacy is vital to ensuring their voice can be heard.

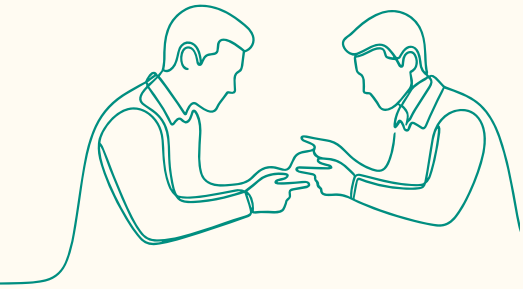
Advocacy Partner: a person who accesses independent advocacy. The term emphasises the independent advocate and the person they are supporting are working as equal partners.

Independent advocacy organisation only provide independent advocacy and all the activities it undertakes are about providing, promoting, supporting and defending independent advocacy.

Models of Independent Advocacy

Individual advocacy helps people navigate services, understand their rights, participate in decisions, and develop skills to advocate for themselves. It prevents situations from escalating and enables people to get the right support at the right times.





Citizen advocacy is a type of individual advocacy which involves unpaid citizens developing long-term, one-to-one relationships with people who need support. Dunfermline Advocacy notes that; "For many people, their citizen advocate is the only person not paid to be in their life."

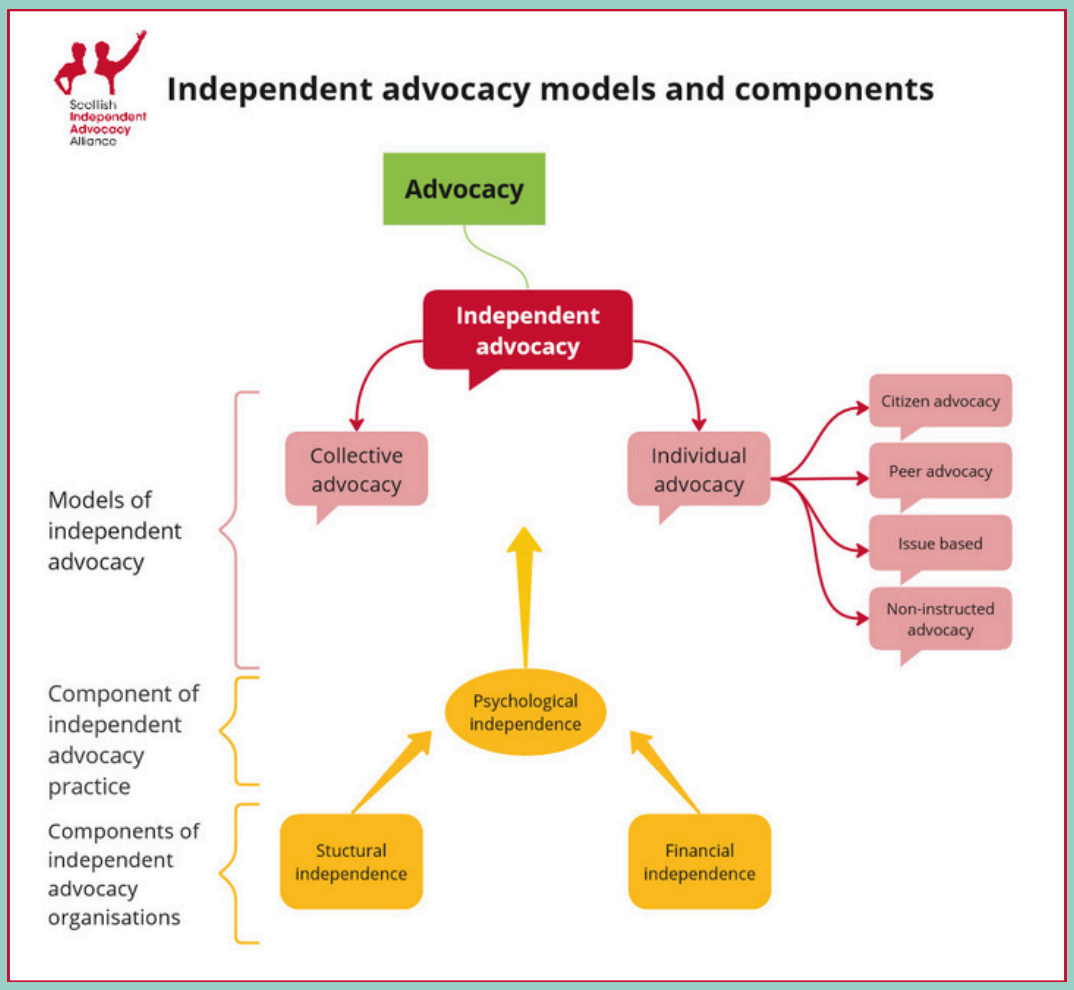
Collective advocacy enables groups to explore shared issues, find common ground, and influence the decisions that affect their lives. Collective advocacy:

- strengthens peer support and builds networks
- enables people to find a stronger voice, to campaign and influence decisions
- takes the pressure off an individual to address a human rights issue alone, the collective voice means people do not have to continuously reshare difficult experiences

"We use our lived experiences to help improve future services and provisions by looking at what doesn't work and voicing realistic suggestions for improvements."

- collective advocacy group member

The diagram illustrates the models of independent advocacy and contributing components that enable independence.



Independent Advocacy and the Scottish Policy Landscape

Independent advocacy is a vital mechanism for upholding human rights and ensuring that individuals and groups can participate meaningfully in decisions that affect their lives. Independent advocacy is one of the methods of supported decision-making recommended by the United Nations.

Independent advocacy provision in Scotland is most commonly associated with the legal right of access in the Mental Health (Care and Treatment) (Scotland) Act 2003. Since the 2003 Act, independent

advocacy has been included across multiple laws and policy frameworks.

The table below outlines Scottish legislation and policy linked to independent advocacy, highlighting the rights they protect and the duties they place on public bodies to ensure advocacy is available.

Legislation	How It Relates to Independent Advocacy
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.
Mental Health (Care and Treatment) (Scotland) Act 2003	Confers a statutory right to access independent advocacy for anyone with a 'mental disorder' (the Act's terminology)—including people with mental illness, learning disabilities, acquired brain injury, dementia, and autistic people. This includes that Local authorities and NHS Boards must ensure the right to have access to independent advocacy, not just during compulsory treatment.
Mental Health (Scotland) Act 2015	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.

Legislation / Policy	How It Relates to Independent Advocacy
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.
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.
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.
Care Reform (Scotland) Act 2025	Provision of independent advocacy, through Scottish Government, in relation to public social care services.

Guidance clarifies that under Section 259 of the 2003 Act, the right to independent advocacy applies **whether someone is in hospital or the community, under compulsory measures or not, and regardless of communication difficulties.**

This includes both individual and collective advocacy and places a duty on local authorities and NHS Boards to ensure services are available and accessible. The legislation emphasises that independent advocacy must be structurally and psychologically independent from service providers to avoid conflicts of interest and ensure that the advocate's loyalty lies solely with the person they support.

Scottish Government, Independent advocacy: guide for commissioners

Mental Welfare Commission for Scotland, Advocacy Guidance

Where you find independent advocacy in practice

The places independent advocacy is included in law and policy means that in practice, independent advocates are often alongside people at mental health tribunals, guardianship processes, and adult support and protection case conferences, supporting their views to be heard about where they want to live, the medication they need, or the family members they want to see regularly. But they also support children's voice to be heard through hearings, and when navigating additional support needs in schools, as well as supporting people to have their views heard when accessing social care and navigating the justice system.

When independent advocacy is place based or community of interest based and funded to enable preventative work, an independent advocate can support people across their interaction with many different public services. This leads to cost savings as identified in the 2025 Social Finance

report Independent Advocacy for Independent Lives, specifically finding that for every £1 spent on independent advocacy it generates £12 in savings for the NHS and local authorities.

Social Finance, Independent Advocacy for Independent Lives

Diagram from CAPS Independent Advocacy

Reminder: independent advocacy is important for people accessing alcohol and drug services

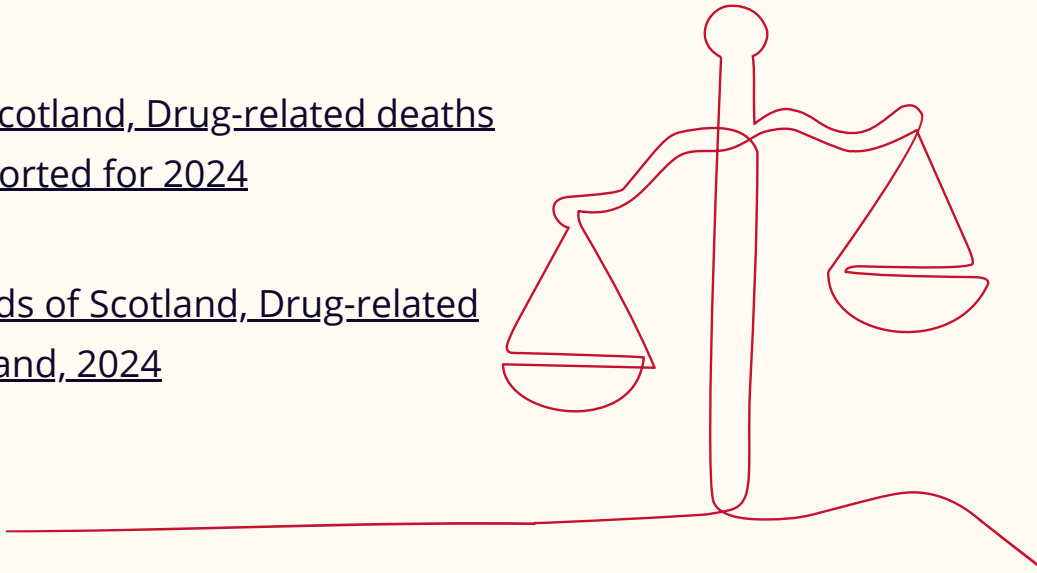
People who use alcohol and drug services face a distinct and compounding set of barriers to having their voice heard. Understanding these barriers is essential to planning effective independent advocacy provision.

Poverty is the biggest structural driver of drug use and is frequently accompanied by housing instability, trauma, and co-occurring mental health conditions and/or neurodivergence. These intersecting pressures make it significantly harder for people to stay engaged with services, understand and exercise their rights, or challenge decisions that affect them.

Stigma compounds this further. People accessing alcohol and drug services often face stigma both from wider society and from within public services they rely on, as well as internalised self-stigma. This creates real power imbalances between individuals and the systems around them, imbalances that independent advocacy is specifically designed to address.

Public Health Scotland, Drug-related deaths in Scotland reported for 2024

National Records of Scotland, Drug-related deaths in Scotland, 2024



"It's so important to listen to what's being said, to listen and learn."

- advocacy partner

3. MAT Standard 8 and the Charter of Rights

The development of "Medication Assisted Treatment Standards Scotland (MAT)" was prioritised by The Drug Deaths Task Force in 2019 in response to Scotland's high level of drug related deaths, however, alcohol related harms are also considered. The MAT standards define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland.

MAT Standard 8 establishes that all people should have access to independent advocacy and support for housing, welfare and income needs — not as an optional add-on, but as a rights-based entitlement embedded in the treatment journey. Its criteria require that:

- Independent advocacy is raised consistently throughout a person's engagement with services (8.1, 8.4)
- Clear referral pathways exist (8.5, 8.9)
- Staff are trained to understand independent, rights-based advocacy (8.6)
- Collective advocacy is connected to service design and development (8.7)
- ADPs monitor whether advocacy is being offered and accessed (8.8)

As the new Alcohol and Drugs Strategic Plan 2026 – 2035 sets out the long-term approach to addressing alcohol and drug harms, it is vital that independent advocacy provision is maintained and built into longer-term strategic frameworks.

Scottish Government, Preventing Harm, Promoting Recovery: Scotland's Alcohol & Drugs Strategic Plan 2026 – 2035

The Charter of Rights for People Affected by Substance Use

The Charter of Rights provides an overview of people's key rights, drawn from the UK Human Rights Act and international law, and looks at how they apply for people affected by substance use.

It aims to shift the culture from criminalisation and stigma towards public health and human rights.

The Charter Toolkit includes practical guidance for ADPs, lived experience groups and front-line service providers on applying the FAIR model to improve engagement. Section 3 of the Toolkit specifically addresses feedback, complaints and signposting for advocacy.

Strategic advocacy priorities should align with the Charter to ensure a rights-based approach is consistently applied. Advocacy services are a direct mechanism for people to access and exercise their rights under the Charter.

National Collaborative, The Charter of Rights for People Affected by Substance Use

4. Independent Advocacy as Prevention

Independent advocacy is often discussed in the context of crisis; a tribunal, an adult protection inquiry, a breakdown in a treatment relationship. But one of its most powerful and underappreciated functions is prevention.

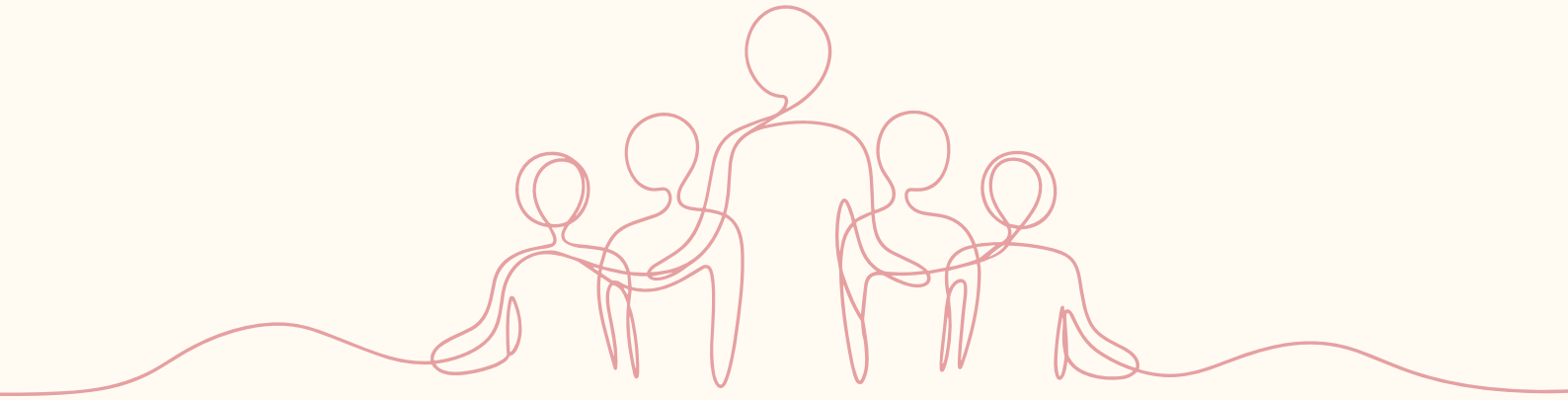
Scotland's Population Health Framework is explicit that reducing health inequalities requires addressing barriers upstream. Independent advocacy is one of the most direct tools available for this. When someone accesses independent advocacy early, around a housing issue, a benefit decision, a care plan disagreement, they are far more likely to resolve it before it escalates. An unresolved housing dispute can precipitate a relapse. A missed benefit can trigger financial crisis. A care plan that overrides someone's wishes can lead to disengagement from treatment altogether. By positioning independent advocacy as a normal part of the treatment journey rather than a last resort, ADPs can help people stay engaged, remain stable, and avoid the acute crises that carry the highest human and financial costs.

Collective advocacy strengthens this preventative function. When people affected by substance use come together through collective advocacy groups, they can speak with a shared voice about what needs to change. The Scottish Recovery Consortium's mapping of Lived Experience Recovery Organisations shows that recovery communities across Scotland are already doing this work - peer-led, place-based, and focused on helping people build meaningful lives, not just manage harm. Collective advocacy rooted in the recovery community is a natural part of this landscape, and commissioners have a clear opportunity to resource it deliberately through strategic advocacy planning and funding local, substance use-specific collective advocacy provision as part of a place-based prevention approach.

Scottish Recovery Consortium, Digesting the Evidence and Mapping the Diversity of Recovery in Scotland

"Involvement brings some meaning to our struggle."
“We use our lived experience alongside research"

- CAPS collective advocacy group members



The wider determinants of health

Many of the issues that most affect recovery are not clinical — they are social. Housing, welfare, family relationships, stigma, and access to justice all shape health outcomes. Independent advocacy connects people to the rights and entitlements they are due, and challenges the systemic barriers that stand in their way. For commissioners, this means recognising independent advocacy not as a discrete service sitting alongside treatment, but as a population health intervention embedded within it.

Scottish Recovery Consortium, Digesting the Evidence

Scottish Government, Population Health Framework

5. The Cost-Benefit of Independent Advocacy

ADPs and public bodies in general are operating in an increasingly challenging financial environment. Any investment in services must be justified, and independent advocacy is no exception. However, the framing of independent advocacy as a 'cost' misses its significant value both for people and for the system as a whole.

What independent advocacy enables

Choice and control	People gain greater agency over their own lives and decisions.
Influence	People have more influence in decisions that affect them.
Participation	People are supported to attend and engage in key meetings.
Accessible information	People access information in formats that work for them.
Confidence	People grow in confidence through independent advocacy support.
Understanding	People better understand their rights and options.

The financial case

In March 2025, Social Finance published Independent Advocacy for Independent Lives, a landmark evaluation of the Henry Smith Charity's £2.6 million independent advocacy fund. Over three years, fifteen

organisations, including two Scottish SIAA members, Advocacy Service Aberdeen and Central Advocacy Partners in Forth Valley, used the funding to provide advocacy to 1,667 people with learning disabilities and autistic people across the UK.

While the study focused on people with learning disabilities and autistic people, the findings have direct relevance for ADPs commissioning advocacy for people who access alcohol and drug services, particularly given the significant overlap between these populations and the shared structural barriers they face.

The key findings from the report are directly relevant to ADP commissioning decisions:

For every £1 spent on independent advocacy, the research found it generated benefits worth £12.

- **Every pound invested in independent advocacy generated £12 in benefits.** The research found that any additional system costs arising from people accessing more services (because they now know their rights and can navigate the system) may be offset by reduced or more effective usage elsewhere.
- **Better service navigation reduces downstream costs.** Independent advocacy helped people navigate complex systems more effectively, reducing the need for crisis interventions and repeated or inappropriate service contacts.
- **Lasting wellbeing improvements.** Independent advocacy had a positive impact on people's wellbeing, their relationships, and their confidence and ability to speak up for themselves — including after the advocacy relationship ended.

- **Self-defined goals achieved.** People were supported to work toward and achieve a wide variety of goals they had defined for themselves, spanning housing, welfare, health, relationships and access to community life.
- **Meaningful difference regardless of outcome.** Independent advocacy services created a meaningful and lasting difference in people's lives even in cases where the specific goal was not achieved. The process of having support, being heard and understanding options was itself valuable.

Social Finance, Independent Advocacy for Independent Lives

Scottish context: a significant access gap

In Scotland, people with a learning disability and autistic people already have a statutory right to independent advocacy under the Mental Health (Care and Treatment) (Scotland) Act 2003. However, the Scottish Mental Health Law Review (2022) found that only 5% of people who have a legal right to independent advocacy in Scotland can actually access it, due to local interpretation of the law being too narrow and limited resources being allocated to advocacy organisations. This access gap has real costs, both human and financial, and the 12:1 return on investment figure makes the case for closing it.

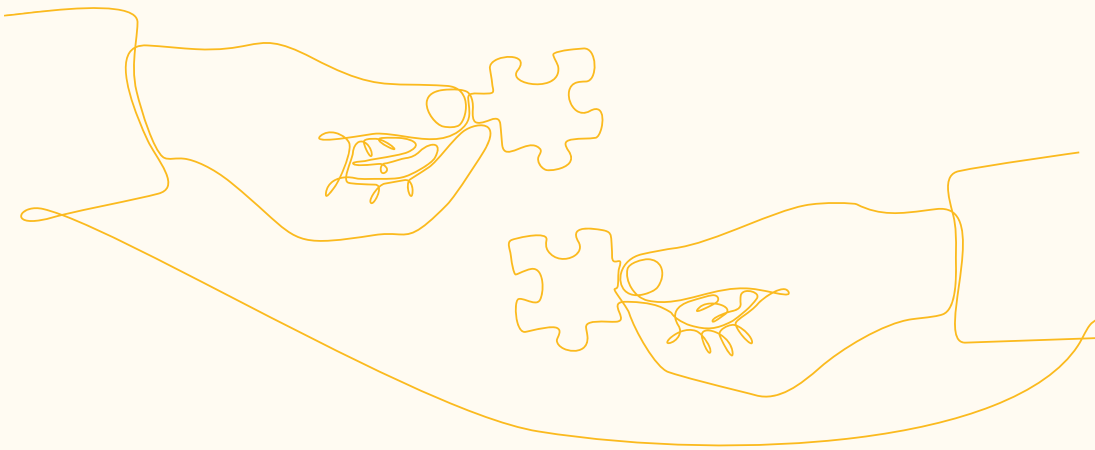
ADPs are encouraged to consider the costs associated with advocacy provision alongside the costs that arise in its absence, for example:

- The cost of a failed treatment placement (often multiple times the cost of independent advocacy support)
- The cost of acute hospital admissions linked to social crises that early independent advocacy could have prevented
- The cost of legal proceedings that could have been avoided if a person was supported to understand their rights and options and services are reminded of their duties earlier through independent advocacy
- The reduced cost, both social and financial, to families and communities when people's rights are upheld early

Recommended practice

When reporting on advocacy spend, ADPs should not only report the cost of commissioned services but should also seek to capture and report on outcomes and, where possible, evidence the system value of early independent advocacy intervention. The SIAA Outcomes Framework can help organsations and commissioners understand how to collect data that will contribute to measuring outcomes.

SIAA, Outcomes Framework:Toolkit for Demonstrating Impact of Independent Advocacy

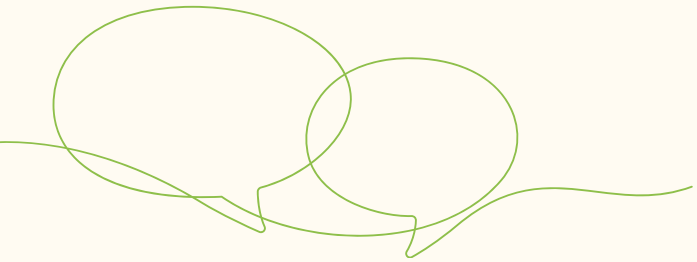


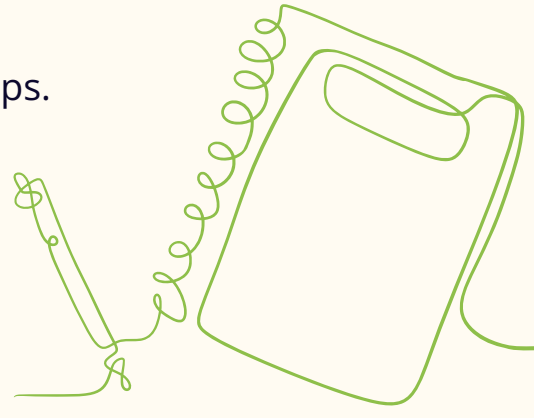
6. Building Your Local Strategic Advocacy Plan

All health and social care partnerships (HSCPs), health boards and local authorities should work collaboratively to ensure that a strategic advocacy plan has been developed and implemented for a three-year period based on information gathered from a needs assessment, scoping exercises and consultations for the provision of independent advocacy services in their area. this collaboration should include ADPs and advocacy partners from the outset, with dual diagnosis and the right of access to independent advocacy under the Mental Health (Care and Treatment) (Scotland) Act 2003 explicitly informing the scope and design of the work.

HSCPs, health boards and local authorities should also consider the term of funding provided, as short-term funding can make long-term planning and sustainability of independent advocacy organisations challenging. The Scottish Government's Guide for Commissioners (2013) advises that investment in independent advocacy should build community capacity rather than simply buy a service. Investing wisely means thinking carefully, in partnership with stakeholders, about where independent advocacy is needed and which approaches work best, ensuring public money sustains effective provision. Where no place-based organisation is operating locally, contact SIAA about developing that expertise.

A strong Strategic Advocacy Plan is built in three steps.



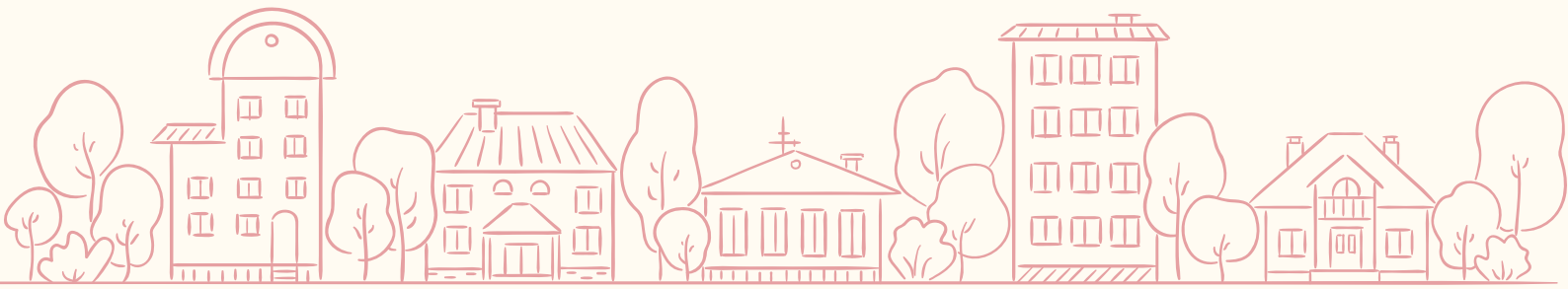


Step 1: Population Mapping — Who needs it?

Understanding local need is the foundation of effective planning. Your plan should draw together:

- Local population data: numbers of people accessing alcohol and drug services (current and projected)
- Demographic analysis: age, sex, ethnicity, area deprivation, co-occurring conditions
- Co-occuring conditions: data collection and analysis could focus on those that would fall under the 2003 Act and therefore have a legal right to access independent advocacy for example, people with learning disabilities and or mental health conditions
- Referral data: how many people are currently referred to or accessing advocacy
- Unmet need indicators: waitlist data, feedback from people who could not access advocacy, practitioner intelligence
- Future projections: expected changes in population or demand over the plan period

Population mapping should be intersectional, recognising that people may face multiple and overlapping barriers to accessing independent advocacy (e.g. by virtue of gender, ethnicity, disability, housing status or involvement with the justice system).



Step 2: Gap Analysis and Equality Impact Assessment - Who is missing?

Equalities Impact Assessment (EQIA) and Child Rights Impact Assessments

There is a legal duty on all public sector organisations to assess the impact of their work on a range of groups in society, including consideration of the needs of people with protected characteristics.

An EQIA must be undertaken when developing and finalising strategic advocacy plans, and signed off by senior management from all key partners, e.g. HSCPs, health boards and local authorities. ADPs should be included in this list of key partners, given the co-occurrence of mental health conditions and substance use.

All children's integrated service plans should include reference to the provision of independent advocacy services by 31 March 2027. To ensure consistency with strategic advocacy plans, a Child Rights Impact Assessment (CRIA) should also be considered, to understand how the proposed plan may affect children's human rights.

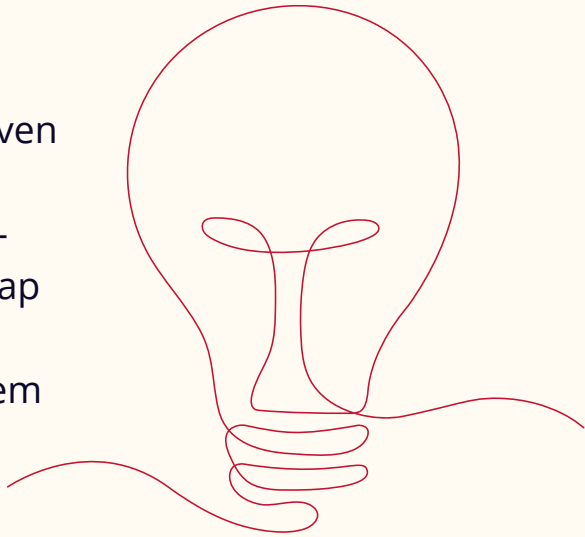
For independent advocacy commissioning, this means examining whether current provision is accessible to, and meeting the needs of, people across different ages, genders, ethnicities, disabilities and other characteristics. It also means identifying and removing barriers that may prevent specific groups from accessing advocacy support.

Once you have mapped local need, compare it against current provision. A gap analysis should ask:

- Which groups have a legal right to advocacy but are not consistently accessing it?
- Are there any groups for whom no commissioned provision exists?
- Are referral pathways clear and known to practitioners and people using services?
- Are collective advocacy opportunities available for people in your area?
- Are there geographic gaps in provision (e.g. rural communities, people in custody, those in residential treatment in other areas)?
- Does current provision adhere to SIAA membership and standards?

Learning from Midlothian

Midlothian's 2026 Strategic Plan explicitly lists seven 'Opportunities to Improve', groups for whom independent advocacy was unavailable or under-provided. This transparency is good practice. A gap analysis does not require you to solve all gaps immediately, but it does require you to name them and plan towards addressing them.



Step 3: Defining and Aligning Priorities

Independent advocacy priorities should be aligned with the National Specification for Alcohol and Drug Services, which outlines the minimum service components that must exist within local systems across Scotland.

Scottish Government, National Specification for Alcohol and Drug Services

The National Specification identifies independent advocacy as a core service component under 'Wider Communities of Care'. Place-based, peer-led collective advocacy contributes directly to multiple components of this section, making it a single, rights-based investment that helps ADPs meet several Specification requirements at once.

Your Strategic Advocacy Plan should demonstrate how local provision meets these minimum requirements and where gaps exist that need to be addressed through commissioning or partnership.

Based on your population mapping and gap analysis, your plan should set clear priorities. These should:

- Be aligned with MAT Standard 8 criteria (8.1–8.9)
- Be consistent with the Charter of Rights for People Affected by Substance Use
- Reflect the voices of people with lived and living experience in the area
- Include both individual and collective advocacy
- Consider the needs of families and carers as well as people using services directly
- Set measurable outcomes using the SIAA Outcomes Framework
- Be costed and linked to realistic timescales, including estimated cost-benefits of preventative independent advocacy provision

7. Implementation, Governance and Reporting

Effective implementation requires clear governance, realistic timescales and named accountability. This section sets out the key building blocks for putting your Strategic Advocacy Plan into practice, drawing on good practice from example plans including Midlothian (2026) and Angus (2023–26).

Governance structures

ADPs should ensure they are part of or support the establishment of an Advocacy Planning Group to oversee delivery of the Strategic Advocacy Plan. This group should:

- Include representation from the ADP, HSCP, commissioned independent advocacy providers, people affected by substance use, and their carers
- Collective advocacy groups, where they have been resourced locally, should also have a defined route to feed their views into the Planning Group. This ensures that the voices of people with lived and living experience shape ongoing implementation, not just initial planning.
- Meet at regular intervals (suggest 6 monthly)
- Have a named Senior Responsible Officer
- It should have a clear remit to monitor progress against the plan and to report into the ADP and HSCP governance structure.

Staff knowledge and referral pathways

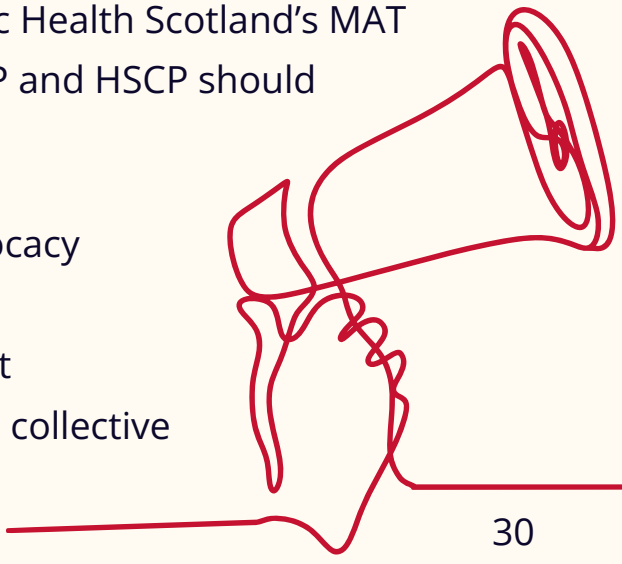
A consistent finding across Scottish advocacy plans is that many practitioners do not clearly understand when someone has a legal right to advocacy, or how to make a referral. ADPs should:

- Ensure all staff who refer into alcohol and drug services receive training on independent advocacy, including legal rights and referral processes. SIAA or local independent advocacy organisations can be contacted to support with learning and training.
- Simple, accessible information about local independent advocacy providers, including addresses, phone numbers, referral routes and eligibility, is developed and distributed to all relevant teams
- Include independent advocacy awareness in new staff induction programmes.
- Referral prompts are embedded in care planning, treatment review and discharge processes so that independent advocacy is offered consistently.

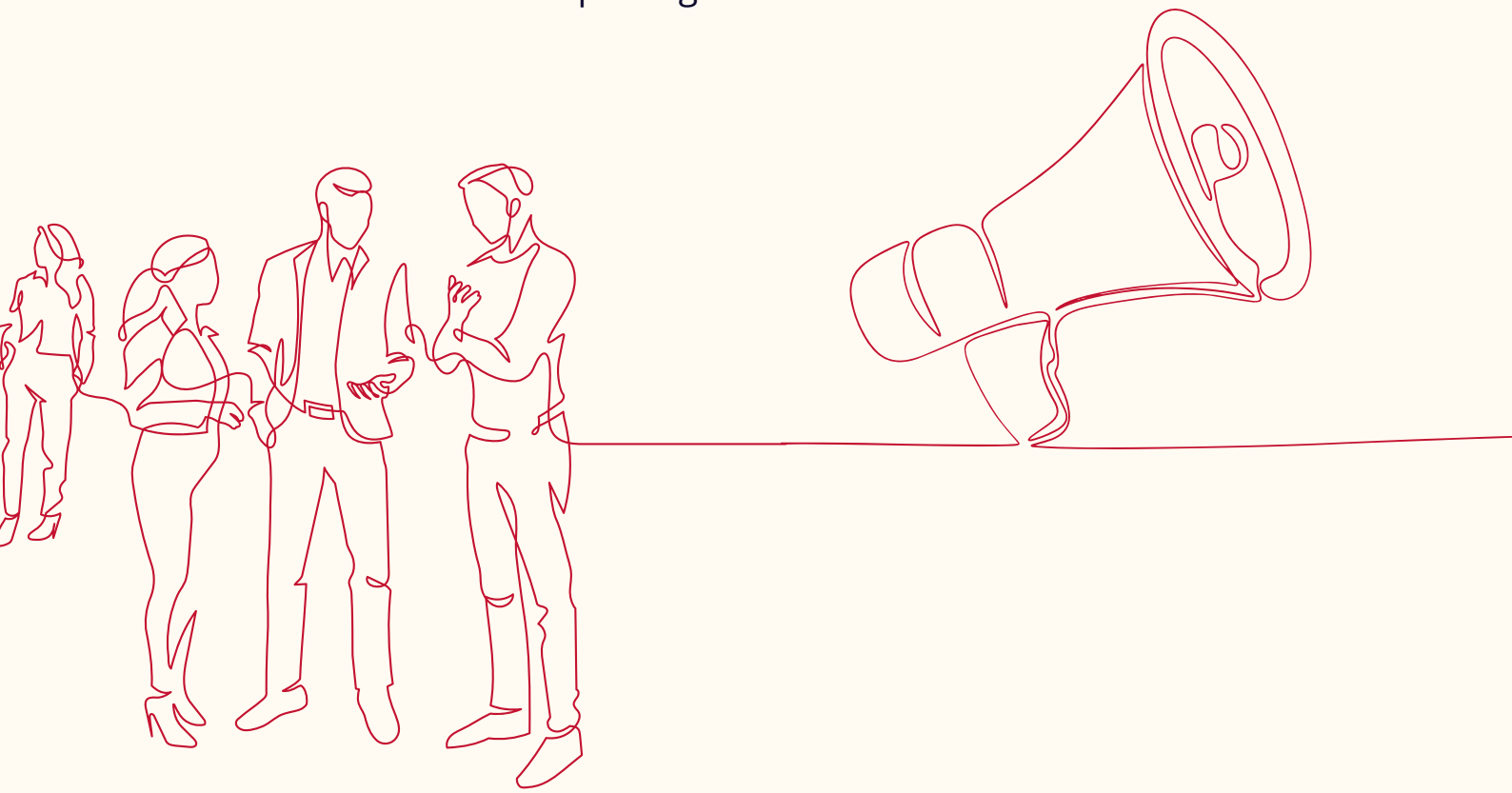
Reporting

Independent advocacy reporting should align with national benchmarking requirements, including Public Health Scotland's MAT Standards benchmarking. Reports to the ADP and HSCP should include:

- Number of referrals to independent advocacy services
- Number of people accessing independent advocacy, broken down by individual and collective



- Demographic breakdown of people accessing independent advocacy
- Outcomes data using the SIAA Outcomes Framework
- Unmet need: referrals that could not be fulfilled and reasons
- Feedback from advocacy partners and collective advocacy group members
- Progress against the ADP Delivery Plan
- Work with independent advocacy provider to understand where preventative independent advocacy has likely occurred and tag this within financial and reporting data



8. Measuring Impact

Knowing whether your strategic advocacy plan is making a difference requires both data and understanding of the experience of people who have accessed independent advocacy. Both are equally important.

Quantative data to analyse

At a minimum, ADPs should ensure the below are tracked and reported on:

- Referrals to independent advocacy: source, group, timescale from referral to support
- Active cases: numbers and complexity
- Outcomes achieved: recorded against the SIAA Outcomes Framework
- Service spend and value metrics including tagging preventative independent advocacy provision within budgets
- Compliance with MAT Standard 8 benchmarking requirements

Advocacy partner views and stories

Qualitative evidence brings the data to life. The most powerful evidence of independent advocacy's impact is the voice of people who have experienced it. Example plans from Midlothian demonstrate how case stories, even short, anonymised quotes, can communicate the value of independent advocacy far more effectively than statistics alone. Commissioners should ask advocacy providers to collect and share this evidence regularly, and should include it in all reporting and plan reviews.

- Case stories (with consent and anonymisation) that illustrate the difference independent advocacy made
- Feedback from advocacy partners at the start and end of an advocacy relationship

- Feedback from practitioners on the difference independent advocacy made in specific situations
- Views from collective advocacy groups on how their voice has influenced services

Stories and views could be shared at planning meetings and used in reflective practice around prevention.

Healthcare Improvement Scotland provide tools and resources for Health and Social Care Partnerships to meaningfully involve people in the design, delivery and evaluation of local services. Supporting information can be found here hisengage.scot alongside safe and ethical engagement.

These outcomes and impacts can be fed into the ADP governance structure as part of the wider reporting on advocacy locally

Planning engagement Healthcare Improvement Scotland

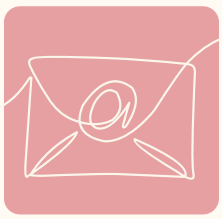
Mid-term and end-of-plan review

Strategic Advocacy Plans should be subject to a formal mid-term review at the halfway point, and a full review at the end of the plan period. Reviews should involve:

- People with lived and living experience
- Commissioned independent advocacy providers
- Practitioners who make referrals
- ADP and HSCP commissioners

Contact

Scottish Independent Advocacy Alliance



Website: www.siaa.org.uk

Find an advocate: www.siaa.org.uk/find-advocate/

Email: enquiry@siaa.org.uk

Phone: 0131 510 9410

SIAA is a Scottish Charitable Incorporated Organisation
Charity number SC033576

This document was written by SIAA and Healthcare Improvement Scotland. SIAA drew on policy work developed with member organisations, board members, and the independent advocacy movement across Scotland. It reviewed for accuracy by SIAA and HIS staff.

Supporting
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