



Advocacy Strategy 2023 - 2026

Overall Engagement Feedback

Feedback from Service Providers, Service-Users and supporting engagement at local and national level.

C. Rogers

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Contents

Contents.....	2
Introduction	3
The Engagement Timeline	4
Feedback from Service Providers.....	5
Methodology.....	5
Distribution	5
Supporting Communications	6
Feedback from Consultation.....	6
Feedback from Service-Users	13
Methodology.....	13
Distribution	13
Supporting Communications	13
Feedback from Consultation.....	13
Supporting Engagement – Local and National Strategies and Consultations.....	17
Conclusions	18
Appendix	19
Appendix 1: Communications for Providers	19
Appendix 2: Supporting Engagement: Fife HSCP Strategic Plan 2023-2026.....	20
Appendix 3: Supporting Engagement: Fife HSCP Carers Strategy 2023-2026.....	21
Appendix 4: Supporting Engagement: Scottish Government National Care Service Consultation ..	21
Appendix 5: Supporting Engagement: Scottish Government Scottish Mental Health Law Review Consultation.....	26
Appendix 6: Supporting Engagement: Relevant Key Legislation Review.....	35
Appendix 7: People First Fife Conference 2023.....	37



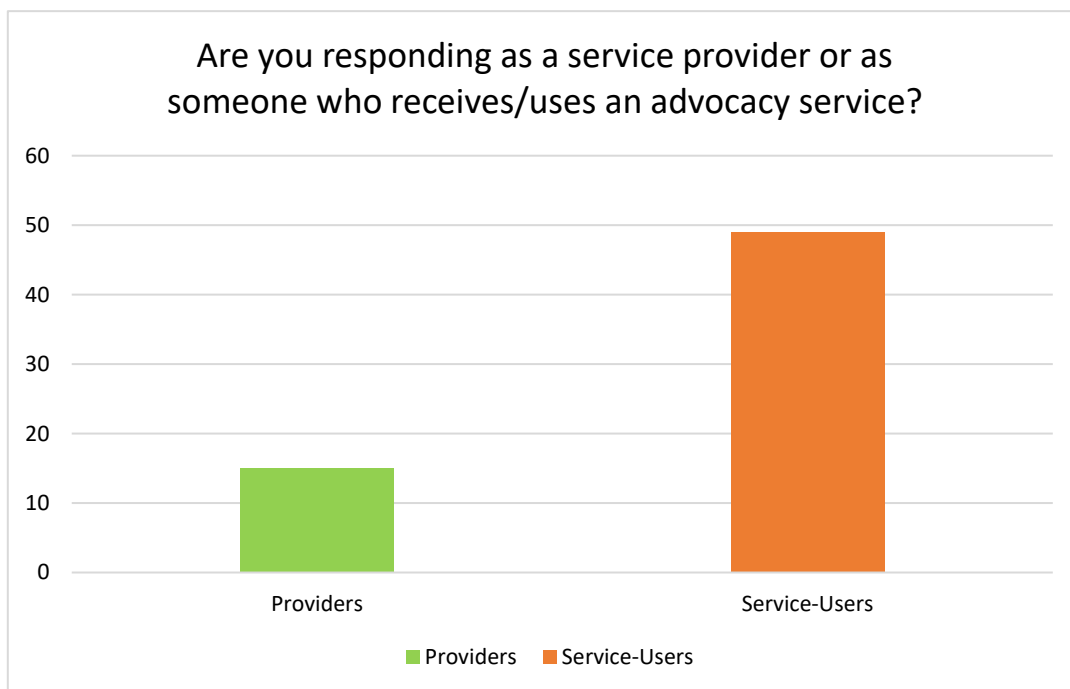
Introduction

The Fife Health & Social Care Partnership Advocacy Strategy 2018 – 2021 is being refreshed. The refreshed Advocacy Strategy 2023 – 2026 will set out the priorities and future direction of the advocacy support that we provide across Fife.

To ensure that the people who provide and receive advocacy services across Fife have the opportunity to influence and inform the refreshed Strategy, the Fife HSCP Participation & Engagement Team carried out a period of engagement to gather their views and opinions on the priorities that have been identified.

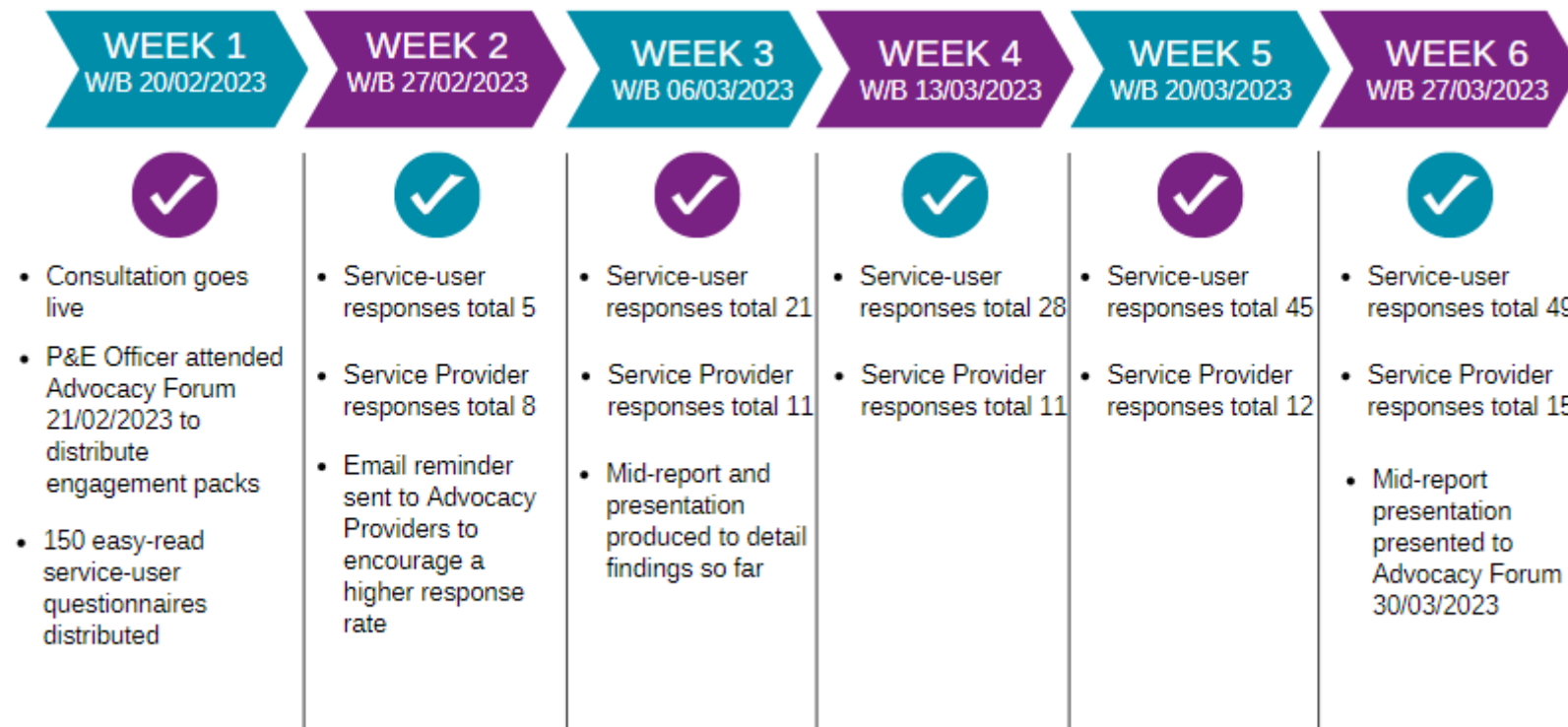
The findings of this report will analyse the feedback received from advocacy providers, and those who use and receive advocacy services across Fife. In addition to this, information and feedback from other relevant consultations carried out at a local and national level has been included in this report to highlight relevant feedback and recommendations which will be used to inform the refreshed Advocacy Strategy 2023 – 2026.

A total of 64 responses were submitted. The following chart gives a breakdown of responses per feedback group.





The Engagement Timeline



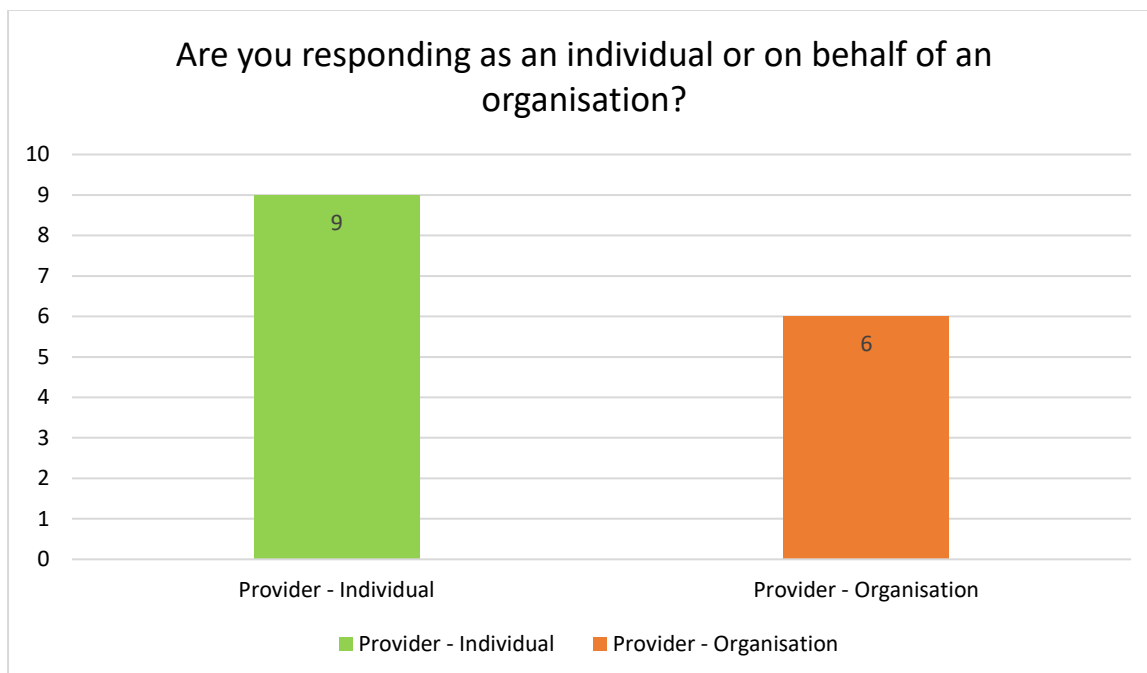


Feedback from Service Providers

The following section analyses the feedback received in response to the Service Providers consultation.

Methodology

A total of 15 responses were received from service providers across Fife. Respondents were asked to identify whether they were responding as an individual or on behalf of an organisation. This information has been identified in the chart below.



Responses were received from the following organisations;

Equal Voice	People First
Fife Carers Centre (1)	Fife Advocacy Forum
Fife Carers Centre (2)	Dunfermline Advocacy

Distribution

The Participation & Engagement Team attended the Fife Advocacy Forum on February 21st at Dunfermline Advocacy. At this meeting information for providers including a cover letter and posters with QR codes were distributed for Forum members to share with their colleagues.

After the Forum an email was sent to all service providers which contained the information and materials as mentioned above.

Reminder emails were sent via the Chair of Fife Advocacy Forum during the engagement period.



Supporting Communications

A poster was designed for Advocacy providers to scan a QR code to complete the online questionnaire. This can be seen in Appendix 1.

Feedback from Consultation

The following information analyses the feedback collated from the service provider consultation and for each of the priorities identified.

Q1. What does Advocacy mean to you?





Q2. How could Advocacy service across Fife be better supported by the Fife HSCP?





Q3. Priority 1

The changes we need to make

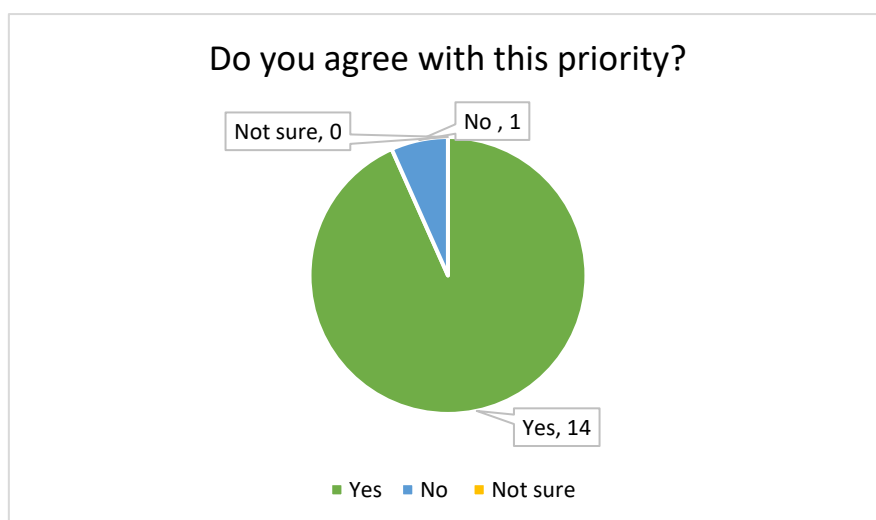
We will ensure comprehensive independent advocacy provision which adheres to legislative requirements and reduces gaps to access.

What will success look like?

An increase in the availability and range of independent advocacy provision in Fife.

Where we want to be in 2026

Comprehensive independent advocacy provision which adheres to legislative requirements and reduces potential access gaps, including all equality groups.



What else should the partnership be doing to achieve this priority?

- Ensure there are enough advocacy services/advocacy services can accommodate the changes which may mean more staff for services to provide the priorities.
- By providing appropriate and proportionate funding into advocacy services.
- There is no advocacy for young people under the ages of 16 if they are not involved in social work.
- Raising awareness around advocacy within the Partnership and beyond so that advocacy is utilised appropriately.
- Ensuring staff carrying out these priorities are being given support expanding NHS and other professionals knowledge on what advocacy is and what their roles are and a clear outline of what they can and cannot do.
- The Partnership should be more proactive about informing service users about their rights and what steps they can take to challenge health care decisions that negatively impact on service users. Local people should know what the local authority can and cannot do in the assessment and provision of health care resources.
- More funding, more staff and organisations offering independent advocacy
- Greater investment.



- Making sure there are a variety of different types of advocacy available
- Ensuring that there is a breadth of different types of Advocacy also – from Citizens advocacy to collective advocacy. The Partnership should be making long term financial commitments to advocacy organisations to ensure good service and continuity.
- Members of the Forum [Fife Advocacy Forum] would support this, and also for independent advocacy to be available to all who might need it even if this is wider than current legislative requirements.
- Dunfermline Advocacy would like to see a commitment to support vulnerable groups both in line with and potentially wider than those specific groups covered by specific pieces of legislation to ensure that anyone requiring independent advocacy can access it.

Q4. Priority 2

The changes we need to make

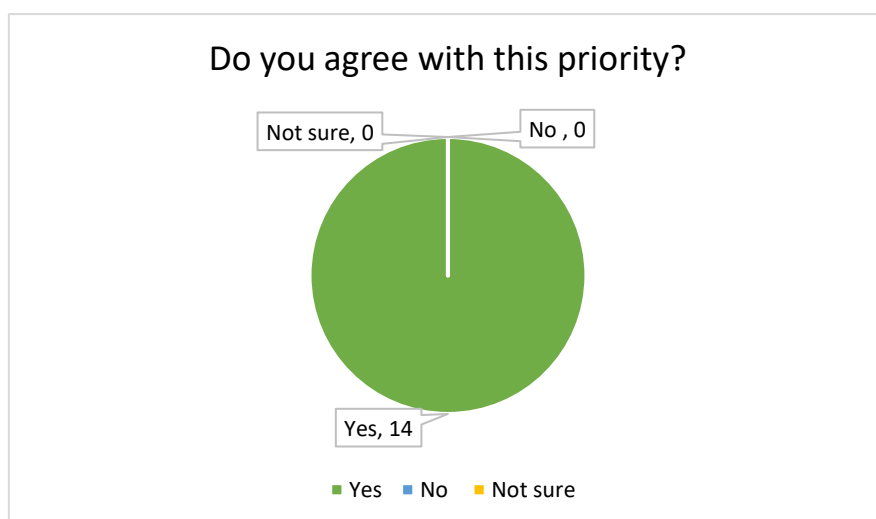
We will work in partnership with Fife Advocacy Forum and other advocacy organisations to develop an effective communication strategy and raise awareness of Advocacy Services using a wide variety of communication methods.

What will success look like?

The development of a robust communication strategy and an effective awareness raising campaign.

Where we want to be in 2026

More people will be aware of what advocacy is, how it can benefit them, what advocacy services are available and how to access them. Evidenced through an increase in the number of referrals to advocacy organisations.





What else should the partnership be doing to achieve this priority?

- Ensuring people who are already aware of advocacy fully understand what advocacy is and what it is not.
- To consider the impact on advocacy services re the increase in the number of referrals, i.e., funding and staffing.
- More collaborations, clear pathways amongst services, person centred approach.
- The Partnership should ask “Do we have enough advocacy resource to support the people of Fife?” Whilst this is debatable in my view, many advocates cut across multiple service providers such as housing and education and even this is marginally supported.
- Take into account the fact that people who need to have an independent advocate do not always have access to technology as a means of finding or using the service.
- More money provided to achieve this.
- Alongside this priority there needs to be investment as this will mean more referrals to services which are already stretched.
- Over the life of the Strategy the members of the Forum believe that training and awareness for professionals on what advocacy IS, and what it is NOT will be vital to ensure that expectations are realistic, for example, that advocacy organisations do not provide care and support services. The Forum believes that independent advocacy providers should lead any awareness raising and training but that additional resources will be required to achieve this.
- Financial resources would be required to meet this priority – both to the Forum to support the development and running of campaigns, and then also to individual advocacy providers to meet the increase in demand for services. The increase in the number of referrals will mean additional workload both in processing referrals and then in providing support to people. There is a need to look at campaigns for professionals – in statutory third sector, housing and private sector providers, but also for people currently using or potential service users and finally for the general public, including the opportunities to volunteer as Citizen Advocate in Fife.

Q5. Priority 3

The changes we need to make

We will review our Service Level Agreements (SLAs) with local Advocacy providers to ensure that these are fully reflective of the aims and objectives of the Advocacy Strategy and incorporate any necessary changes in policy, legislation, and guidance.

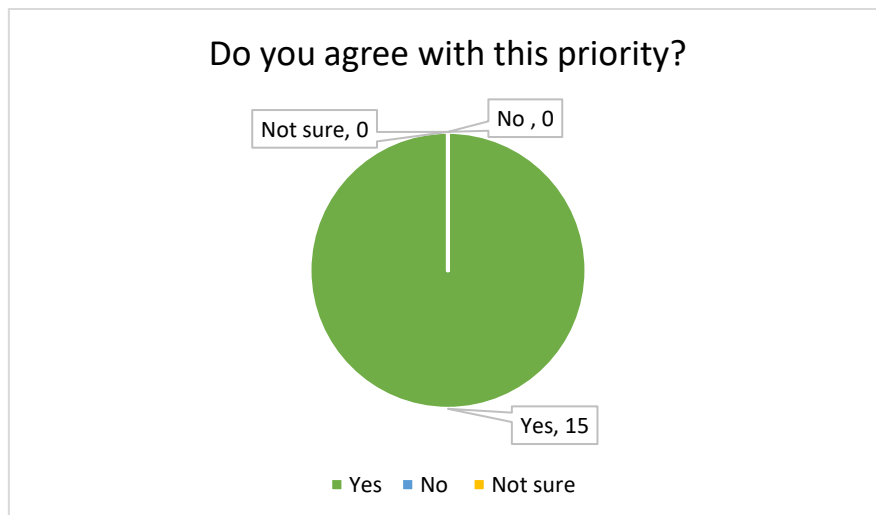
What will success look like?

Completion of a review of Service Level Agreements with Advocacy providers and development of a new SLA template where appropriate.



Where we want to be in 2026

Service Level Agreements will be in place with Advocacy providers (as appropriate) that are reflective of the refreshed Advocacy Strategy and current policy, legislation and guidance.



What else should the partnership be doing to achieve this priority?

- Working with the staff providing the advocacy.
- The SLA should adequately reflect the advocacy work flow and reach of each organisation and resource it accordingly. Fife Carers Centre for example has one advocacy in excess of twenty-five support workers. I would say the ratio is limited here.
- Ensuring funding is on a long term basis not just one year a time. This should provide consistency and stability to the organisation, staff and users.
- Do this in a timely manner and have good clear communication around this.
- Forum members would like to see this process completed as soon as possible so as to help clarify our work and also responsibilities under a new SLA template. The Forum would also like to look at how we incorporate advocacy outcomes into the tendering process/contract and also into SLAs.
- We would like to also look at including reporting on outcomes such as those developed by the Forum in the Service Level Agreements.

Q6. Priority 4

The changes we need to make

We will work in partnership with our Advocacy provider to review eligibility criteria with a view to expanding the range of people who are eligible to receive advocacy services.

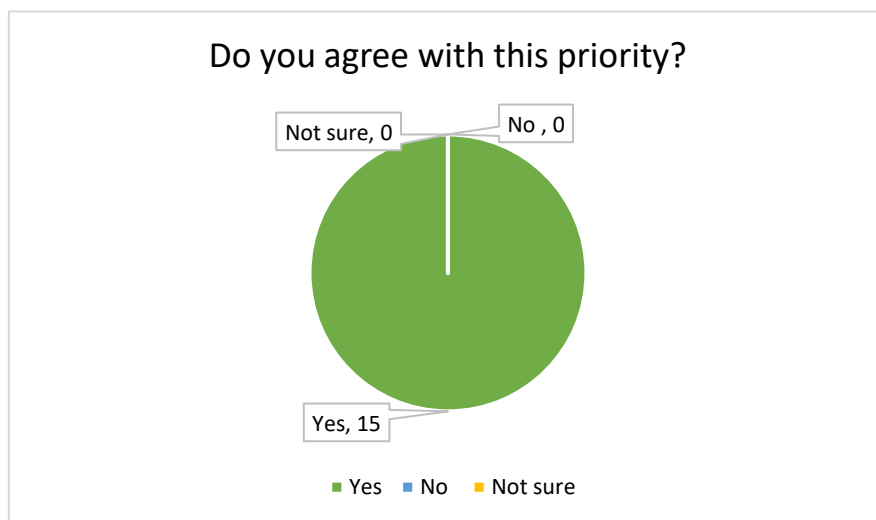


What will success look like?

Completion of a review of eligibility criteria to advocacy services ensuring that the criteria are fit for purpose and are inclusive of all equality groups.

Where we want to be in 2026

Provision of eligibility criteria across Fife meets the full range of advocacy service requirements as well as meeting our legal obligations, including the Equality Act and Fairer Scotland Duty.



What else should the partnership be doing to achieve this priority?

- Putting enough awareness out in the community.
- Put the funding to more resources and staff.
- The Partnership should consider the lowest common denominator when determining eligibility for access to advocacy services.
- Ensure the views of existing and potential users is also taken into account
- Provide money for the gaps missing – Under 16s and over 65s living in the community.
- Be aware that at times Advocacy Services support those in the lower tiers of eligibility and may support people who have ‘moderate’ or ‘low’ needs however this work is often preventative and stops individuals from their needs increasing and becoming critical.
- Members of the Forum would support this, and also for independent advocacy to be available to all who might need it even if this is wider than current legislative requirements.
- We support advocacy being available to as wide as possible groups of people, but as stated previously we would advocate that additional funding is required to expand services so that existing groups do not lose access to advocacy.



Feedback from Service-Users

Methodology

Those who use and/or receive advocacy services in Fife were invited to complete an easy-read paper questionnaire which was returned to the Participation & Engagement Team using a freepost envelope. It was felt this would be the most effective way to gather views and opinions as their advocacy workers could support them to complete the questionnaire.

A total of 49 responses were received including 41 paper copies and 8 online responses, achieving a response rate of 32%. Feedback from paper copies was manually submitted into the online MS Form by the Participation & Engagement Team.

Distribution

Service providers supported the Participation & Engagement Team to distribute the easy-read questionnaires during the period that the advocacy consultation was live.

A total of 150 paper copies were distributed to service provider attendees at the Fife Advocacy Forum meeting on February 21st 2023. An email with the easy-read copy attached and online MS Form link included was also distributed to the Advocacy Forum after the meeting to distribute and support service-users to complete.

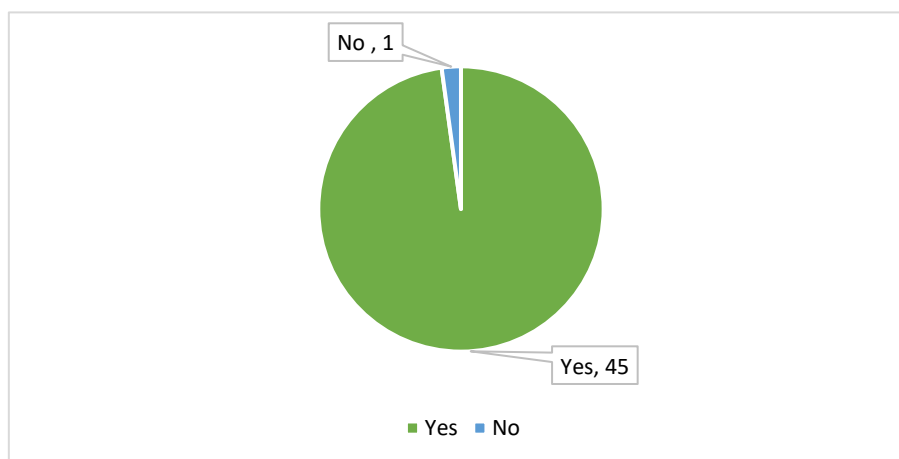
Supporting Communications

There were no Communications required to support service-user engagement.

Feedback from Consultation

The following information analyses the feedback collated from the service-user consultation questions.

Q1. Do you think Advocacy Services in Fife do a good job at supporting you?



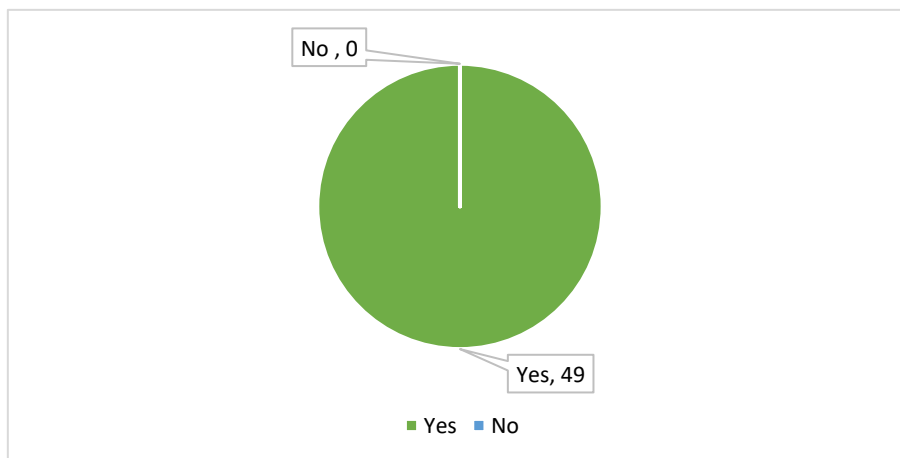


Q2. Why are Advocacy Services important to you?

From the responses received, seven key themes emerged from the feedback gathered. The key themes have been identified and highlighted in the below diagram.

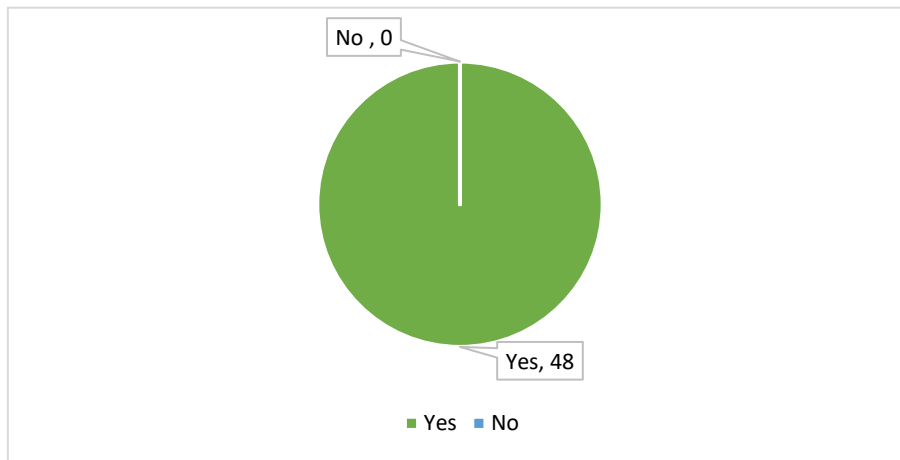


Q3. We will make sure that independent advocacy is available to the people of Fife when they need it.

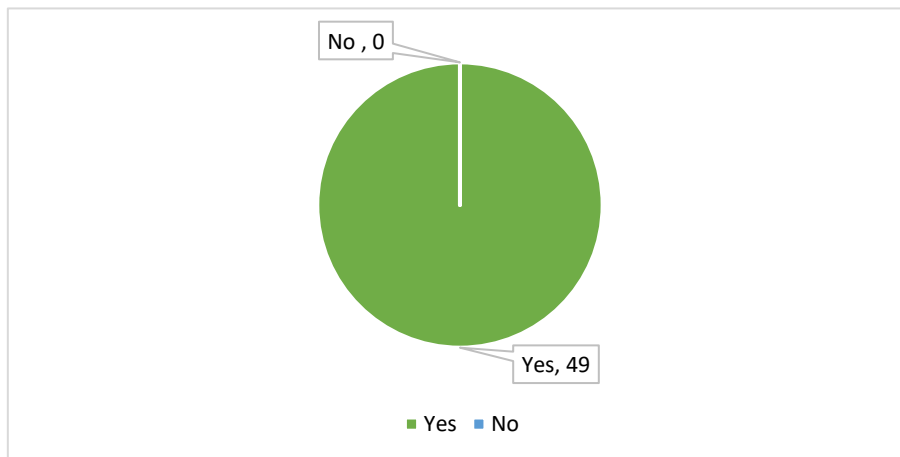




Q4. We will increase advocacy provision in Fife so that more people can access it.

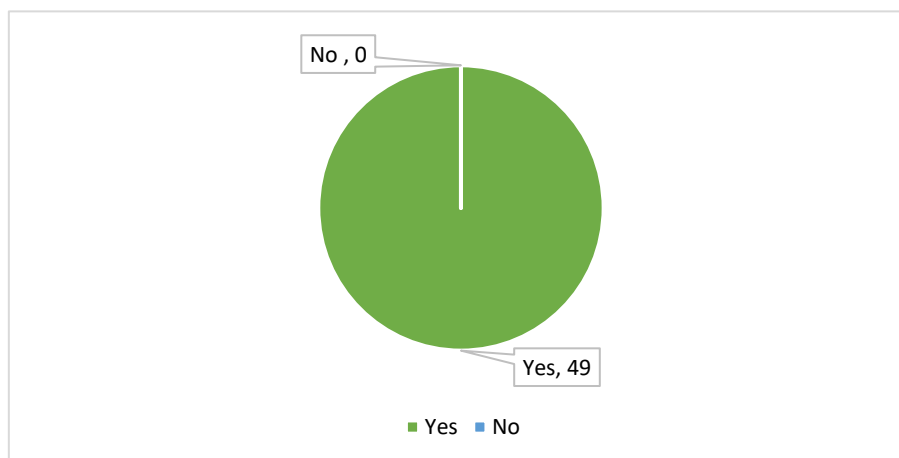


Q5. We will make sure that all groups of people who access services have equal access to independent advocacy.





Q6. We will work closely with Advocacy services so we can tell people what support is available to them.



Q7. What else can we do to improve access to independent advocacy in Fife?

- Increase staff:
 - Have more male staff.
 - More local workers.
 - Encourage more volunteers.
- More funding and make it longer-term.
- More venues for people to access advocacy services.
- Advertising campaigns to raise the awareness of services available to people.
- More support for people with Learning Disabilities.
- Keep waiting lists low.
- If Advocacy could provide transport to get me around.



Supporting Engagement – Local and National Strategies and Consultations

Various local and national strategies and consultations supported the development of the refreshed Advocacy Strategy 2023 – 2026. A list of these with links can be found below. Key themes and/or comments from these consultations have been identified and presented in documents which can be found in the Appendices 2-7.

Name	Consultation Dates	Link	Appendix
Fife HSCP Strategic Plan	2022 – 2026	Fife HSCP Strategic Plan 2022 - 2026	Appendix 2
Fife HSCP Carers Strategy	2023 – 2026	Not yet published	Appendix 3
SG National Care Service	2021	Scottish Government - A National Care Service for Scotland (consultation responses)	Appendix 4
Scottish Government Scottish Mental Health Law Review Consultation	2022	Consultation (mentalhealthlawreview.scot)	Appendix 5
Relevant Key Legislation Review	2022	Mental Health (Care & Treatment) (Scotland) Act 2003 Adults with Incapacity (Scotland) Act 2000 and Adult Support and Protection (Scotland) Act 2007	Appendix 6
People First Fife Conference	2023	N/A	Appendix 7



Conclusions

Considering the targeted audience, this consultation received a good response rate, achieving 49 service-user responses and 15 service provider responses. Within these responses was a lot of valuable information and feedback which agree with the priorities identified for the updated Advocacy Strategy 2023-2026.

From the service providers perspective, agreement was achieved across the priorities that have been established for the Strategy. Service providers agreed that advocacy gives people a voice, is accessible and gives people choices and to help them better understand what they are entitled to. It represents the most vulnerable in our communities and ensures empowerment to make a positive difference in people's lives. Service providers suggested that Fife HSCP could provide better support by allocating more funding to advocacy services and making this longer-term, by improving the involvement and awareness around advocacy across all services including social work, and taking into consideration that with more referrals will come more work and advocacy is stretched as it is so this must be recognised.

From the service-users perspective advocacy is a significant supporting mechanism for those who use Advocacy services across Fife. Most respondents agreed that Advocacy ensures their voice is heard, helps them to speak up for themselves on matters that are important to them, and also helps them to understand their rights and entitlements. In addition to this it was agreed by some respondents that Advocacy gives them a sense of belonging and supports them to get to know people in a similar situation to them and to support them to socialise. Service users felt that Fife HSCP could better support advocacy by giving more funding, encouraging more volunteers and male staff, having more local staff who know their area, and improving the knowledge and awareness of advocacy between professionals.



Overall, respondents agreed with the priorities that will form the basis of the refreshed strategy and provided feedback to suggest an increase of funding is needed to move forward as well as more staff being the most common themes emerging.





Appendix

Appendix 1: Communications for Providers


Advocacy in Fife Have your say!

Fife Health & Social Care Partnership  Fife Advocacy Forum 
Supporting & Developing Advocacy Across Fife


 **SCAN ME**



The Fife Health and Social Care Partnership is setting out the priorities and future direction of advocacy support that is provided across Fife in the refreshed Advocacy Strategy 2023-2026 in line with the newly published *Strategic Plan 2023 - 2026*.





To ensure that the people who provide advocacy services have equal opportunities to inform the latest Advocacy Strategy, we are seeking the views of service providers to find out what is important and what the key focuses should be when providing support to Advocacy services.



To take part and give your views, please use the QR code above to access a short questionnaire. This is your opportunity to tell us what you think.

Please submit your response by **Friday 31st March 2023**.

For information on how we use and gather your data protection please visit:
<https://www.fife.gov.uk/kb/docs/articles/privacy-notice/health-and-social-care>

 www.fifehealthandsocialcare.org  HSCP.ParticipationEngagement@Fife.gov.uk



Appendix 2: Supporting Engagement: Fife HSCP Strategic Plan 2023-2026

The following points were lifted from responses to the priorities around Advocacy within the Strategic Plan 2022 – 2026.

- Independent Advocacy is important, and it is inclusive – groups such as People First don't have waiting lists so people can get the support that they need and when they need it rather than being passed between services.
- It is comforting going to groups such as People First to discuss personal problems and we don't always want to discuss this with professionals who we don't know and then to have to repeat our story over and over again.
- It would be good to have one person who manages your "files" to provide familiarity and continuity across services we receive.
- Need more advocacy workers.
- No advocacy group for just men in Fife, there are plenty of women's groups.
- Ensure collective advocacy is available for minority groups.
- Develop further citizen advocates who stay with a person throughout their journey in services.
- People should have access to all types of advocacy and can access advocacy which specialises in working with them (learning disabilities for example).
- People should have good information about where to turn to.
- Professionals should know about Advocacy Services (The Health Improvement Partnership should be involved). Need to be proactive in promoting advocacy, many do not know what it is or that they can use, often seen as only for those with complex needs.
Ensure social workers offer referral for advocacy as standard practice.
- Accessible advocacy to upskill NHS staff.
- Making sure all parties aware of advocacy services available, how to access and refer etc and updating communities / advertising.
- The services that are available struggle due to demand. Yes a good service but when the system doesn't work there is a lot of waiting and non-resolution.



Appendix 3: Supporting Engagement: Fife HSCP Carers Strategy 2023-2026

5 of a total of 53 respondents agreed they had accessed information, support or advice regarding Advocacy Services in the last 12 months.

There were no further comments.

Appendix 4: Supporting Engagement: Scottish Government National Care Service Consultation

150 of a total of 1057 published responses responded to or answered questions relating to advocacy in this consultation.

Chapter 1b: Access to Care and Support

Question 4: How can we better co-ordinate care and support (indicate order of preference, with 1 being the most preferred option, 2 being second most preferred, and so on)?

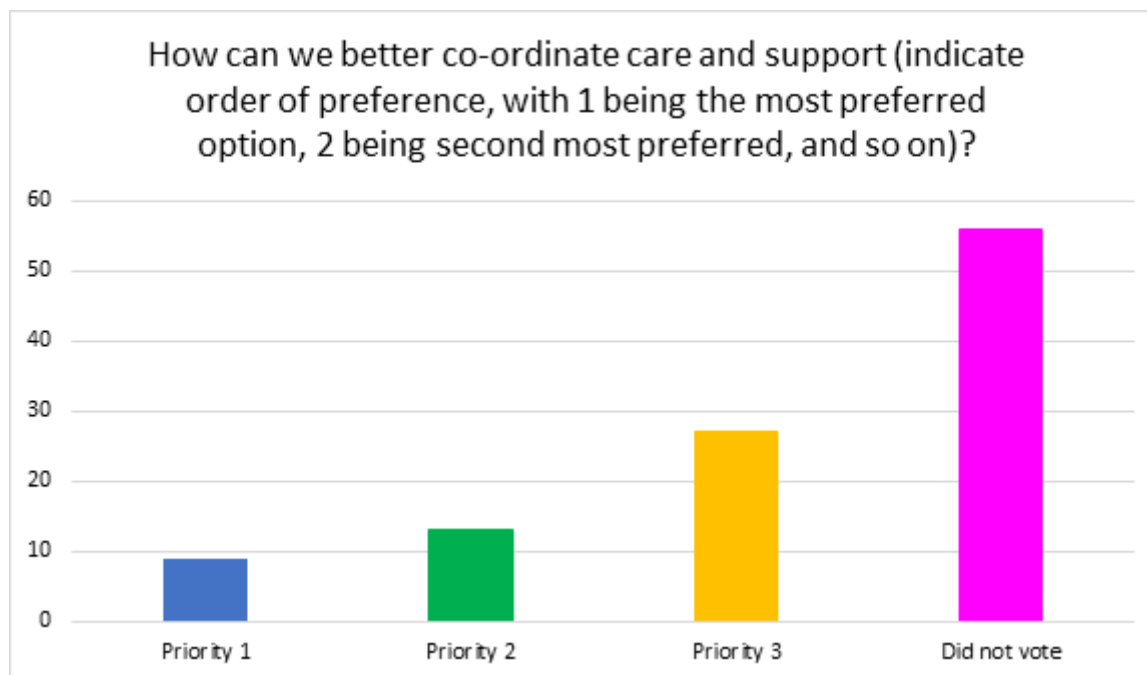
Respondents were asked to vote in numerical order on their priorities.

Option 1: Have a lead professional to coordinate care and support for each individual. The lead professional would coordinate all the professionals involved in the adult's care and support.

Option 2: Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care, but would not have as significant a role in coordinating their care and support.

Option 3: Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.

For the purpose of this analysis, only the priority levels identified for Option 3 have been included in the chart below.



The following comments were received to support this.

It is important that people are given clear information about independent advocacy at the very start of the process of accessing care and support. People with lived experience of mental health issues and others who are seen to have a 'mental disorder' under the Mental Health (Care and Support) Act 2003 have the right to access independent advocacy. We think everyone using the National Care Service should have the right to independent advocacy.

Independent advocacy should be offered in addition to ALL the above options and for anyone accessing any part of a National Care Service

Chapter 1e Complaints and Putting Things Right

Question 14: What elements would be most important in a new system for complaints about social care services (please select 3 options)

Option 1: Charter of rights and responsibilities, so people know what they can expect.

Option 2: Single point of access for feedback and complaints about all parts of the system.

Option 3: Clear information about advocacy services and the right to a voice.

Option 4: Consistent model for handling complaints for all bodies.

Option 5: Addressing complaints initially with the body the complaint is about.

Option 6: Clear information about next steps if a complainant is not happy with the initial; response.

Option 7: Other – please explain.



For the purpose of this analysis, the data analysed highlights those who choose option 3 within their response.

From a possible 105 respondents who published their response and answered advocacy based questions, or included advocacy in their response, 50 of these choose Option 3 in their most important.

Further to this the following comments were received.

Inevitably people will start their complaint in different ways, but these should funnel into a single system. The system is failing if people need substantial advocacy support to make their complaint. The complaint process must continue until it is resolved satisfactorily.
Advocacy Services are largely underfunded by Health Boards and Local Authorities, work a two day week and are rarely available when you need them.
When complaints are upheld, actions need to be followed up and progress needs to be enforced.
Different routes are needed into the complaints system to overcome the anxieties of service users who are wary and anxious about making a complaint. This issue should be recast as complaints and representations. Service users and carers might not want to complain about their paid carer or service provider but might instead want to make representations about the type or level service they receive and this should be accommodated. A rights-based system should also be extended to support service users and carers in seeking judicial review of activities in relation to statutory duties and discretionary powers – this support should include advocacy and legal aid.
All these problems would be avoided if primary responsibility for the management of care lay with local authorities. If at the same time the system was focussed on supporting people, rather than trying to ration resources, the need to complain would reduce dramatically, as would the need for advocacy services, and most issues could be resolved through discussion and negotiation rather than formal complaint processes.
That those to whom the complaints are sent actually understand things such as access issues, the rights of disabled people and unpaid carers, and will look at the complaints fully and properly, seeking any professional advice they may need, which should also be addressed openly and discussed with the complainant in order that they can explain issues more clearly. We would like to see a union for disabled people and unpaid carers to support them in making complaints and seeing them carried through to resolution and action. A possible tribunals system to help resolve complaints within the law, and people's rights, but it would need to have the necessary authority or power to make people obey it. A commissioner would need to be accountable. We need disabled people in these sort of positions or it just becomes non disabled people representing disabled people and getting it wrong time and time again.
A no wrong door approach would support people to access services rather than requiring them to go to single place, and support the principle of addressing concerns quickly and close to the issue as possible.
Initial information as to how to go about making a complaint and putting the complaint together. In the past Community Health Councils played a useful role here as they covered all aspects of the health service. Present advocacy services are more fragmented.
Develop a national single point of access, featuring an overview of advocacy rights and services, for information on making a complaint or giving feedback about social care. A new system for complaints about social care services must take a human rights-based approach which is in-keeping with recommendation 12 of the Independent Review of Adult Social Care in Scotland. People making complaints or raising concerns about their care arrangements must have rapid recourse. The current complaints systems are often too complex for individuals to navigate – especially for people who don't readily have access to support and advice.
The offer of peer advocacy services must be included within the complaints process and must be made available to people as a matter of course. This must be underpinned by investment in independent and peer advocacy services which can support people through the complaints process. Disabled people must be made fully aware of their rights and be empowered to discuss their concerns with a dedicated point of contact.
For people using services and their families, the complaints landscape is complicated. We see the benefits that a single point of access could bring. We welcome the emphasis on advocacy support, which our experience shows is too limited at present.
Stress that this information must be fully accessible in BSL, therefore translations of each section should be created and delivered alongside the English versions.
Single Point of Contact is useful for clarity and simplicity, and properly funded advocacy would be a really positive step.
A single point of access is a simple and easy to understand route but could become unmanageable if administered at national level. It is vital any new system for complaints is accessible for people with sensory loss and wider



<p>communication needs. This requires the availability of information about how to make a complaint and the relevant processes in accessible formats, and consideration to be given to the provision of independent advocacy.</p>
<p>It's important for people to know what to expect, clear info about advocacy so people understand who can help them fight their corner, and clear info about taking a complaint forward.</p>
<p>People should have access to a range of types of Independent Advocacy to support them, including Citizen Advocacy, and these should be available in all areas of Scotland.</p>
<p>Information about Advocacy services is of extreme importance to ensure people have support should they require it to make their voices heard. Of equal importance is clear information about the process of any complaint and communication on progress with the complainant.</p>
<p>Many marginalised groups will require advocacy in order for them to have their voices heard</p>
<p>It is critical that there is a Charter of rights and responsibilities, relevant to children and young people, so that they know what to expect and it is clearly understood. It should be created in a range of accessible formats to meet the needs of the child and young person.</p>
<p>The individual should always be able to discuss any complaint with the service provider though some are reluctant to do that for fear of action by the provider. Often this is a communications issue so the advocacy service should allow the discussion to be about improvement rather than complaint. Ultimately though there should be a clear system for submitting a complaint to the regulator.</p>
<p>A complaints system should be supported by a charter, advocacy and very clear steps for taking complaints forward, with a commissioner to oversee that process</p>
<p>Proposals regarding advocacy are broadly welcomed. It is acknowledged that some people can be left unsupported within the current construct and eligibility criteria. Any development at a national level should place emphasis on an enhanced approach to local advocacy provision.</p>
<p>A charter or rights and responsibilities will only help if the service is based on strong relationships and if resources are made available that are adequate to enable all to meet their responsibilities and successfully exercise their rights. If at the same time the system was focussed on supporting people, rather than trying to ration resources, the need to complain would reduce dramatically, as would the need for advocacy services, and most issues could be resolved through discussion rather than complaints.</p>
<p>An approach which provides clear information to individuals looking for and receiving care and support as to what they can expect and also strengthens routes to, and availability of, much needed independent advocacy and accessible ways through which to complain if their experience doesn't meet the requisite expectations. This is particularly important for individuals who are digitally excluded or who find it difficult to read and understand written information.</p>
<p>People should be offered independent advice and advocacy in line with Self-directed Support legislation. It should be recognised that many people are fearful of complaining in case their service, support or budget is withdrawn and many are unaware of their rights.</p>
<p>Clear information about advocacy services to support complainants and a single point of access to reduce complexity.</p>
<p>People should have access to advocacy to support them to make a complaint</p>
<p>Complaints processes can be extremely difficult and distressing for the person taking the complaint. For this reason, it is important to ensure a single point of access, a consistent approach and advocacy or other support. Complaints are very valuable learning opportunities and efforts should be made to ensure an independent and fair system. The current options are obscure and cause great distress to families.</p>
<p>There was also support expressed for people having access to advocacy services and support to make informed decisions.</p>
<p>If the system was focussed on supporting people, rather than trying to ration resources, the need to complain would reduce dramatically, as would the need for advocacy services, and most issues could be resolved through discussion rather than complaints.</p>
<p>It would be anticipated that they would work in a similar way to the current IJB structure and links to all services would be managed in a similar way. This could include services hosted by the NHS, Local Authority, Third sector, representative groups, advocacy groups etc. These relationships are established in local areas due to the integration of health and social care, a new body would not greatly affect this in our opinion.</p>
<p>Value independent advocacy in helping people understand how complaints systems work and how to have their voices heard.</p>
<p>Clear and ACCURATE information about advocacy - should be extended to anybody with a need for an NCS – should have the right to independent advocacy</p>
<p>This section does not allow consideration of the implications of the changes proposed. Increased access to independent advocacy and brokerage services that are recommended within the Feeley report will have considerable cost implications and remove existing council functions.</p>



<p>Any new complaints system must enshrine and uphold access to human rights assurances and human rights obligations must be part of any social care and person-led support system. This involves evidencing person involvement, informed choice and agreement. People should always be kept informed of the impact of their complaint.</p>
<p>It is encouraging to see that access to independent advocacy is included above. Independent advocacy has a role in ensuring that individuals are aware of their rights and can challenge situations when their rights are not upheld. This will be essential to enable and support those that may find it hard to complain.</p>
<p>The power imbalance that exists between an individual with health needs and those that assess them, provide their care or direct the services that may support them can be an insuperable barrier for some individuals wanting to make their views known. Independent advocacy can provide support and confidence for someone to articulate their views in a way that means they are more likely to be taken seriously</p>
<p>The creation of a national single point of access for information on making a complaint or giving feedback about social care, including an overview of advocacy and rights and services. People accessing services should be provided with the level of support necessary to enable them to participate fully. It is not enough to just have clear information about advocacy services but ensure there is a service that can have regular contact with citizens accessing services, so a relationship with scrutiny may help to gauge satisfaction or highlight issues. This must include lived experience of disability.</p>
<p>Information about advocacy and how to make a complaint should be on LA and H&SC websites and the SPSO is the person that is contacted if someone is unhappy with the outcome of a complaint. It is crucial that local people are involved in managing complaints in order to fully understand the systems and processes in place, and with the hope that early resolution is sought.</p>
<p>Advocacy and rights-based services need to be responsive and assume a preventative and early intervention approach to mitigate the need for complaints.</p>
<p>In addition, advocacy, third sector involvement is all commissioned individually and best practice in one prison does not at the moment automatically translate across all prisons.</p>
<p>Advocacy for most vulnerable discriminated against in society</p>
<p>Throughout the engagement people wanted better advocacy/independent advocacy support and more awareness of these services after an initial complaint has been lodged, this is if the need arise that they need to follow up on the complaint, currently advocacy services are under capacity due to Covid-19 and people aren't able to properly access this type of support</p>
<p>If at the same time the system was focussed on supporting people, rather than trying to ration resources, the need to complain would reduce dramatically, as would the need for advocacy services, and most issues could be resolved through discussion and negotiation rather than formal complaint processes. Rather than thinking about a new top-down system for complaints and a single point of access for feedback, we should be focussing on how to improve care</p>
<p>Advocacy (where needed) should be supported and valued within the NCS to ensure that every person is listened to and safeguarded.</p>
<p>Investment in independent advocacy will help people who may lack the confidence, skills or time to share their concerns.</p>
<p>While most people find access to independent advocacy makes SDS easier for them, we found that older people are less likely to know about these services and find them useful;</p> <ul style="list-style-type: none"> ○ 55% of people who were 40 or younger agreed or strongly agreed that access to independent advocacy made SDS easier for them, and ○ 54% of people aged 41-64 reported the same. ○ Only 46% of people who were 65 or older agreed or strongly agreed with that statement ○ Only 9% disagreed or strongly disagreed ○ 45% of that age group stated that they “didn't know” and were generally less likely to have accessed those services.
<p>Any complaints system should ensure that targeted work takes place to guarantee that specific population groups with lower engagement with independent advocacy (e.g. older people) are informed of the role of independent advocacy and how to access these services in the event of a complaint. One respondent stated that advocacy and peer support is “critical” for Black and minority ethnic people accessing social care.</p>



Appendix 5: Supporting Engagement: Scottish Government Scottish Mental Health Law Review Consultation

The Scottish Government consulted on the Scottish Mental Health Law Review between March 2022 and July 2022. This is the first major review of this law in Scotland in over 20 years. There was a focus on advocacy, the proposals for change that were consulted on relating to Advocacy are outlined below.

80 of a total of 138 published responses provided Advocacy specific feedback within this consultation. The recommendations from this have been included for this report.

Theme	Recommendations
Legislation and Policy	<p>Fused, or unified, mental health and capacity legislation should be the ultimate long term goal in Scotland.</p> <p>To support the above recommendation, active steps should be taken to align existing mental health, capacity and adult support and protection law. Such alignment will require the Scottish Government to:</p> <p>Work with professionals and people with lived experience, including unpaid carers, to overcome barriers and misunderstanding regarding information sharing.</p> <p>Move towards a joint set of principles across all 3 Acts.</p> <p>Develop the Human rights enablement approach, Supported decision making and Autonomous decision making systems across all 3 Acts.</p> <p>Expand the jurisdiction of the Mental Health Tribunal for Scotland to include capacity cases, including sustained and appropriate resourcing to accompany this extended remit of the Mental Health Tribunal for Scotland</p>
Improving access/opt out system	<p>The law should apply to persons with a mental or intellectual disability (and otherwise included under AWI) whether short or long term.</p> <p>The new purpose for mental health and capacity law should be to ensure that all the human rights of people with mental and intellectual disability (and otherwise included under AWI) are respected, protected and fulfilled.</p>
Diversity, Equality, and Inclusion	<p>The Scottish Government in taking forward recommendations from this Report, should do so with the full and equal participation of persons with lived experience including unpaid carers with lived experience.</p> <p>The Scottish Government should work with people with lived experience, including unpaid carers, to reach agreement as to how our recommendation for full and equal participation of people with lived experience, including unpaid carers, can be achieved in the future.</p> <p>The Scottish Government should provide resource to ensure people with lived experience and unpaid carers with lived experience can participate in work to implement recommendations on an equal footing with others.</p> <p>The Scottish Government should adopt a human rights-based approach to budgeting for mental health and capacity law and services.</p>



	<p>The Scottish Government should ensure that all recommendations in this report be implemented in such a way as to protect, respect and fulfil the rights of those with protected characteristics equitably.</p> <p>The Scottish Government should consider addressing racial discrimination in relation to coercion in mental health services through a targeted approach which develops the PCREF approach, with monitoring and enforcement through the Equality and Human Rights Commission, the Mental Welfare Commission, the Care Inspectorate and Healthcare Improvement Scotland.</p> <p>The Scottish Government should consider legislation which requires public authorities to ensure that practitioners and paid carers are adequately trained to recognise and address racism, including structural racism.</p> <p>The Scottish Government should promote the Equality Act and UNCRPD duties to collect data on protected characteristics and should ensure this data is disaggregated in a way which evidences the inequalities experienced by geographically and culturally distinct groups. The Scottish Government should strengthen accountability for public bodies delivering mental health services where they fail to demonstrate progress in relation to equality outcomes in accordance with Regulation 4 of the Equality Act 2010 (specific duties) (Scotland) Regulations 2012.</p> <p>The Scottish Government should consider steps to improve the recruitment and retention of ethnic minority staff, across different professions within mental health services.</p> <p>The Scottish Government should consider the additional needs for remote and rural communities to enable delivery of mental health services on an equitable basis.</p> <p>The Scottish Government should resource and empower leaders of Scotland’s minoritised ethnic communities to lead in finding, developing and implementing solutions which ensure access to mental or intellectual disability services for their communities</p>
<p>Who can be an advocate?</p>	<p>The Scottish Government should introduce intermediaries. This should be subject to review and assessment of an expanded use of the Appropriate Adult scheme and independent advocacy</p> <p>The use of the existing Appropriate Adult Scheme should be expanded to increase the support for individuals throughout current justice processes.</p> <p>Work should be done to explore the possibility of using independent advocates to assist in providing support for individuals going through justice processes.</p> <p>Subject to the review of whether the expanded use of appropriate adults and independent advocates set out above proves sufficient to provide the necessary support, a scheme for the use of intermediaries should be introduced to provide support from start to finish in justice processes.</p> <p>Named Person Recommendations</p> <p>Where no named person has been appointed the Scottish Government should consider allocating powers to the tribunal to appoint a named person.</p> <p>Subject to changes above being carried out, the Scottish Government should abolish the role of the listed initiator</p> <p>Scottish Government should ensure that that named persons have access to</p> <ul style="list-style-type: none"> ○ Independent advocacy and legal representation ○ Accessible guidance Recommendation



	<p>The process of appointing of Power of Attorney (POA) or guardian should include consideration of appointment of a named person, should that become necessary. Curator ad litem recommendations</p> <p>The Scottish Government should increase governance over the role of a curator ad litem. This should include:</p> <ul style="list-style-type: none"> ○ A statutory duty on the curator ad litem to report the actions they have taken to ascertain the will and preference of the individuals ○ Mandatory training for curators ○ Establish a process for ensuring that there is no conflict of interest where a curator ad litem also acts as a solicitor <p>Safeguarder Recommendations The Scottish Government should</p> <p>Review guidance to ensure that there is a consistent approach to appointing safeguarders between sheriffdoms Review guidance to ensure that the role of the safeguarder is unambiguous Create a uniform training programme with a requirement that the training is completed before being accepted as a safeguarder. Create a system of national standards for the work being done which would enable best practice to be shared across the country Revise the payments system for safeguarders to place it on a more equitable footing. If the above changes have occurred, the Scottish Government should undertake a further review to consider if the combination of roles available meets the needs of mentally or intellectually disabled individuals appearing in court or before the MHTS</p>
<p>Funding and Commissioning of Independent Advocacy</p>	<p>Changes to mental health law including new duties There should be a legal requirement for the Scottish Government to establish minimum core obligations to people with mental or intellectual disabilities to secure their human rights, including but not restricted to the right to the highest attainable standards of mental and physical health, and the right to independent living, alongside a framework for progressive realisation of those rights.</p> <p>Sections 25 to 27 of the 2003 Act should be extended and reframed to set out clear and attributable duties on NHS Boards, local authorities and integration authorities to provide or secure support to individuals with past or present experience of mental or intellectual disability. The duties should include:</p> <ul style="list-style-type: none"> ○ Personal care, support and treatment to maximise mental and physical health ○ Housing which is appropriate for the person's needs ○ Provision to support living and inclusion in the community and prevent isolation or segregation ○ Education, training and support for employment ○ Assistance with travel to any of the above supports ○ Access to financial advice and anti-poverty initiatives. <p>NHS Boards, local authorities, integration authorities and the Scottish Prison Service should be under a duty to secure similar supports to people with mental or intellectual disabilities who are in prison or being discharged from prison.</p> <p>There should be a systematic process of monitoring to assess whether these obligations are being met.</p> <p>The duties under sections 260 and 261 of the Mental Health Act should be extended to ensure that people with mental or intellectual disabilities have effective access to information about their rights whenever they need it, including translation or interpretation where required.</p>



	<p>There should be a legal duty on Scottish Ministers to adopt specific measures to address the requirements of Article 8 of CRPD (Awareness raising) in respect of people with mental or intellectual disabilities, including fostering respect for their rights and dignity and combating stereotypes, prejudices and harmful practice. The duty should be supported by specific actions in the minimum core obligations.</p> <p>In line with the recommendations of the National Taskforce for Human Rights Leadership, there should be accessible, affordable, timely and effective remedies and routes to remedy where any of the above duties to provide services, support or information are not upheld. This should include the ability of individuals to raise a legal action in the civil courts.</p> <p>Wider changes The Scottish Mental Health Strategy should be recast to set out a clear human rights framework including the development of minimum core obligations and the progressive realisation of economic, social and cultural rights for people with mental or intellectual disabilities.</p> <p>This should not be confined to health and social care services, but address other relevant government policies and strategies, including housing, poverty, social security, employment and community support.</p> <p>The development of these minimum core obligations and the framework for progressive realisation should be carried out with the full participation of people with mental or intellectual disabilities and their representative organisations.</p> <p>As the minimum core obligations are developed, the Scottish Government should identify any other public bodies who should be subject to a specific responsibility to fulfil the economic, social and cultural rights of people with mental or intellectual disabilities.</p> <p>Duties to provide health and social care should be reframed in terms of human rights standards, including the AAAQ (availability, adequacy, acceptability and quality) framework set out at paragraph 12 of ICESCR General Comment Number 14 (United Nations, 2000). Since many of these duties apply more widely than to mental or intellectual disability, this may require to be considered as part of the general implementation of the proposed Human Rights Bill</p>
<p>The role of Independent Advocacy in supported decision making</p>	<p>The Scottish Government should develop a comprehensive scheme of Supported decision making (SDM) which should apply across mental health, capacity, and adult support and protection legislation, and especially where non-consensual interventions are needed. The scheme should build on existing good practices already in use across Scotland.</p> <p>The Scottish Government should progress the SDM scheme with a central point for development, promotion and oversight determined as the first step in this process. This could be developed as part of the new mental health model within the National Care Service .</p> <p>The development of the SDM scheme must take place in with the full and equal participation of people with lived experience, including unpaid carers.</p> <p>The SDM approach needs to be built into all training for practitioners at every level in the delivery of care, support and treatment in the field of mental health, capacity, and adult support and protection law.</p> <p>Advance statements The Scottish Government should change Advance Statements to a model of Advance Choices, reflecting an individual's will and preferences. This new model should apply to any support, care or treatment the person may need across all areas of their life and should operate as follows: If a person, having been given appropriate support, is not able to make an autonomous decision and an Advance Choice exists, the Advance Choice should normally be respected. It should have the same status in law as a decision taken at the time by a competent adult, unless one of the following reasons justify it not being followed:</p> <ul style="list-style-type: none"> ○ The person has acted in a way which is clearly inconsistent with the Advance Choice, which suggests it may no longer be their fixed view.



- The person's current will and preferences seem to be more pertinent than those expressed in an earlier Advance Choice.
- A position on the person's will or preferences on a given matter cannot reasonably be concluded from matters included in the Advance Choice.
- There are reasonable grounds for believing that circumstances exist which the person did not anticipate at the time of making the Advance Choice, which would have affected their decision had they anticipated them.
- There is evidence that the person's ability to make an autonomous decision at the time of the Advance Choice was compromised, for example because of significant illness or undue pressure being applied.
- Treatment which is inconsistent with the Advance Choice is necessary to save the patient's life or to prevent serious suffering on the part of the patient.
- It should not be possible to refuse normal hygiene, nutrition, hydration or the relief of severe pain.
- An Advance Choice refusing treatment is not applicable to life-sustaining treatment unless it makes clear that this is intended.
- An Advance Choice would not require a treatment to be offered where it isn't available or clinically justified but should be given significant weight as to the preferences of the granter.
- Except in an emergency, a clinician should not be able to overrule an Advance Choice at their own initiative. We propose a model based on s50 of the AWI Act, that an independent clinician be appointed by the MWC to review whether a ground for not following the Advance Choice has been made out. In addition to this, any interested party could seek a ruling from a judicial body (short to medium term)
- In advance of the introduction of this wider model, the Scottish Government should work with the Mental Welfare Commission, the NHS, local authorities and advocacy and peer support organisations to promote awareness of advance statements and to support people in making them.
- The Mental Welfare Commission should issue further guidance on the circumstances in which it is acceptable not to follow an advance statement and should continue to monitor the system.

Independent advocacy recommendations

The Scottish Government should align legislation and policy to ensure consistency regarding the definition of Independent Advocacy, the right to access it and how it is commissioned and funded for adults. This should include consideration of an opt -out service of Independent Advocacy. An equivalent process should take place for children and young people.

The Scottish Government should ensure independent individual and collective advocacy is sustainably funded. The Scottish Government must ensure culturally appropriate independent individual and collective advocacy provision.

The Scottish Government should consider a national advocacy service.

The Scottish Government and the Scottish Independent Advocacy Alliance, working with other independent individual advocacy groups should develop a national register of independent individual advocates.

The Scottish Government and the Scottish Independent Advocacy Alliance, working with other independent individual advocacy groups should develop a national training programme for independent individual advocates that recognises the need to ensure access to all those who would wish to work in this field.

The Scottish Government should assure an existing or new organisation should have responsibility for monitoring and continuing development of independent individual advocacy.

Aids to communication recommendations

Assistance with communication as appropriate to the needs of the individual should be a guaranteed right. This is particularly necessary for those who use non-verbal methods of



	<p>communication to express their will and preferences. Work in developing this must be done in partnership with relevant sectors such as the deaf community</p>
<p>Scrutiny and Accountability of Independent Advocacy Organisations and the Evaluation of Quality Assurance of independent advocacy organisations</p>	<p>The scrutiny landscape recommendations</p> <p>There should be a duty on scrutiny bodies and complaint handling bodies to enhance access to justice and ensure human rights obligations are given effect by all public authorities involved in the provision of services for people with mental or intellectual disability. The Scottish Government should ensure these bodies are fully supported to build their capacity and confidence to play this part. (medium)</p> <p>There should be a formalised network of bodies involved in the scrutiny of mental health services. This should include Healthcare Improvement Scotland, the Care Inspectorate, Audit Scotland, the Mental Welfare Commission, the Office of the Public Guardian, Public Health Scotland, the Scottish Public Services Ombudsman and collective advocacy organisations. Other members may include professional regulatory and training bodies.</p> <p>The network should work with the Scottish Government to identify and remove any legislative barriers to this approach, such as unnecessary constraints on sharing information, or restrictions on the full involvement of people with lived experience, including their unpaid carers.</p> <p>The Mental Welfare Commission should be the lead organisation for this network, with responsibility for co-ordination and reporting to Ministers and the Scottish Parliament.</p> <p>This network should develop a cross-agency framework for monitoring outcomes in mental health and should ensure that:</p> <ul style="list-style-type: none"> ○ The promotion, protection and realisation of people’s human rights is a common aim for scrutiny bodies across the mental health landscape. ○ There is development and support for sufficient human rights expertise within all scrutiny bodies. ○ There are mechanisms to identify, report and address systemic issues across the work they do. ○ People with lived experience, including unpaid carers play a leading role in determining what defines ‘quality’ in services as the foundation for each scrutiny body’s monitoring, evaluation and inspection processes. ○ Effective monitoring of the extent to which scrutiny bodies are meaningfully fulfilling their duties under section 112 to 113 of the Public Services Reform Act 2010 in relation to user focus. ○ There is a single entry point for the public to access the appropriate scrutiny body for any information, support or issue they want to raise. The Mental Welfare Commission for Scotland - The powers and responsibilities of the Mental Welfare Commission should be strengthened in legislation. The changes we recommend are: ○ Its core remit should be to protect and promote the human rights of people with mental or intellectual disabilities. This should include both protection of the rights of individuals and promoting systemic change. ○ The MWC should have a statutory responsibility to monitor the operation of the adults with incapacity legislation. ○ There should be a substantial increase in the statutory requirement to include people with lived experience as service users, or family carers on the Board of the MWC. ○ The MWC should strengthen the involvement of people with lived experience in their management, staffing and wider engagement, and should have a responsibility to co-operate with collective advocacy organisations. ○ The MWC should increase its work in community settings. ○ The legislation should include a level of accountability directly to the Scottish Parliament. This would include the power to make a report to Parliament if there is a serious failure by a public body, including the Scottish Government, to follow a recommendation. ○ The MWC should have the power to initiate legal proceedings to protect the human rights of any person or group covered by mental health and capacity law. <p>Consideration should be given to a change of name for the MWC to reflect its focus on human rights. Data Collection recommendations</p>



There should be a duty on Public Health Scotland to actively lead work with the Mental Welfare Commission, groups representing people with lived experience, other agencies holding data and the research community to determine what needs to be monitored across mental health services to ensure human rights obligations are being met.

There should a duty on organisations holding data, including Public Health Scotland, the Mental Welfare Commission, the Care Inspectorate, Health Improvement Scotland, the NHS, the Office of the Public Guardian, local authorities, Police Scotland, the Scottish Prison Service and any other relevant organisations to work together to gather and make available the structured, disaggregated, researchable data needed to monitor mental health services effectively and drive change. The Mental Health Tribunal for Scotland Recommendation 11.9: The Scottish Government and the Mental Health Tribunal for Scotland consider and respond to the recommendations of the research project: Mental Health Tribunal for Scotland: the views and experiences of Patients, Named Persons, Practitioners and Mental Health Tribunal for Scotland members. Remedies and access to justice

Individuals who are subject to or wish to initiate legal proceedings under our proposals, or their unpaid carers or representatives, should have access to non-means tested expert legal representation. The Scottish Government, working with the Scottish Legal Aid Board and the Law Society of Scotland, should ensure that there is an adequate supply across the country of expert legal advice and representation.

Investigating Deaths recommendations

The Scottish Government make a timely response to the Mental Welfare Commission's proposals to allow improvements to be made to the investigation of deaths of people under compulsory care and treatment as soon as is practical.

The Scottish Government should ensure that the role of the Mental Welfare Commission in investigating these deaths is explicitly placed in legislation.

The Scottish Government should ensure there is a mechanism to monitor and review the investigations into these deaths using the experiences of the families of those who have died as a key measure.

The Scottish Government should ensure that the development of any independent body to investigate deaths of people in custody and the development of the proposals for investigating deaths of people under compulsory care and treatment progress together to ensure opportunities for further alignment and equity between the two processes are not missed. (short)

The Mental Welfare Commission's powers to request information and co-operation from other authorities should be amended explicitly to cover any organisation with which it needs to collaborate for the purpose of these investigations.

Recorded Matters recommendations

The existing powers of the Mental Health Tribunal for Scotland to make recorded matters under Section 64(4)(a)(ii) of the 2003 Act should be strengthened as follows: The Mental Health Tribunal, in the event of non-compliance with a recorded matter should be given powers to direct the relevant provider to provide within a specified time such care and support as may be required to:

- o Avoid the need for an individual's compulsion; or
- o Ensure that compulsion respects the human rights of the patient. In reaching a decision as whether to issue such a direction, the Mental Health Tribunal will have due regard to:
- o The core minimum obligations and any other relevant standards in place for the provision of mental health services,
- o The Human Rights Enablement approach taken with the individual,
- o And the wishes of the individual. The service provider will have an appeal to the Upper Tribunal against such a direction. Continued non-compliance with a direction will be a breach of a statutory duty which is justiciable in the Court of Session. Chapter 11



Accountability 87 Excessive security appeals - All patients subject to compulsion should have a right to appeal against being subjected to unjustified restrictions

- This right should extend beyond a person's right to move to a less restrictive care or treatment setting. People would also have the right to challenge the level of restrictions while staying in the same place.
- This right should extend to restrictions imposed by a Community-based Compulsory Treatment Order, or a Deprivation of Liberty under the AWI Act, as well as detention in hospital under the Mental Health Act or Criminal Procedure (Scotland) Act.
- The appeal procedures would be modelled on sections 264 to 273 of the Mental Health Act. However, there should be no need for the appeal to be supported by a medical report by an approved practitioner. Instead, there should be a sift process to ensure that groundless appeals are not pursued.
- Regulations should set out the nature, severity and duration of restrictions which would potentially be subject to an appeal.
- The use and outcome of these provisions should be monitored by the Mental Welfare Commission to identify whether there are any systemic issues giving rise to appeals which require wider investigation or action

The appeal process should ultimately replace the 'specified person' procedures in sections 281 - 286 of the Mental Health Act. Before then, the Scottish Government should urgently progress reforms to the specified person procedures to ensure they appropriately cover modern technology and better reflect human rights.

Complaints recommendations

The Scottish Public Services Ombudsman remit should be extended to allow it to:

- Oversee and drive a more holistic and human rights based approach to considering complaints for people with a mental or intellectual disability across health, social care and other public services.
- Share learning and best practice on complaint resolution and handling across Scotland.

The legislative restriction whereby the Scottish Public Services Ombudsman can only accept complaints in alternative formats 'in exceptional circumstances' should be removed.

The Scottish Public Services Ombudsman should work with provider organisations, the Care Inspectorate, Healthcare Improvement Scotland, the Mental Welfare Commission and the Office of the Public Guardian, to support a lived-experience led change project to design a complaints system that better meets the needs of people with mental health and capacity issues and which is based in human rights. To support this: We recommend an improvement methodology for testing this new model. Our work has shown that to be based within a human rights approach and to address barriers people experience in the current system, it should:

- Have complainants as active, trusted and valued participants in a dialogue about the decisions that affect them.
- Be developed by complainants and their families, with complaint handling bodies as partners.
- Look towards more solution-focused and collaborative ways to share concerns without necessarily having to escalate them to complaints.
- Have meaningful processes to monitor, follow-up and report on issues raised which allow us to: Know the outcomes in terms of what difference was made to the individual or what changes were made to the services.
 - Identify patterns or themes which may indicate systemic issues and be fed back into the system for learning and development.
 - Gather equality data to understand and monitor who the system is working for and who it is excluding.
- Support people to share their experiences in the way that works best for them. This could include the involvement of peer workers, having access to specialist clinicians, or providing people with additional training on communication methods, mental illness or anti-racism.
- Have a single point of access for the system.
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	<p>Independent collective advocacy recommendations People with mental or intellectual disability should have a right to collective advocacy.</p> <p>There should be a legal duty on the Scottish Government to secure and support effective collective advocacy organisations for people with a mental or intellectual disability at a local and a national level.</p> <p>The Scottish Independent Advocacy Alliance (SIAA) and collective advocacy organisations should work with collective advocacy members and workers to lead on the development of:</p> <ul style="list-style-type: none"> ○ A system for supporting, monitoring and evaluating collective advocacy groups. This system needs to respect their independence and be meaningful to the groups, commissioners and the public. It may build on the existing SIAA standards. ○ An opt-in programme of advocacy related learning to support the development of more advocacy workers and peer leaders. This will include training on anti-racism, intersectionality and human rights. <p>Collective complaints recommendations Individual and collective advocacy groups should have an explicit right to raise a court action for human right breaches.</p> <p>This right must be supported by access to legal advice, guidance and support for groups who wish to take this step.</p> <p>Individual and collective advocacy groups should be able to refer systemic human rights concerns to the Scottish Public Services Ombudsman. The Ombudsman’s role should be extended to allow them to investigate these as a collective complaint.</p> <p>The Mental Welfare Commission and advocacy groups should develop a participatory referral process to escalate human rights issues that remain unresolved and unaddressed by services to the Mental Welfare Commission to investigate and, if appropriate, initiate legal action</p>
<p>Independent Advocacy for Carers</p>	<p>Carer Awareness Training recommendations NHS Education for Scotland in partnership with unpaid carers and National Carers’ Organisations should develop Carer Awareness Training for all staff working with people with mental or intellectual disability across health and social care settings. This training should:</p> <ul style="list-style-type: none"> ○ Cover the rights of all unpaid carers as enshrined in legislation. ○ Have local unpaid carers and carer services involved in its delivery at local levels where this is possible. ○ Become best practice within pre-registration requirements for professionals across health and social care settings. ○ Become best practice in the induction process for staff in third sector organisations. ○ Become best practice in continuing professional development ○ Respect and value the diversity and intersecting characteristics of unpaid carers, including cultural differences and the needs of young carers. ○ Be supported by the development of measures to monitor and assess its effectiveness in improving outcomes for carers and staff, including levels of staff awareness, knowledge and confidence in protecting, promoting and fulfilling the rights of unpaid cares of all ages, and the difference it makes to the experience of unpaid carers. Best practice engagement framework <p>The Scottish Government should support the development of a national framework to ensure the identification and meaningful engagement of unpaid carers to be used in all services supporting people with a mental or intellectual disability, including Child and Adolescent Mental Health Services. Its development and implementation should be coordinated by Carers Trust Scotland with support from National Carer Organisations, including Scottish Young Carers Services Alliance. The framework should:</p> <ul style="list-style-type: none"> ○ Adopt and extend the Triangle of Care. ○ Include quality indicators for monitoring impact, compliance and criteria which reflect the rights of unpaid carers, enshrined in the Carers (Scotland) Act and human rights



	<p>entitlements. Healthcare Improvement Scotland should be involved in the development of these quality indicators in partnership with Carers Trust Scotland and inform an improvement approach to implementation. Involving, valuing and supporting unpaid carers</p> <p>The Scottish Government should support the development of a national dedicated independent advocacy service for unpaid carers. This service should include culturally accessible advocacy for carers of ethnic minority people.</p> <p>The Scottish Government must ensure the development of culturally appropriate respite services</p>
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Appendix 6: Supporting Engagement: Relevant Key Legislation Review

In 2022, the Scottish Government asked for an independent review of three key pieces of legislation relevant to this Advocacy Strategy, these are:

- Mental Health (Care & Treatment) (Scotland) Act 2003,
- Adults with Incapacity (Scotland) Act 2000 and
- Adult Support and Protection (Scotland) Act 2007

The aims of this review were to improve the rights and protections of persons who may be subject to the existing provision of mental health, incapacity or adult support and protection legislations as a consequence of having a mental disorder, and to remove barriers to those caring for their health and welfare.

There are a number of recommendations from this review that relate to advocacy, the Partnership is committed to continuing to work with the Scottish Government and the Mental Health Welfare Commission as the plans to implement these recommendations develop. A full list of the recommendations arising from this review can be seen below.

Recommendation 4.6	The Scottish Government should align legislation and policy to ensure consistency regarding the definition of Independent Advocacy, the right to access it and how it is commissioned and funded for adults. This should include consideration of an opt -out service of Independent Advocacy. An equivalent process should take place for children and young people
Recommendation 4.7	The Scottish Government should ensure independent individual and collective advocacy is sustainably funded. The Scottish Government must ensure culturally appropriate independent individual and collective advocacy provision.
Recommendation 4.8	The Scottish Government should consider a national advocacy service.
Recommendation 4.9	The Scottish Government and the Scottish Independent Advocacy Alliance, working with other independent individual advocacy groups should develop a national register of independent individual advocates.



Recommendation 4.10	The Scottish Government and the Scottish Independent Advocacy Alliance, working with other independent individual advocacy groups should develop a national training programme for independent individual advocates that recognises the need to ensure access to all those who would wish to work in this field.
Recommendation 4.11	The Scottish Government should assure an existing or new organisation should have responsibility for monitoring and continuing development of independent individual advocacy.
Recommendation 7.3	The Scottish Government should support the development of a national dedicated independent advocacy service for unpaid carers. This service should include culturally accessible advocacy for carers of ethnic minority people.
Recommendation 11.2	There should be a formalised network of bodies involved in the scrutiny of mental health services. This should include Healthcare Improvement Scotland, the Care Inspectorate, Audit Scotland, the Mental Welfare Commission, the Office of the Public Guardian, Public Health Scotland, the Scottish Public Services Ombudsman and collective advocacy organisations. Other members may include professional regulatory and training bodies.
Recommendation 11.6	The MWC should strengthen the involvement of people with lived experience in their management, staffing and wider engagement, and should have a responsibility to co-operate with collective advocacy organisations.
Recommendation 11.22	People with mental or intellectual disability should have a right to collective advocacy.
Recommendation 11.23	There should be a legal duty on the Scottish Government to secure and support effective collective advocacy organisations for people with a mental or intellectual disability at a local and a national level.
Recommendation 11.24	The Scottish Independent Advocacy Alliance (SIAA) and collective advocacy organisations should work with collective advocacy members and workers to lead on the development of: <ul style="list-style-type: none"> • a system for supporting, monitoring and evaluating collective advocacy groups. This system needs to respect their independence and be meaningful to the groups, commissioners and the public. It may build on the existing SIAA standards. • an opt-in programme of advocacy related learning to support the development of more advocacy workers and peer leaders. This will include training on anti-racism, intersectionality and human rights.
Recommendation 11.25	Individual and collective advocacy groups should have an explicit right to raise a court action for human right breaches.



Recommendation 11.27	Individual and collective advocacy groups should be able to refer systemic human rights concerns to the Scottish Public Services Ombudsman. The Ombudsman’s role should be extended to allow them to investigate these as a collective complaint.
Recommendation 11.28	The Mental Welfare Commission and advocacy groups should develop a participatory referral process to escalate human rights issues that remain unresolved and unaddressed by services to the Mental Welfare Commission to investigate and, if appropriate, initiate legal action.
Recommendation 12.16	The duties in the Mental Health Act to secure advocacy should be strengthened to ensure that any child with a mental or intellectual disability is made aware of their right to independent advocacy and is able to obtain this when needed.

Appendix 7: People First Fife Conference 2023

During March 2023 People First Fife held a conference for Members only to attend to raise issues or topics of discussion that are important to them and to discuss as a wider group. Members agreed to share their responses with the Fife HSCP Participation & Engagement Team for the use of this report.

Advocacy and People First

My Rights, My Life Event in Fife

Section	Question	Responses
<u>Part 1</u>	What is life like for you?	Hard and horrible Life is a thing that comes and goes. Life is good. Difficult- sometimes hard. Not very good.
	Do you feel like you can speak up for yourself?	We can speak up for ourselves. I find it hard to speak up for myself. Sometimes, not always and it also depends on what it is. I need support Sometimes yes.
	Who do you turn to when you need some help or support?	When we need some help we turn to carers or my family for help and support. Turn to People First, family and friends.
<u>Part 2</u>	Have you ever been in a situation where you have not felt listened to about a big decision?	People that you talk too don't always listen. Yes about going to the centre I don't get a say about where I live No, we have felt listened to regarding big decisions. The council don't listen
	What do you think Advocacy is?	Advocacy is supporting people who may be at risk to stay safe. Stick up for your rights. Speaking up for yourself, saying your views and opinions.



	Why do you think Advocacy is important?	<p>Gives a voice to the voiceless. Supports people's health. Can be someone to speak on your behalf. Lots of people don't get enough support. Some people are more likely than others to be treated unfairly. Some have no family or friend. Some people find family and friends may be part of the problem. Some people only have paid workers in their lives. May not agree with what others say. Sometimes people can't always understand what you are telling them. Helping and supporting others.</p>
	Why is it important in your community? What have you been able to achieve through having advocacy support?	<p>Yes, advocacy has supported me to make informed decisions throughout all aspect of my life. To campaign for change. Develop opinions. Advocacy helped us put don't across.</p>
<u>Part 3</u>	In Fife – is it a good or a bad thing to have groups to go to where you can talk about issues?	<p>Yes, it is good to have groups to go too and discuss about issues I may have. In some cases people with a learning disability get chances to speak up through advocacy from carers, family, others however, may not get the chance. Collective advocacy lets us talk to each other, hear each other and we listen. I'm so glad we have People First Being together in groups helps – people with the same thing that has happened to them.</p>
	Do you think that People with a Learning Disability get chances to speak up and tell people what they think?	<p>Majority said no. Sometimes people pretend to listen.</p>
	Can you think of a situation where you wish you had Advocacy or knew about it?	<p>Wish I knew about advocacy earlier. I wish I knew about advocacy after college When getting my house When I had a Social Worker</p>