Lang May Yer Voice Sound: Sustaining Collective and Citizen Advocacy Models

SIAA Position Paper

May 2025

Scottish
Independent
Advocacy
Alliance

Scottish
Independent
Advocacy
Alliance

SIAA Position Paper | 2025

Lang May Yer Voice Sound: Sustaining Collective and Citizen Advocacy Models

Contents

Executive Summary

Current Context and Concerns

The Scottish Independent Advocacy Alliance (SIAA) has identified that models of independent advocacy, particularly collective advocacy and citizen advocacy, are increasingly vulnerable to funding reductions amid widespread cuts to public and third sector services. This comes at a time when demand for independent advocacy is rising significantly across Scotland, with 71% of SIAA members reporting unmet needs for advocacy services.

Independent advocacy plays a vital role in helping individuals and groups understand and realise their rights, especially those facing barriers to having their voices heard. This human rights-based approach aligns with international frameworks such as the United Nations Convention on Rights of Persons with Disabilities (UNCRPD) and the United Nations Convention on the Rights of the Child (UNCRC).

Independent Advocacy Models at Risk

Independent advocacy ensures everyone has the right to be heard by addressing power imbalances and supporting human rights through structural, financial, and psychological independence.

Two vulnerable models:

- **Collective Advocacy**: Creates spaces for people to explore shared issues and find stronger voices to influence decisions affecting their lives
- **Citizen Advocacy**: Involves unpaid citizens developing one-to-one, long-term relationships with people who need support in the community

Legal Framework and Strategic Planning

The Mental Health (Care and Treatment) (Scotland) Act 2003 establishes a clear right of access to independent advocacy for all people with a mental disorder—whether or not they are subject to compulsory measures. This right explicitly includes both collective and citizen advocacy, with local authorities and NHS Boards having a duty to ensure these services are available.

Despite this legal framework, strategic advocacy planning remains incomplete across Scotland. As of 2023, only 18 of 32 local authority areas had a strategic plan in place, with just 11 plans being up to date. Proper strategic planning could help navigate the complex landscape of independent advocacy in policy and law, allowing for local solutions to funding and provision challenges.

Cost-Effectiveness and Value

Research demonstrates that independent advocacy represents excellent value for public funds. The 2025 "Independent Advocacy for Independent Lives" report found that for every £1 spent on advocacy services, there were savings of approximately £7 to the National Health Service and £5 to local authorities. Despite the right of access established in the 2003 Act, in practice, only 5% of entitled individuals can actually access independent advocacy services.

Recommendations

- **Strategic Planning**: Ensure Health and Social Care Partnerships have up-to-date strategic advocacy plans that fulfil their duties under the 2003 Act to secure availability of independent advocacy services for those with a right of access.
- **Quality Evaluation**: Use the "Outcomes Framework: Toolkit for Demonstrating Impact of Independent Advocacy" and the "Independent Advocacy Guide for Commissioners" to build understanding of commissioning and evaluating independent advocacy.
- **Prevention-Focused Funding**: Commissioners should reframe funding for collective and citizen advocacy as strategic prevention-focused investment that meets community needs by embedding a human rights culture in a place-based way, while optimising public expenditure

SIAA believes that high-quality independent advocacy is essential for ensuring people's voices are heard and their rights upheld. Well-resourced collective and citizen advocacy can lead to significant savings for public funds by helping individuals navigate systems, enhancing self-advocacy skills, and improving access to communities while addressing barriers to realising rights.

Introduction

The Scottish Independent Advocacy Alliance (SIAA) advocates for independent advocacy. SIAA has been dedicated to promoting and supporting independent advocacy in Scotland for over two decades. With a focus on its provision, quality, and accessibility, we provide support to independent advocacy organisations throughout the country and maintain a national perspective that enables us to identify and promote best practices.

SIAA has 32 member organisations that offer collective and individual independent advocacy in various settings, including communities, hospitals, and prisons. The majority of this is provided in-person to ensure it is accessible and person-centred. Our members work within the Independent Advocacy Principles, Standards and Code of Best Practice, which emphasise the PANEL principles of Participation, Accountability, Non-discrimination, Empowerment, and Legality. This human rights-based approach is pivotal in helping individuals and groups understand how their rights apply to their situations, ensuring that independent advocacy is enabling rights to be realised and voices to be heard across Scotland.

It is widely recognised that public services and the third sector are currently under significant pressure across the country. Debates surrounding long medical waiting times, hospital bed shortages, and unmet social care needs are regularly discussed in the media and policy forums. Similarly, independent advocacy organisations have faced challenges in maintaining their services in recent years. Many SIAA member organisations have, for the first time in recent history, begun operating waiting lists due to increased demand. Overall, there is a growing need for independent advocacy, while funding remains static or has decreased. SIAA acknowledges that commissioners and funders are working within challenging financial constraints, which often result in budget reductions for independent advocacy organisations and more restrictive eligibility criteria for people trying to access independent advocacy.

Within the context of wide-ranging funding cuts to the public and third sector, SIAA are particularly concerned that models of independent advocacy, such as

collective advocacy and citizen advocacy, are increasingly vulnerable to funding reductions. This paper aims to enhance understanding of the duties to provide different models of independent advocacy, their positive impact on individuals and local communities, as well as the potential cost savings for public services that these advocacy models can facilitate.

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, and ensuring that an individual’s human rights are recognised, respected, and secured. Independent advocacy is especially important when individuals or groups are not heard, are vulnerable or are discriminated against. This can happen where support networks are limited, someone has been affected by trauma or if there are barriers to communication. Independent advocacy also enables people to stay engaged with services that are struggling to meet their needs. Independent advocacy can have a preventative role and stop situations from escalating, and it can help individuals and groups being supported to develop the skills, confidence and understanding to advocate for themselves.

Why is independence important?

SIAA are clear that the components of independent advocacy identified by SIAA members through their collaboration on the Independent Advocacy Principles, Standards and Code of Best Practice, should be the basis upon which independence is understood by advocacy partners, policy makers, funders and commissioners. This definition comprises of ‘**structural, financial and psychological independence**’ being the key components of independent advocacy.

Structural and financial independence are fundamental to establishing and maintaining the independence of the organisation providing independent advocacy. Structural and financial independence enable independent advocacy workers to have psychological independence. Psychological independence is a part of the practice of independent advocacy, as well as speaking to the quality of independent advocacy provision.

Psychological independence enables:

- Trust to be built with advocacy partners. Which is essential when people have low trust in public services as a result of poor experiences of them or experiences of trauma.
- Awareness of and active minimisation of conflicts of interest.
- A person-centred practice that does **not** take a 'best interests' approach.
- A human-rights based approach.
- Independent advocacy to be an 'everyday' accountability tool.

What has changed? Increased need and reduced funding for independent advocacy

SIAA member organisations have experienced increases in referrals for independent advocacy dating back to before the 2020 pandemic. 71% of SIAA members that reported to us in 2023 identified groups with an unmet need for independent advocacy. Members also report an increase in complexity of referrals, which means that advocacy partners need more time with independent advocacy workers to navigate the barriers they are facing.

In 2024, the Mental Welfare Commission reported the highest number of welfare guardianship recorded and noted that guardianships had doubled in the last 10 years. The Commission also found that numbers of detentions of people in Scotland for compulsory mental health care and treatment rose in 2023-24, while safeguards fell. As a human rights-based practice that enables participation, independent advocacy can be a form of safeguarding for people that fall under the Mental Health (Care & Treatment) Act 2003, which governs how detentions are carried out nationally. Scotland's 2022 Census found an increase in reporting of health conditions. The percentage of people reporting a mental health condition in the census increased from 4.4% in 2011 to 11.3% in 2022. This was the largest increase across condition types.

The increases in the number of guardianships and mental health-related detentions, as well as the substantial increase in people reporting a mental health condition is significant for independent advocacy. These groups of people not only have a right to independent advocacy under the 2003 Act, but they are also the ones who often face the greatest barriers in having their rights fully realised.

To explore what a robust response to increasing need for independent advocacy might involve, it is important to first understand 'what should happen?' with independent advocacy provision in Scotland. In other words, what does international law and national law and policy say about independent advocacy.

What should happen? Independent advocacy in law and policy

International human rights law

Independent advocacy plays a vital role in supporting specific human rights and serves as a broad mechanism for promoting the realisation of rights across various aspects of peoples' lives. It facilitates active participation, raises awareness of rights and choices, and functions as an ongoing means of accountability. International human rights laws clearly emphasise that participation is fundamental to the realisation of human rights, especially for groups that may encounter barriers in having their perspectives heard and valued. Both the United Nations Convention on Rights of Persons with Disabilities (UNCRPD) and United Nations Convention on the Rights of the Child (UNCRC) contain articles dedicated to the importance of voice and participation.

UNCRC Article 12 gives children the right to express their views and be taken seriously. This right applies at all times, including during court proceedings, housing decisions and the child's day to day home life. Article 12 is a key principle of the UNCRC, meaning that it helps to interpret all the other articles and plays a fundamental role in realising all the rights in the Convention for all children.

The UNCRPD Article 12 recognises that disabled people have legal capacity on an equal basis with others. To ensure that this is a reality for disabled people it requires that states must provide them with access to support in order to exercise their legal capacity. This is called supported decision-making. The Mental Welfare Commission's 2024 Guidance states that 'the purpose of supported decision-making is to ensure that the individual's will, and preferences are central to and fully respected in decisions that concern them.'

Independent advocacy is one of the methods of supported decision-making recommended by the UNCRPD Committee. Although the UNCRPD is not part of Scots law yet, the UNCRC has been brought into Scottish domestic law. On 16 July 2024 the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force. This legislation gives babies, children and young people routes to redress in Scots law if a public authority has breached their rights under the convention.

These international human rights laws highlight the centrality of participation and voice to the human experience, for people in Scotland and beyond.

Scottish law and policy related to independent advocacy

The right of access to independent advocacy within the Mental Health (Care and Treatment) (Scotland) Act 2003 is critically important to the provision of independent advocacy in Scotland. Independent advocacy should be made available in connection with other Scottish laws and policy areas, but the right in the 2003 Act provides the strongest access and can interact with other policy areas. This is because it is a broad right which is not connected to specific statutory processes, such as a Mental Health Tribunal, Guardianship or Children's Hearing. This is made clear in The Mental Welfare Commission's 2017 guidance on working with independent advocates:

"It is important to note that this right is for all people with a mental disorder; whether or not they are subject to compulsory measures under the Act; whatever their need for advocacy and whether or not they are incapacitated, or have communication difficulties. The Act gives people a right of access to both collective and individual advocacy, including citizen advocacy. The 2003 Act confers a duty on each local authority and each NHS Board to work collaboratively to ensure that independent advocacy services are available to people with a mental disorder. Ensuring that the services are available is not sufficient though; it is also incumbent upon these two bodies to ensure that staff ‘take appropriate steps’ to ensure that people are informed about the availability and remit of independent advocacy and have the opportunity to access advocacy services.” (page 3)

In brief, there are seven Scottish laws that mention independent advocacy and where there is connected provision for individuals and groups;

- Adults with Incapacity (Scotland) Act 2000
- Mental Health (Care & Treatment) (Scotland) Act 2003
- Adult Support and Protection (Scotland) Act 2007
- Education (Additional Support for Learning) (Scotland) Act 2009
- Children's Hearings (Scotland) Act 2011
- Social Care (Self-directed Support) (Scotland) Act 2013
- Social Security (Scotland) Act 2018

A further two laws, both relating to children, have not yet been implemented:

- Children (Scotland) Act 2020[1]
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024

Independent advocacy is also a key part of ongoing policy work and strategy related to substance use, care arrangements and dementia:

- Medication Assisted Treatment (MAT) Standards - Standard 8
- Scottish Government’s 10-year Dementia strategy: Everyone's Story
- Staff and registered service summary guidance on the use of 13ZA, Social Work (Scotland) Act 1968

---

[1] The Children and Young People's Commissioner Scotland provides information on the delay in implementation of the Children (Scotland) Act 2020 on the Commissioner’s website: **Non-Implementation of Acts of the Scottish Parliament**

Although it is positive that many areas of Scots law and policy mention independent advocacy, it does create a complex picture of what is actually available for people wanting to access independent advocacy. This is due to several factors, including:

- Inconsistent definitions of independent advocacy across law and policy.
- Inconsistent wording around access to independent advocacy e.g. some laws provide the right of access, whereas others say Scottish Ministers should ensure that an ‘advocacy service is available upon request’
- Mix of local and national funding which means provision is funded in a myriad of way. Independent advocacy funded might be connected to a marginalised group, a broad policy area, a specific settings e.g. forensic mental health, or a statutory process or service e.g. Mental Health Tribunal or social security. This creates complexity as well as gaps in provision.

Strategic advocacy planning

Strategic advocacy planning enables navigating the complexity of independent advocacy landscape in policy and law, allowing for finding local solutions to funding and provision challenges. That is, strategic advocacy planning. An update to the Mental Health Act in 2015 created new duties for local authorities and health boards: notifying the Mental Welfare Commission how they have ensured access to advocacy services up to now, and how they plan to do so in the future. The Commission’s most recent 2023 report found that of 32 local authority areas, only 18 respondents confirmed having a strategic plan in place; only 11 plans were said to be up to date. The remaining 13 areas did not have strategic plans, with 10 having been in the process of developing one, and 3 areas reported having no plans at all at that stage.

There is clear guidance outlining best practices for strategic planning within the Scottish context. Certain elements of this guidance are particularly pertinent when considering the strategic development of independent advocacy, especially in relation to human rights, prevention, and participation. The Scottish Government’s Health and social care - strategic plans: statutory guidance emphasises prevention, as articulated in the Christie Commission’s pillars, as a central component of local strategic planning, alongside the active participation of individuals and communities. The National Health and Wellbeing Outcomes Framework highlights the importance of a human rights-based approach and underscores that Integration Authorities' strategic planning should embed a 'preventative and anticipatory approach to commissioning services – rethinking how best to meet the needs of communities.' Many of the nine Outcomes in the Framework are enabled by place-based, high quality independent advocacy provision. Healthcare improvement Scotland's (HIS) Strategic planning: good practice framework also identifies two relevant principles: firstly, that effective strategic planning should 'maximize the use of existing local user, carer, and advocacy groups, as well as national representative bodies,' and secondly, that the vision and values underpinning strategic plans should prioritise prevention. Well-resourced independent advocacy fosters a culture rooted in human rights, promotes participation, and supports prevention by assisting services to engage with people and communities where they are.

Strategic advocacy planning can be enhanced by understanding how to effectively evaluate the quality of independent advocacy. SIAA have co-produced the **Outcomes Framework: Toolkit for Demonstrating Impact of Independent Advocacy** to support independent advocacy organisations, their funders and commissioners to understand how to monitor independent advocacy. The toolkit has practical recommendations and examples of what can be measured and what that data can tell you about the quality and impact of independent advocacy.

SIAA believe strategic advocacy plans could be improved upon, and we are keen to work with stakeholders to develop an understanding of how SIAA can support work in this area.

When independent advocacy is funded sustainably it saves public resources

SIAA are clear that in order for independent advocacy to be high-quality it needs to be truly independent, rooted in local communities or communities of interest, sustainably resourced and connected to other independent advocacy organisations across Scotland. For independent advocacy to be accessible for advocacy partners, there should be choice in how independent advocacy is provided. This means that if an advocacy partner requires or prefers in-person independent advocacy, this should be provided. This ensures it is person-centred and trauma-informed. Where grassroots, high-quality independent advocacy is available, it can lead to significant savings for public funds by aiding individuals in navigating systems, enhancing their self-advocacy skills and confidence, and improving access to communities while addressing barriers to realising their rights.

The 2025 report, co-authored by Social Finance, 'Independent Advocacy for Independent Lives', which looked at Henry Smith Charity-funded independent advocacy across the UK, undertook a financial analysis for independent advocacy services. This showed that for every £1 spent on advocacy services, there were savings of approximately £7 to the National Health Service and of £5 to local authorities. The report also found that independent advocacy can potentially contribute to wider economic benefits by helping people improve their well-being, gain greater independence and participate more actively in society (including employment). It is important to note that the report looks at 'non-statutory' independent advocacy. In the Scottish context, 'statutory' and 'non-statutory' independent advocacy framing does not apply as it does in other parts of the UK. In Scotland, people with a learning disability and autistic people, the groups that the Henry Smith fund covered grantees to work with, already do have a right of access to independent advocacy under the Mental Health (Care and Treatment) (Scotland) Act 2003. This right is not limited to statutory processes; this is made clear in The Mental Welfare Commission guidance on working with independent advocates. In practice, only 5% of people that have the right in Scots law to independent advocacy can actually access it, which is noted in the Scottish Mental Health Law Review published in 2022. The Independent Review of Learning Disabilities and Autism in the Mental Health Act highlighted that although autistic people and those with an intellectual disability have the right to access independent advocacy under the 2003 Act, the reality is that people do not have equal access. The low uptake of the right to independent advocacy is due to local interpretation of the law being too narrow and limited resources being allocated for independent advocacy organisations.

What exists? Independent advocacy organisations and their resources

SIAA has 32 member organisations that provide independent advocacy across Scotland. In 2025, three organisations within SIAA reported offering citizen advocacy, while sixteen organisations provided collective advocacy. Given the identified gaps in provision noted by SIAA members and independent reviews, it is evident that independent advocacy is significantly underfunded throughout Scotland. Additionally, the availability varies depending on the local area due to funding.

Citizen advocacy and collective advocacy are both models of independent advocacy that share the same **Principles, Standards & Code of Best Practice** as other more commonly funded forms of individual issue-based independent advocacy.

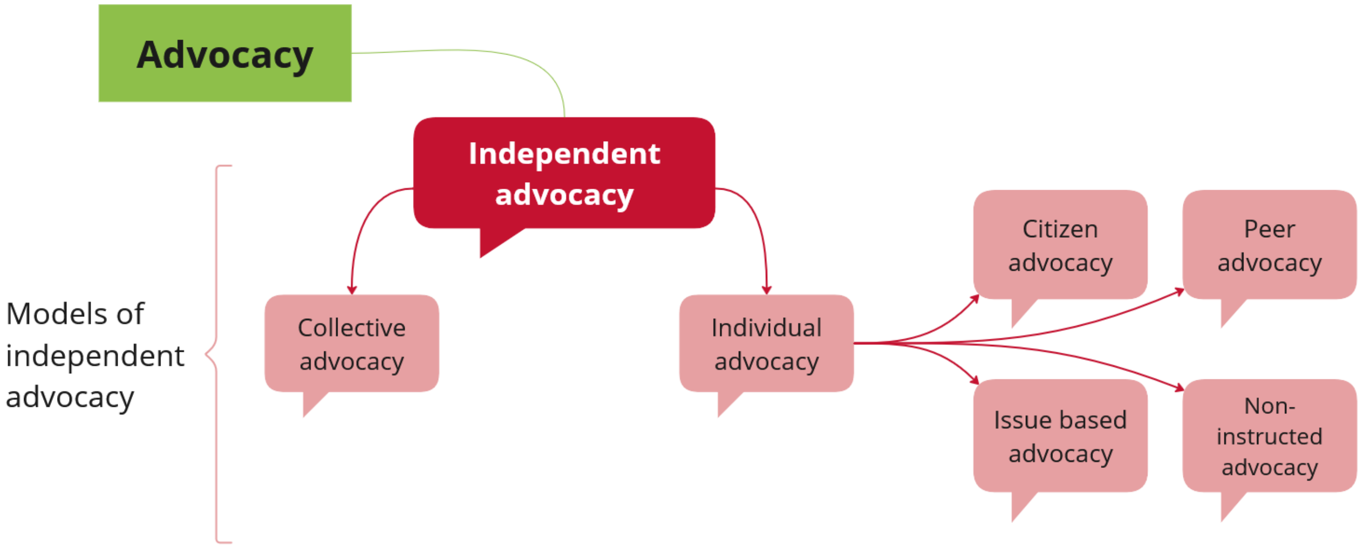

Figure 1: Models of independent advocacy

Collective advocacy

Collective advocacy creates spaces for people to get together, support each other to explore shared issues and find common ground. It supports people to speak up about their experiences, values and expectations. It enables people to find a stronger voice, to campaign and influence the agendas and decisions that shape and affect their lives. Collective advocacy can help planners, commissioners, service providers and researchers to know what is working well, where the gaps are in services and how best to use resources effectively to tackle issues. It helps legislators and policy makers to create opportunities for people to challenge discrimination and inequality and helps people learn to become more active citizens. Collective advocacy groups benefit from skilled help from an independent advocacy organisation and with the support of resources. Key support activities include:

- Coordinating and managing administrative functions for the group
- Providing information about relevant service systems
- Leveraging the independent advocacy organisation's networks to identify opportunities for engagement and amplify the group's voice
- Facilitating group processes while maintaining independence
- Assisting the group in effectively communicating across expression styles
- Developing innovative methods to collate and present findings

These activities are essential for achieving the group's intended outcomes and ensuring the delivery of high-quality independent advocacy.

The independent advocacy Code of Best Practice has specific indicators that apply to collective advocacy.

CAPS Independent Advocacy collective advocacy example:

CAPS Independent Advocacy's Seen But Not Heard Eating Disorders collective advocacy group decided that there was no information for people who suspected they might be starting to have disordered or controlling thoughts about eating. They conducted a survey of local GPs to assess their knowledge and GPs admitted they didn't know enough about Eating Disorders or have any resources to offer people. The group produced a booklet which was distributed to all GP surgeries in Lothian, along with a short guide for GPs too. It's available on CAPS website and still used today.

Citizen advocacy

Citizen advocacy occurs when an ordinary citizen is encouraged to become involved with a person who might need support in the community. The advocacy partner might experience social isolation or unfair treatment. The citizen advocate is not paid. For many people their citizen advocate is the only person not paid to be in their life and here the impact of having a citizen advocate cannot be overstated. The relationship between the citizen advocate and the advocacy partner is on a one-to-one, long-term basis. It is based on trust between the partner and the citizen advocate and is supported, but not influenced, by the advocacy organisation. Citizen advocacy can often have a preventative role as the advocacy partner becomes more connected to their local community through the trusting relationship they have built with their citizen advocate.

Independent advocacy organisations are an essential part of the citizen advocacy, they support by:

- Facilitating the matching process by ensuring appropriate and effective pairing of advocate and partners.
- Providing training and learning opportunities.
- Offering support by way of ongoing supervision and exploring any issues that arise.
- Increasing community awareness about the importance and availability of citizen advocacy.

Dunfermline Advocacy example of citizen advocacy:

Agnes had lived in Lynebank Hospital for some years when there was no one to look after her after her mother died. She then moved into a flat in Dunfermline with staff support and in 2001 was introduced to Beryl, who has been her Citizen Advocate ever since. They shared a love of animals and walking Beryl's dogs together was the focus for establishing their partnership.

After 3 years, Agnes' mobility deteriorated and she had to move to a more accessible flat – this meant a move to Kirkcaldy, to unfamiliar surroundings and staff. Agnes found the move very unsettling and Beryl found herself speaking up for Agnes to ensure as much continuity as possible in Agnes' care and support. Beryl's close relationship with Agnes meant she was able to confidently represent Agnes and express her concerns and wishes.

Over the years Beryl has always been there at Agnes' care review meetings, has accessed help to obtain mobility allowance and a blue badge, and has sourced funding and support to allow Agnes to go on holidays. The two meet regularly and enjoy each other's company immensely, whether they are just having a cuppa in each other's homes, are out and about for lunch, going to the cinema, or celebrating birthdays and Christmas. 'We are friends for life!' says Beryl.

What does guidance say about citizen and collective advocacy?

As noted above, the Mental Welfare Commission's 2017 guidance on working with independent advocates, makes it completely clear that the 2003 Act gives the right of access to collective advocacy and citizen advocacy:

"It is important to note that this right is for all people with a mental disorder; whether or not they are subject to compulsory measures under the Act; whatever their need for advocacy and whether or not they are incapacitated, or have communication difficulties. The Act gives people a right of access to both collective and individual advocacy, including citizen advocacy."

The Code of Practice Volume 1 for the Mental Health (Care & Treatment) (Scotland) Act 2003 provides additional clarification and states that provision of independent advocacy may be for one to one or group or collective advocacy. The Code further states that: 'Any or all of the various types [models] might be appropriate depending on the circumstances and personal preferences of the patient concerned.'

The Scottish Government's Independent Advocacy Guide for Commissioners from 2013 identifies key factors that underpin good independent advocacy, including:

- advocacy groups should be firmly rooted in, supported by and accountable to a geographical community or a community of interest.
- advocacy groups and those involved as advocates should be constitutionally and psychologically independent of local and national government.
- advocacy groups should not be involved in the delivery of care services or the provision of other services to the individual who requires advocacy.
- different approaches to independent advocacy are needed; there is no best model
- advocacy groups should maintain a clear and coherent focus of effort
- advocacy groups should undergo regular independent evaluation of their work, and commissioners should provide financial support for this.

The Guide (p.14) makes it clear that the right of access is **not limited to adults or people in mental health hospitals**: 'Commissioners thereby have a legal duty to ensure that everyone with a mental disorder in their NHS Board or Local Authority area can access independent advocacy. This duty applies to children and young people as well as adults. It also applies to people living in the community with a mental disorder who may be supported by a wide range of care providers in community settings and also prisoners and is not solely those who are detained under the Act's powers.'

Taken together, the Guide for Commissioners, Code of Best Practice and Mental Welfare Commission's Guidance make it clear that the right of access is not limited to a specific model, setting or subgroup mentioned in the 2003 Act. The increasingly narrow interpretation of the right to independent advocacy in the 2003 Act from Health and Social Care Partnerships means they are not fulfilling their duties under the Act. Underfunding independent advocacy, particularly collective advocacy and citizen advocacy, significantly impacts the scope with which public services have tools to improve systems and get the most appropriate services for people. COSLA have identified that local government want to adopt a renewed focus on prevention and upstream investment to address challenges related to existing and future demand for vital services. Sustainably funding independent collective and citizen advocacy is a clear way to do this as it centres the voices of people using services from an independent perspective and helps people effectively communicate their views.

SIAA recommendations

> “When we talk about rights, we have the benchmark for how everyone must be treated. This standard, which is set out in law, is not optional. If rights are breached this must be remedied and prevented from happening again. This shifts the focus from ‘sticking plasters’ to long-term solutions.” – British Institute of Human Rights

Public services are increasingly facing challenges in upholding people’s rights, such as rights to health, housing or a decent standard of living. In this context, it is essential to support models of independent advocacy, such as citizen advocacy and collective advocacy, which enable communities to develop long-term solutions to their rights-related issues. These models of independent advocacy empower those most directly affected by public service design and decision-making. Evidence from the Social Finance report demonstrates that funding independent advocacy can lead to significant cost savings for public services, underscoring its value. SIAA members are clear about their independence, the quality and accessibility of their work and can support local authorities and health boards to identify areas of independent advocacy need. High quality independent advocacy provision is essential for ensuring the voices of the people in Scotland are heard, and their rights are upheld.

Recommendations

1. Ensure Health and Social Care Partnerships have an up-to-date strategic advocacy plan. Part of strategic advocacy planning should be ensuring they are fulfilling their duties under the 2003 Act to secure availability of independent advocacy services for those with a right of access.
2. Use the Outcomes Framework: Toolkit for Demonstrating Impact of Independent Advocacy and the Independent Advocacy Guide for Commissioners to build their understanding of commissioning and evaluating independent advocacy.
3. Recognize independent collective and citizen advocacy as statutory but also as strategic, prevention-focused investments that foster a human rights culture and maximize public expenditure.

Contact

Rhona Willder, Development Manager - rhona.willder@siaa.org.uk

SIAA is a Scottish Charitable Incorporated Organisation | Charity number SC033576

enquiry@siaa.org.uk | www.siaa.org.uk

The Melting Pot

15 Carlton Road

Edinburgh

EH8 8DL

Note on the paper: This document was written by SIAA staff, edited with assistance from Claude (an AI language model), and then reviewed for accuracy by SIAA staff, board members, and member organizations.