NHS Greater Glasgow and Clyde Joint Advocacy Strategy 2026 to 2029

Executive Summary

Access to independent advocacy is recognised as contributing to health policy goals such as health improvement, equity and involving individuals as partners in mutual health and care services. (Better Health, Better Care: An Action Plan (2007). The NHS and Local Authorities also have a statutory responsibility under a range of pieces of legislation affecting both children and adults such as the Mental Health (Care and Treatment) (Scotland) Act 2003, the Patient Rights (Scotland) Act 2011 and the Children (Scotland) Act 1995, to provide access to independent advocacy for specific groups of people.

This is the updated and reviewed Strategic Advocacy Plan for the reconfigured Six Health and Social Care Partnerships covering the Greater Glasgow and Clyde (GGC) area. It builds on the earlier Advocacy Plans developed by NHS Greater Glasgow Health Board. It has been developed in consultation with stakeholders who have an interest in the delivery of independent advocacy services including staff and voluntary organisations.

The Plan covers Adult Mental Health, Older People's Mental Health, Learning Disability, Forensic Mental Health and Child and Adolescent Mental Health services (CAMHS). Forensic services and The Child and Adolescent Inpatient Units are both regional services hosted by NHSGG&C.

The HSPC's and NHSGGC have a statutory responsibility to provide access to independent advocacy for specific groups of people. The principal legislation placing this duty on Health Boards is **The Mental Health (Care and Treatment) (Scotland) Act 2003**. Section 259 of this Act states that:

"Every person with a mental disorder shall have a right of access to independent advocacy; and accordingly, it is the duty of each Health Board in collaboration with each relevant local authority to secure the availability to persons in its area who have a mental disorder, of independent advocacy services and to take appropriate steps to ensure that those persons have the opportunity of making use of those services."

The Act defines mental disorder as any mental illness, personality disorder or learning disability however caused or manifested so people with dementia and acquired brain injury are also covered by the Act.

Each HSCP has in place Local Commissioning arrangements for the provision of Advocacy Services, however there is no single lead for commissioning advocacy services covering the GGC area. It has been agreed that Glasgow City HSCP will be responsible for the co-ordination and preparation of a Joint Advocacy Strategy covering the GGC area. This reflects the different requirements across each HSCP with the focus on joint planning between NHSGGC and Local Authorities and local Advocacy Services.

Independent advocacy covering the GGC area is currently provided by a number of organisations who cover specific geographical locations and specific care groups. The care groups currently covered include:

- Adults with Mental Ill Health
- Learning Disability
- Children

- Physical Disability
- Dementia
- Prison Healthcare
- Alcohol and Drug Addictions
- Forensic Mental Health
- Regional Child & Adolescent Inpatient Units

Following service user/carer and stakeholder feedback perceived gaps in the current service have been identified for the NHSGG&C area. These include:

- Children with additional support needs
- Children who are non-care experienced
- Young People transitioning from Children to Adult Services
- Children who fall out with the remit of 'Who Cares' and the Children's Hearing Advocacy system
- Asylum Seekers
- People with Sensory impairment (particular emphasis on interpreting access)
- Prisons
- BAME (particular emphasis on interpreting access)
- LGBT Communities
- Carers
- Alcohol and Drug addictions
- Adults who do not fall under any legislative requirement for advocacy support. (Identified as pressure point re managing referrals.

It is recognised that these gaps may differ within each HSCP area. Each HSCP will include plans to identify specific gaps in their area in partnership with local stakeholders.

There are a number of challenges which require focus if these gaps are to be addressed and access to independent advocacy provided for all relevant care groups. GGC has an ageing population which will increase the number of people living with a long-term condition and/or dementia. In addition, HSCPs report increasing demand for community-based services for people with complex and high-level needs. Both of these factors suggest an increased requirement for advocacy services. The financial climate also presents a considerable challenge for all involved in improving outcomes for individuals. The financial situation makes it important that our priorities are based on evidencing the demand for advocacy services and on the effectiveness of advocacy service provision.

In order to address these challenges, the following actions have been identified in each of the HSCP's Planning Frameworks:

The actions identified are:

- Involve service users, carers, and voluntary organisations in service redesign.
- Allocate resources in line with care group and population needs.
- Ensure all service users have appropriate access to high quality information on how to access an appropriate advocacy service.
- Ensure that staff are appropriately trained to recognise the need to refer an individual to an advocacy service.

Section 1

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. (Scottish Independent Advocacy Alliance (SIAA 2023).

The Mental Health (Scotland) Act 2003 defines independent advocacy and states that advocacy is independent if it is not provided by any of the following:

- The relevant local authority
- The relevant Health Board
- Any members of the above i.e. employees
- Any person providing direct health or social care services to the person who is to be provided with advocacy on behalf of any of the above (including independent or voluntary sector organisations providing such services on behalf of the statutory body).

Commissioners thereby have a legal duty under The Mental Health (Scotland) Act 2003 and the range of other pieces of legislation outlined in *Appendix 1* to ensure the availability of independent advocacy in their NHS Board or Local Authority area. This duty applies to children and young people as well as adults. It also applies to people living in the community and in hospital and prison settings.

Access to Independent Advocacy is not merely for individuals subject to detention under the act.

An independent advocacy service is based on the following principles, developed and agreed by the Scottish Independent Advocacy Alliance (SIAA):

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

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

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

Access to independent advocacy can be provided in a number of ways:

- Professional advocacy - Professional advocacy is provided on a one to one basis by either paid or volunteer advocates. The advocate provides an individual with information and support on a specific issue so the support can be either short or long term
- Volunteer advocacy - Volunteer advocates are members of the public who volunteer to provide support to an individual in the community on a one to one, long term basis. Advocacy organisations provide training and support to enable Volunteer advocates to carry out this role

- Group or Collective advocacy - Group or collective advocacy is where a group of individuals are facing a common problem and come together to support each other over specific issues.

“Advocacy changed my life” Research into the impact of independent advocacy on the lives of people experiencing mental illness, produced by the Scottish Independent Advocacy Alliance www.siaa.org.uk) stated:

“Apart from delivering better outcomes for advocacy partners by providing some practical help, our second finding is that advocacy also delivered many “soft outcomes”. The soft outcomes could sometimes be tied to the practical support, the most prominent being that the practical support helped alleviate stress, which in turn led to improved mental health. Other soft outcomes ranged from feeling emotionally supported and listened to, to advocacy support leading to ‘a turning point in life’. In several cases receiving advocacy support eventually lead to advocacy partners feeling more able to advocate for themselves”.

Section 2

Services currently available

Each HSCP is responsible for providing access to independent advocacy within their locality with the focus on joint planning with Local Authorities and local voluntary sector advocacy services.

It should be noted that the services provided within each HSCP are available to all who are subject to The Mental Health (Scotland) Act 2003 , regardless of whether they are currently being cared for out with their home address. Those who are receiving care within Private Healthcare also have the right to access these services.

Current provision of advocacy services are identified below.

Glasgow City HSCP

- The Advocacy Project - The Advocacy Project provides support for adults with Mental Health, Addictions, Dementia, Learning Disability, Physical Disability and those within Prison Healthcare. This service is jointly funded by NHSGG&C and Glasgow City Council.

- Who Cares? Scotland - Provide Advocacy to those Children and Young People who are Looked After by the HSCP

East Renfrewshire HSCP

- The Advocacy Project – The Advocacy project provides a generic service within East Renfrewshire and in addition provides advocacy support to the In-Patient Learning Disability services provided by NHSGG&C. This service is hosted by East Renfrewshire on behalf of all 6 HSCPs across GGC.
- Partners in Advocacy -Provide Advocacy to Children and Young People with Mental Health Issues, involved in the Child Protection process and who have Additional Support Needs. In addition support is provided to those attending Children’s Hearings.
- Who Cares? Scotland - Provide Advocacy to Children and Young People who are Looked After by the HSCP.

East Dunbartonshire HSCP

- Ceartas provides independent advocacy (1:1 and collective) for adults over 16 years in the East Dunbartonshire area, giving priority to those individuals with mental health illness, learning disability, dementia, physical disability, sensory impairment, acquired brain injury, substance use disorder, autism spectrum disorder, and older people.

- In the last year individuals with mental health issues represented 46% of the advocacy's service's current caseload.

- As part of Ceartas' routes into advocacy approach, designed to break down barriers to access, they also provide peer support groups through their De Cafes (for people living with dementia and their carers) and their ABI Café (for people living with an Acquired Brain Injury).

- Thanks to external funding Ceartas are also developing two distinct collective advocacy groups around mental health and substance use disorder.

Who Cares? Scotland provides advocacy support to Care Experienced young people up to the age of 26. They provide individual relationship-based independent advocacy and a broad range of imaginative participatory opportunities for Care Experienced young people. They work on a one-to-one basis with young people helping them to have a say in what is happening to them.

Child and Adolescent Mental Health - West of Scotland Regional Adolescent Psychiatric Inpatient Service (managed by NHSGGC on behalf of the West of Scotland Boards, hosted by ED HSCP)

Partners in Advocacy provide support to young people in their transition to and from inpatient care within the Adolescent Psychiatry Unit at Stobhill Hospital. Funding for the advocacy service is provided through the West of Scotland Skye House Budget. This also covers the Child Inpatient Unit located in the Royal Hospital for Children Glasgow, and occasional work in NHSGGC Community if a young person is discharged on a Community Treatment Order (CTO)

Inverclyde HSCP

- The provision of advocacy services in Inverclyde supports the delivery of outcomes with the Inverclyde Health and Social Care Strategic Partnership Plan 2024-2027, and specifically in relation to the Strategic Priorities of "Improve Mental Health, Wellbeing and Recovery" and "Inclusive, Safe and Resilient Communities".

- The HSCP commissions Voiceability to provide a generic independent advocacy service to adults over 16 years who are resident within the Inverclyde geographical area.

- The service is designed to meet the needs of people that experience a level of disability which impairs their ability to advocate on their own behalf; are carers to someone with eligible needs; and/or have complex needs and are experiencing situations where they are unable to manage without professional advocacy support.

- It is a direct access, and referral based service which is accessible within the Inverclyde area with individuals being supported, where necessary, at various locations including their own home, at other office premises, in hospital or at a tribunal venue.

- A full-time post has been created to specifically meet standard 8 of the Medically Assisted Treatment (MAT) Standards.

- Partners in Advocacy provide services to those attending Children's Hearings.

- Barnardo's - Provide Advocacy to those Children and Young People who are Looked After by the HSCP

West Dunbartonshire HSCP

- Lomond and Argyll Advocacy Service - Support anyone aged 16 or over with a mental disorder and subject to associated legislation including the Mental Health (Care and Treatment) (Scotland) Act 2003, the Adults with Incapacity (Scotland) Act 2000 and where the use of s.13za is being considered. They operate a priority screening tool so that those with the most immediate needs receive a service.
- They have rights-based advocacy project for those receiving support from Alcohol and Drug Rehabilitation Service which is funded via CORRA and WDADP and there is an advocacy worker who attends the local Recovery Cafes in Dumbarton and Clydebank.
- LAAS also hold a monthly surgery at the local Chatty Cafes. They engage with people there who otherwise would not access advocacy services and this increases their community visibility.
- The service reports an increase in the complexity of cases and the overall demand for the service increases year on year.
- Who Cares? Scotland – Provides an independent advocacy services to care-experienced young people, on a one-to-one basis with the aim of helping young people feel respected, included, listened to and understood.
- Carers of West Dunbartonshire – The Carer Support Workers have an advocacy role and support carers to have conversations with services, complete administration tasks, etc.
- They also have a funded Self Directed Support Advocacy Worker who supports carers accessing services via SDS. They have close links with the HSCP and have developed processes and procedures to meet the increasing demands on their service.
- Partners in Advocacy provide services to those attending Children's Hearings

Renfrewshire HSCP

- Renfrewshire HSCP have a commissioned 'Professional Independent Advocacy Service for Adults.' The current contract is scheduled to end this year and the HSCP are currently in the process of re-tendering.

- The service is being commissioned to allow Renfrewshire Council to meet legislative requirements, including:

    a. Adults with Incapacity (Scotland) Act 2000
    b. Children and young people (Scotland) Act
    c. The Community Care and Health (Scotland) Act 2002
    d. Mental Health (Care and Treatment) (Scotland) Act 2003
    e. Public Joint Bodies (Scotland) Act 2014

f. Social Work Scotland Act 1968

g. Equality (Scotland) Act 2010

h. Human rights Act 1998

i. Adult Support and Protection (Scotland) Act 2007

j. The Patient Rights (Scotland) Act 2011

k. The Social Care (Self-Directed Support) (Scotland) Act 2013

- The Service will be provided for adults aged 16 years and over affected by any of the above noted legislation and for children and young people under 16 years of age who are subject to the Mental Health (Care and Treatment) (Scotland) Act 2003. Additionally, adults in receipt of health or care services who are alone, without family or unpaid carers to support them, will be eligible to use the Service.
- The service will include a dedicated Alcohol and Drug Advocacy worker, funded by the Renfrewshire Alcohol and Drugs Partnership
- Barnardo's operate the Hear 4 U advocacy service in Renfrewshire. This service is for children and young people aged 5+ who are on the child protection register or looked after at home or in a kinship placement under a compulsory supervision order.
- Who Cares? Scotland – Provides an independent advocacy services to care-experienced young people, on a one-to-one basis with the aim of helping young people feel respected, included, listened to and understood

Forensic Mental Health (Regional Service)

- Circles provide a specialist forensic advocacy service to inpatients receiving treatment within low and medium secure facilities within Greater Glasgow and Clyde. They also provide a community outreach service for patients discharged within Glasgow. Funding of the forensic independent advocacy service is ring fenced and is jointly funded by the Board and the West of Scotland Forensic Board and National Services Division (NSD)

Child and Adolescent Mental Health - West of Scotland Regional Adolescent Psychiatric Inpatient *Service* (managed by NHSGGC on behalf of the West of Scotland Boards)

- Partners in Advocacy provide support to young people in their transition to and from inpatient care within the Adolescent Psychiatry Unit at Stobhill Hospital. Funding for the advocacy service is provided through the West of Scotland Skye House Budget.

Section 3

Need for independent advocacy services in the area

Table 1

Population Data for NHSGGC Area

Persons		**Age**	
Area	**All Ages**	**18-64**	**65 +**
Scotland	**5,466,00000**		
Council areas			
East Dunbartonshire	109,970	60,514	27,428
East Renfrewshire	96,817	53,444	19,655
Glasgow City	650,300	448,087	91,003
Inverclyde	78,880	46,833	18,168
Renfrewshire	189,170	154,829	34,153
West Dunbartonshire	89,120	55,730	18,495
	1,214,257	819,437	208,902
NHS Board areas[1]			
Greater Glasgow and Clyde	**1,214,257**	**819,437**	**208,902**

Footnote

Robust data is not currently available to assess likely demand for advocacy services however the overall trend can be identified using the population data. Each HSCP will review local advocacy provision in light of their strategic needs assessment, and monitoring and analysis of data related to the use of the commissioned advocacy service to estimate unmet need, this includes this provision of advocacy for Children's Services. Within Forensic Mental Health and CAMH's the local and regional planning structures will assess and review advocacy provision for their services.

Section 4

Raising awareness
Each HSCP will continue to work on a joint basis in relation to advocacy services and are committed to:

- Ensuring that all statutory staff and other professionals have an understanding of advocacy and its role and remit.
- Review continued funding and sustainability of advocacy services.
- Ensuring that all services are fully aware of the advocacy services available in their area.
- Ensure in partnership with advocacy providers that information leaflets and promotional material is widely available within their HSCP area.
- In partnership with advocacy providers and other agencies, continue to provide training and educational opportunities to HSCP staff, to promote the use of advocacy services including the use of multi-agency training opportunities.

Section 5

Outcomes

There are a number of challenges which need to be addressed if access to independent advocacy is to be provided for all relevant care groups. The GGC area has an ageing population which will increase the number of people living with a long-term condition and/or dementia. These individuals have multiple and complex needs and may require support from an independent advocate to ensure they have a say in how these needs are to be addressed. High demands are placed on Carers and access to independent advocacy may be required to enable them to sustain their caring role.

We also recognise that the financial climate presents a considerable challenge for all involved in improving outcomes for individuals. The financial situation makes it important that our priorities are based on evidencing the demand for advocacy services and on the effectiveness of advocacy service provision.

In order to address these challenges, the following actions have been identified in each HSCP's Planning Framework:

- Have distinct mechanisms for service users, and carers to be involved in service redesign and review, taking cognisance of conflicts of interests
- Allocate resources in line with care group and population needs
- Ensure all service users have appropriate access to high quality information on how to access an appropriate advocacy service.
- Ensure that staff are appropriately trained to recognise the need to refer an individual to an advocacy service.

In order to ensure these outcomes are achieved it is recommended that the Advocacy Plan is embedded within the Planning Framework for each HSCP, these Frameworks will provide a cohesive approach to ensuring that access to advocacy is provided within each HSCP.

Section 6

Action plan/ commitments/ how progress will be measured

It is for each HSCP to plan for, commission and monitor the delivery of independent advocacy service within their area. With the overarching strategy in place, HSCPs will be able to take account of this in their planning and review processes.

There should be an agreed process for the regular monitoring and evaluation of an independent advocacy service and provision made within each HSCP to undertake evaluation of advocacy services as part of the re-tendering process. This will evaluate whether the advocacy provider is adhering to the required principles and standards as identified Scottish Independent Advocacy Alliance (SIAA).

Regular monitoring of the numbers and care groups being provided with advocacy and the length of time taken to access an advocacy service will indicate whether advocacy is accessible to all or whether there is unmet need in terms of overall capacity, specific care groups or specific localities.

The monitoring process will include monitoring feedback from users of the advocacy service e.g. questionnaire responses, as a measure of the quality of service provision.

Progress towards achieving these outcomes will be reported to the Strategic Planning Group and IJB within each HSCP.

Section 7

Monitoring and Governance

It is recommended that contracts are put in place with advocacy providers to agree the level and standard of service to be provided. The contracts should be developed in line with the Guide for Commissioners, produced by the Scottish Government. To ensure good practice advocacy organisations must adhere to the principles and comply with the standards set for independent advocacy by the Scottish Independent Advocacy Alliance (SIAA).

The first principle is that independent advocacy puts the people who use it first. This will be achieved by implementing the following standards:

- Independent advocacy is directed by the needs, interests, views and wishes of the people who use it.
- Independent advocacy helps people to have control over their lives and to be fully involved in decisions which affect them.
- Independent advocacy tries to make sure that people's rights are protected
- Independent advocacy values the people who use it and always treats people with dignity and respect

The second principle is that independent advocacy must be accountable. This will be achieved by ensuring that service providers implement the following standards:

- Independent advocacy is accountable to the people who use it
- Independent advocacy is accountable under the law

- Independent advocacy is effectively managed

Independent advocacy must be as free as possible from conflicts of interest. This can be demonstrated by ensuring that:

- Independent advocacy cannot be controlled by a service provider
- Independent advocacy and promoting independent advocacy are the only services which the organisation provides.
- Independent advocacy looks out for and minimises conflicts of interest.

Independent advocacy must be accessible. The standard to be met is that:

- Independent advocacy reaches out to the widest possible range of people regardless of ability or life circumstances.

The reporting will be through the clinical and care governance framework within each HSCP area where there are issues of quality or risk and through the appropriate performance scrutiny channel.

Section 8

Consultation/ stakeholder engagement

Consultation and stakeholder engagement will be an ongoing process through the existing mechanisms within the HSCP's and overseen by each Integration Joint Board. The plan should have specific details about the consultation and engagement which supported the process of developing the plan. This should include participation in the production of a draft plan, in the process of agreeing priorities, and in consultation on the final draft plan.

Each HSCP and Partnership responsible for commissioning advocacy services should following the Guide for Commissioners when engaging with service users and other stakeholders to ensure that appropriate access to advocacy is available through monitoring arrangements and engagement mechanisms.

Conclusion

There are strong partnership links with all HSCP's and advocacy providers within the GG&C area. This provides a strong base from which to undertake the work outlined. This Strategy will be subject to review in 2029.

Section 9

Other Organisations Providing Advocacy Support

This Strategy recognises that whilst HSCPs contract locally with dedicated advocacy services, there are other organisations and individuals that support customers and carers by providing some advocacy as part of a wider supporting remit. These can include:

Community Link Workers

Community Connectors

Carers Centres

Citizen advice Bureaus

Carers/Relatives

Appendix 1

Summary of Legislative Basis for the Provision of Advocacy Services

Mental Health (Care and Treatment) (Scotland) Act 2003

States that “every person with a mental disorder shall have a right of access to independent advocacy”. The Act uses “mental disorder” to refer to any mental illness, personality disorder or learning disability.

Adult Support and Protection (Scotland) Act 2007

The council must “have regard to the importance of the provision” of independent advocacy for adults at risk from harm.

Adults with Incapacity (Scotland) Act 2000

A sheriff at a hearing must “take account of the wishes and feelings of the adult … so far as they are expressed by a person providing independent advocacy”.

Patient Rights (Scotland) Act 2011

Includes a requirement that the newly-established Patient Advice and Support Service can direct patients to various types of support, including any advocacy services.

Children (Scotland) Act 1995

States that children under the age of 18 are entitled to have an advocate or other representative present at a Children’s Hearing.

Children’s Hearing (Scotland) Act 2011

States that the chairing member of a children’s hearing must inform the child of the availability of children’s advocacy services.

Appendix 2

Stakeholder/ Service User Consultation

Following this review each HSCP will ensure that stakeholders are consulted with.