

NHS Greater Glasgow and Clyde Joint Advocacy Strategy 2023 to 2026

West Dunbartonshire
Health & Social Care Partnership

Glasgow City
HSCP
Health and Social Care Partnership

East Dunbartonshire
Health & Social Care
Partnership

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

INVERCLYDE
HSCP
Health and Social
Care Partnership

Renfrewshire
Health & Social Care
Partnership

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 second 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

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 also covers the In-Patient Learning Disability services provided by NHSGG&C.
- 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.
- Partners in Advocacy provide services to those attending Children’s Hearings
- Who Cares? Scotland - Provide Advocacy to those Children and Young People who are Looked After by the HSCP.

East Dunbartonshire HSCP

- Ceartas – Ceartas provides independent advocacy and group advocacy for adults over 16 years in the EDC area, giving priority to mental health, learning disability, dementia, physical disability, sensory impairment, acquired brain injury, addictions, ASD and older people. Individuals with mental health issues represent 44% of the current caseload. Ceartas has adopted a proactive approach working with referrers to prioritise cases and meet demand as far as possible. They work with local GPs and the Community Mental Health Team to minimise the requirement for independent advocacy as far as possible. Ceartas also works with Headway to provide an Acquired Brain Injury (ABI) Café Peer Support Group. Ceartas provides independent advocacy for people with ABI.
- Who Cares? Scotland - Provide Advocacy to those Children and Young People who are Looked After by the HSCP. Partners in Advocacy provide services to those attending Children's hearings.

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 Plan 2016-2019, and specifically in relation to the strategic commissioning theme of Inclusion and Empowerment.
- The HSCP commissions the Inverclyde Advocacy Service to provide a generic independent advocacy service to adults over 16 years within the Inverclyde 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, with a local walk- in base, and provides outreach to communities and other settings, for example inpatient mental health.
- Partners in Advocacy provide services to those attending Children's Hearings.
- Who Cares? Scotland - 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 and the Adults with Incapacity (Scotland) Act 2000. They have a specific project for adults with a learning disability, provide advocacy for adults in hospital where discharge under section 13ZA of the Social Work (Scotland) Act is being considered, and advocacy support for those subject to Adult Support and Protection procedures. They have an addictions advocacy service, funded via CORRA and WDADP to meet Mat Standard 8. They operate a priority screening tool.
- As a demand trend, their accepted referrals increased by 20% between 20/21 and 21/22. The statistics currently suggest that for 22/23 there will likely be another 15-20% increase in demand.
- 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 – Provide advocacy support to carers and will help them to make their wishes clear, express and present their views effectively, and obtain appropriate advice and accurate information.
- Partners in Advocacy provide services to those attending Children’s Hearings

Renfrewshire HSCP

- You First Advocacy - You First Advocacy provide a generic independent advocacy service within Renfrewshire which provides support to people with mental health problems including dementia in Renfrewshire.
- Renfrewshire Carers Centre - Renfrewshire Carers Centre provides a commissioned advocacy service for carers of service users with a dementia diagnosis.

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.

Child and Adolescent Mental Health - West of Scotland Regional Adolescent Psychiatric Inpatient Service (managed by NHS GGC 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		
	All Ages	18-64	65 +
Scotland	5,466,00000		
Council areas			
East Dunbartonshire	108,900	61,813	25,065
East Renfrewshire	96,580	57,033	19,846
Glasgow City	635,640	438,505	85,623
Inverclyde	79,160	48,353	16,169
Renfrewshire	179,390	*115,055	34,153
West Dunbartonshire	87790	55141	17142
	1,187,460	775,900	197,998
NHS Board areas¹			
Greater Glasgow and Clyde	1,187,460	775,900	197,998

Footnote

*** Renfrewshire Data is for 16-64**

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 follow 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 2026.

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

The following were consulted about the Joint Strategy:

Glasgow City HSCP

Mental Health Network Greater Glasgow focus Group which included Your Voice' (an Inverclyde based organisation)

The Advocacy Project Staff & Trustees

The Advocacy Project Service User Group

Mental Health Network Greater Glasgow focus Groups which included Your Voice' (an Inverclyde based organisation)

"In addition to groups with a statutory entitlement to receive advocacy support, this should involve the identification of the most marginalised groups facing the greatest disadvantage, engagement with these groups and the co-production of an advocacy response that ideally suits their needs."

"One area that needs discussion is the potential independence of the advocacy support. Given the potential for a 'conflict of interest' in challenging the advocacy organisation's own funder or host organisation (e.g. a care provider) any strategy should also support the ability of advocacy organisations to ideally seek independent funding beyond local partnerships and statutory organisations. This could be done by evidencing need and by infrastructure support for advocacy providers (e.g. funding information)."

"Another area of discussion is the provision of specialist advocacy. This is advocacy support that requires specialist knowledges and skills in order to meet the needs of specific communities facing particular barriers or issues (e.g. sensory loss communities, young people, etc.). Again we feel that the development of this kind of support could be enabled by the evidencing of need and the provision of infrastructure support to enable local providers to develop these services."

"Often it is a fight to find someone to have a fight with, in order to access a service."

"Members of MHNGG are of the opinion that all investment into advocacy provision is welcome. In addition to meeting safeguards and offering services that people are entitled to, we feel that addressing the needs of our most marginalised communities would reap benefits in terms of improving service provision, individual outcomes and reducing formal complaints. In order to evidence the 'impact' of the advocacy provision the adoption of the Scottish Independent Advocacy Alliance's Toolkit for Demonstrating the Impact of Independent Advocacy could be adopted across the area."

"Undertaking focus groups and our work with people accessing mental health services has led us to believe that generally speaking, there is a low level of awareness relating to advocacy support within both professional and lived experience groups. People tend to associate the support with complaints and adversarial processes such as appeals and tribunals."

“In addition to supporting people, enabling the building of an individual’s capacity to self-advocate we feel is important, particularly if a person faces multiple barriers to their participation in society. We feel that this approach best represents the genuine empowerment of people and enables them to become true partners in their care, treatment and support.”

“MHNGG members feel that the development of specialist advocacy services would improve engagement with communities that face multiple barriers to accessing support and services. Such organisations could provide natural partners to improve broader engagement with these communities also.”

“MHNGG members would like to see an increased access to advocacy support become a key part of the strategic response to the challenges our health and social care services currently face. In addition we foresee an increased level of demand for these services due to the cost of living crisis will place upon people who may need to access these services. We accept that there will be increased demand for services and less money to meet the increased need with, this is why we see effective advocacy as a tool to improve the experience of receiving services and enabling them to become more person centred.”

The Advocacy Project Service User Group

“From our experience, people receiving advocacy support are not always aware of the wider aspect of advocacy. This felt like it was because their advocacy worker was focusing on their immediate needs. It is good to have the description.”

“It would be interesting to know how the current gaps listed were identified. Are the gaps because of:

a) Lack of funding: Could that be addressed with volunteers.

b) Barriers to people accessing services: Environmental, sensory and security”

“There are a lot of gaps identified so could different ways be tried to fill the gaps such as using volunteers and talking to businesses. Businesses can often provide volunteers, funding and want to know information that can support their staff.”

“There is a need for awareness and training people on what is advocacy. However, there should also be training on when it is appropriate to contact advocacy.”

“There needs to be accountability on institutions. How is the strategy ensuring that institutions are held accountable on receiving training on advocacy? Not everyone in hospital knows about advocacy so how can we be confident that they are positively promoting advocacy?”

East Dunbartonshire HSCP:

HSCP Senior Management Team

Ceartas Advocacy Staff and Trustees

A focus group of individuals who have used Ceartas services – arranged by Ceartas Advocacy.

Feedback from Ceartas Staff and Trustees

“Scottish Prison Service needs to work with Health and Social Care to progress advocacy for prisoners.”

Feedback from individual who have used Ceartas services in East Dunbartonshire:

“Ceartas advocacy support has reassured me. If there is something I’m not sure of, the advocacy worker can relay things back to me in terms of what they are trying to explain. Being there with advocacy worker took a weight of my shoulders and made things easier.”

“Life has changed due to Ceartas and wouldn’t have been able to do it without Ceartas. Realized a lot of things were getting said and done and misconstrued – life has completely changed for the better.”

“My anxiety was up but advocacy reassured me and put my anxiety right back down again. If advocacy hadn’t been there, I wouldn’t have been able to control actions.”

“I didn’t have the tools to be part of meetings, there was a lot of things that I didn’t understand – advocacy gave me the tools, she gave me back the confidence by asking questions and questioning things. I had put my trust in the Social Work, and I didn’t think they would be doing anything wrong but it did actually happen to me that SW didn’t do what they should have done. Advocacy support gave me confidence to question things and taught me to take notes. Advocacy reminded me that I am my wee boy’s mum – prior to advocacy, I felt that I wasn’t worthy to question professionals, but Ceartas gave me that confidence. Ceartas has transformed my life – I wouldn’t have known half the stuff if it wasn’t for advocacy researching things and knowing things. It opened doors to me where I could question situations and not feel as if I was being cheeky or feel that I didn’t have the right to ask questions. It gave me the confidence to carry on – my situation has been remedied and fixed – it was a battle but that battle would still be going on if it wasn’t for advocacy.”

“When people talk about my situation and how far I have come, I always talk about Ceartas and advocacy and the difference it made to my life. I wouldn’t have got to this same place if it wasn’t for advocacy. I got legal advice as well but wouldn’t have known that I could have accessed that legal advice if it wasn’t for advocacy. I was ready to give up the fight which is why it was invaluable that I was referred to Ceartas”

GGC Specialist Children’s Services (Hosted by East Dunbartonshire HSCP)

GGC SCS Oversight Group

Inverclyde HSCP

The Inverclyde Mental Health Advisory Network, which worked with the Mental Health Network Greater Glasgow and feedback is provided within the Glasgow context.

East Renfrewshire HSCP

Feedback gained from The Glasgow Advocacy Project as within Glasgow context

Partners in Advocacy who highlighted some changes to work around children’s hearings across various HSCPs.

Renfrewshire HSCP

Senior Management Team, Dykebar

Senior Charge Nurses, Dykebar

It is welcome that services have identified the gaps and we specifically welcome Advocacy Services for Carers, Alcohol and Drug addictions and Asylum seekers. Would this require additional funding or be expected to come from existing budget/other services diminishing?

In relation to people who are newly diagnosed with dementia they get two years follow up support and it is hoped that Advocacy Services can work alongside this service

It is difficult to evidence the demand for advocacy as well as evidence the impact of Advocacy Services as it has such a positive personal subjective impact on people

How will allocating Advocacy Services resources be done, how will this be decided?

It is noted that Renfrewshire has the second highest number of people 65+ will this be reflected in the future allocation of resources

Awareness raising is timely and welcome, we need to identify if someone or their carer requires Advocacy Services at point of access and ensure they are referred timeously. The Mental Health Carers Pathway steering group has raised this issue also

The mental Health Carers Pathway Steering Group is reviewing the 3rd Draft of the Carers resource this may help with information

West Dunbartonshire HSCP

Mental Health, Learning Disability and Addictions Senior Management Team

Lomond and Argyll Advocacy Service for feedback.