Independent Advocacy Strategic Plan

2026- 2031

Midlothian
Health & Social Care
Partnership

Midlothian

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Purpose of this plan

This plan explains how Midlothian Health and Social Care Partnership (HSCP) will support and improve independent advocacy between April 2026 and March 2031. Our aim is to make sure everyone who has a right to independent advocacy knows about it, can access it easily, and it works well when they need help.

This plan is grounded in Scotland's legal and human rights commitments. A range of laws require health and social care partnerships, like ours, to make independent advocacy available, especially for people who may face disadvantage, discrimination, and reduced power in decision-making. This includes people with mental health conditions, learning disabilities, and others who encounter systemic barriers.

Independent Advocacy is a vital safeguard — helping to prevent harm, exclusion, and injustice. Most importantly, it ensures that the voices of those most at risk of being overlooked are heard, respected, and acted on.

How the plan was developed

This plan was developed by a working group of people from adult and children's services, and current independent advocacy providers. To make sure the plan reflects real needs and local voices we:

- Carried out a needs assessment to understand demand and gaps.
- Consulted with people with lived experience of independent advocacy.
- Conducted an Equality Impact Assessment.
- Developed clear outcomes and actions to guide delivery.

Providing Independent Advocacy

Independent Advocacy: The right to a voice

Independent advocacy is about making sure a person's voice is heard — especially when decisions are being made that affect their life. It means having someone on their side who helps them:

- Express their views and wishes
- Understand their rights and options
- Be fully involved in decisions about their care, support, or circumstances.

What makes advocacy *independent* is that it is not connected to the services or professionals involved in those decisions. The advocate's only role is to support the person — without conflict of interest, influence, or judgement.

Independent advocacy is based on the principle that everyone has the right to a voice, and that rights must be recognised, respected, and protected — especially where there are barriers or power imbalances.

Individual and Collective Independent advocacy

- **Individual (One-to-One) Advocacy**: A trained advocate supports one person at a time. This could be short-term support for a particular issue or long-term help where needed. It's person-led and focused on what the individual needs.
- **Collective Advocacy**: A group of people with shared experiences come together to highlight common concerns and influence change. This helps people influence services, challenge discrimination, and promote equality.

When Independent Advocacy is provided

In certain situations, Midlothian HSCP has a **legal** responsibility to make sure people can get independent advocacy. This is especially important when decisions about their welfare are being made under the law — like when someone receives services under the Mental Health Act or when a young person attends a children's hearing.

In these cases, independent advocacy must be available so that people can understand what's happening, speak up about what they want, and have their rights protected.

Table 1: Main laws that require the use of independent advocacy

Legislation	Purpose	Advocacy Rights	Age Definition
Mental Health (Care and Treatment) (Scotland) Act 2003	Establishes rights and safeguards for people with mental illness, learning disabilities, and personality disorder.	Everyone with a "mental disorder" has a statutory right to access independent advocacy (Section 259), in all settings and at all stages of care. Services must be made available and actively offered.	No age restriction — applies to children, young people, and adults with a mental disorder.
Children's Hearings (Scotland) Act 2011	Sets out how decisions are made to support and protect children and young people through the Children's Hearings system.	Under Section 122 of the Children's Hearings (Scotland) Act 2011, children must be informed about the availability of advocacy services and may choose to have advocacy to help them take part in hearings.	A child is defined as being under 18 (or in matters relating to their failure to attend school as being of school age)

There are also wider laws, national guidance, policies, and standards across Scotland that explain how independent advocacy could be offered more broadly. For example, these include support for people affected by alcohol or drug use, and people using self-directed support. You can find more detail about these in Appendix 1.

1. Statutory (Legislative) Driven:

Situations where law creates a right to independent advocacy or a duty to inform and enable access. Under Section 259 of the Mental Health Act, people with a mental disorder have a right to access independent advocacy and authorities must take reasonable steps to ensure this. Under Section 122 of the Children's Hearings Act, children must be told about independent advocacy services and may choose to have advocacy to help them take part in hearings.

2. Statutory (Right to Access) Based:

Some people have a legal *right* to independent advocacy even if they are not involved in formal legislative proceedings. For example, anyone with a mental health condition or learning disability. Independent advocacy helps them take part in services and make informed decisions in areas such as access to healthcare, housing and benefits.

3. Early Intervention and Prevention:

In some cases, independent advocacy is not legally required but still crucial. This includes early support for individuals from vulnerable or minority groups (people experiencing homelessness) to help avoid crises and escalation of issues. This approach helps people stay well, plan, and avoid worsening health or social situations.

Who provides Independent Advocacy

In Midlothian, several independent advocacy organisations support people. Some are commissioned and funded directly by Midlothian HSCP, others are available locally but funded across Lothian or nationally to support specific groups. All providers we commission, and fund adhere to the principles and standards of the Scottish Independent Advocacy Alliance.

We spent £192,976 on this local provision (minus Who Cares) in the financial year 2024-25.

Table 2: Services commissioned and funded locally by Midlothian HSCP

Client Group	Form of Advocacy	Provider
Adults (16+) with a learning disability	Collective	People First
Adults (16+) with a learning disability	Individual	Partners in Advocacy
Older people (65+) and adults (16+) with a physical disability	Individual	EARS
Adults (18-65) experiencing mental ill health	Individual and collective	CAPS
Care experienced children and young people (up to 26) and care leavers	Individual	Who Cares

Table 3: Services available in Midlothian and other areas of Scotland

Client Group	Form of Advocacy	Provider
Stroke survivors (within 2 years of stroke)	Individual	EARS
People resident within Edinburgh prison	Individual	AdvoCard
People resident within Addiewell prison	Individual	MHAP
Adults (18-65) experiencing an eating disorder	Individual	CAPS
Adults (18-65) affected by drug and alcohol use	Individual	CAPS
Eating Disorders; Personality Disorder; Psychosis; Trauma; and Mad History	Collective	CAPS
Military veterans	Collective	CAPS

Client Group	Form of Advocacy	Provider
Anyone who self-identifies as disabled and accessing benefits from Social Security Scotland	Individual	Voice Ability
Children and young people who are inpatient within the Melville Unit	Individual	Advocard
Children (aged 12 to 15) with additional support needs (My Rights, My Say)	Individual	Partners in Advocacy
Children and young people (5 -18) in the Children’s Hearing system	Individual	CAPS

Projected Need

Projected need for Independent Advocacy

This section shows why people in Midlothian need independent advocacy. It looks at the latest population figures, care and legal processes, and feedback from people and staff. Together, these show where support is needed most — now and in the future.

Who lives in Midlothian – and why it matters

About **98,000** people lived in Midlothian in 2023. This number will rise to over **113,000** by 2030. The biggest growth will be in people aged 75+, who are expected to increase by 41%. Older people often need more help with care, health, and safety decisions.

Age

Midlothian's population includes people of all ages.

- 18% are children and young people under 16,
- 63% are working-age adults,
- 19% are aged 65 or over.

Sex

- 52% are women,
- 48% are men.

Ethnicity

Most people are white (96%), but the area is slowly becoming more diverse.

Poverty

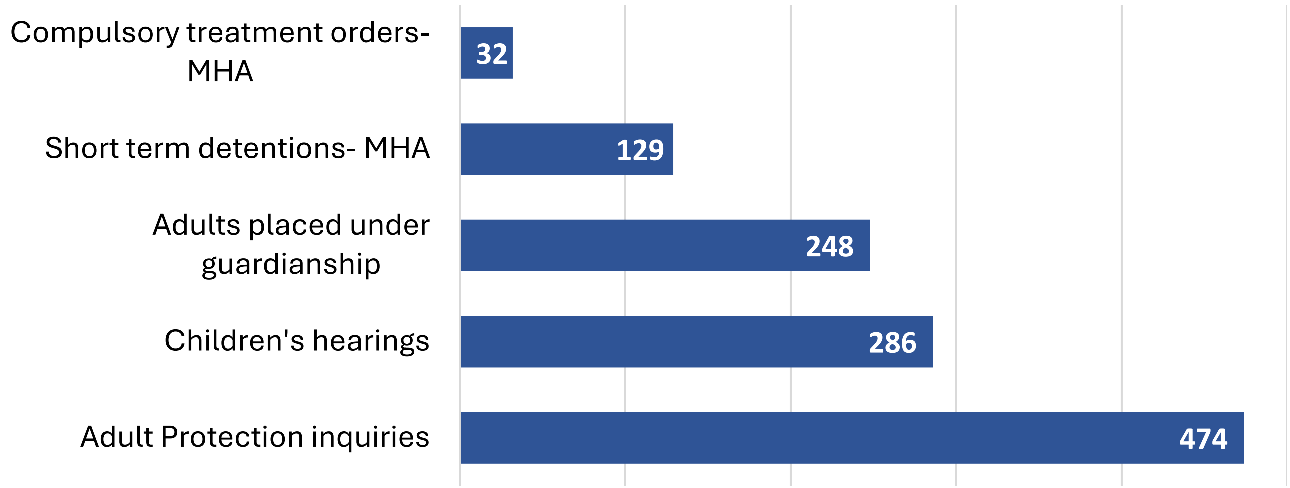
Some areas—like Dalkeith, Mayfield, Easthouses, and Gorebridge—have higher levels of poverty. People in these areas often have poorer health and face more barriers to getting support. This can make it harder for people to find or use independent advocacy and can also mean they need it even more.

When people needed Independent Advocacy

In 2024-25 people needed independent advocacy when they were involved in legal, care or protection processes.

Data scope: The figures come from different places and use different ways of counting. We show them side by side to give a general picture of HSPC legislative driven work.

HSPC Legislative Driven Work in Midlothian 2024-25



These show where independent advocacy might be provided. But the demand is likely to grow.

- Older adults will need more support with dementia, capacity, and guardianship decisions
- Young people will continue to be involved in Children’s Hearings and child protection
- Working-age adults face important decisions about mental health, housing and social care

Why local people asked for Independent Advocacy

People who used local individual independent advocacy services asked for support when they:

- Felt ignored or unheard
- Did not understand the decisions being made
- Needed help to understand their rights or options
- They were going through a big change—like moving house, losing support or being admitted to hospital
- Had no one else who could speak up for them

Data source: These reasons come from local service reports and from people who shared feedback about what mattered to them.

Local Independent Advocacy Support

In 2024 to 2025, three organisations were commissioned by Midlothian HSCP to provide individual independent advocacy:

- CAPS Independent Advocacy supported adults with experience of mental ill health
- EARS Independent Advocacy Service supported older adults and people with physical disabilities
- Partners in Advocacy supported adults with learning disabilities, including some young people

Data scope: The figures below cover only HSCP funded local adult services. They do not include wider Lothian or national services funded from other sources.

Together, they supported **306** individual referrals. Around 40% of these cases were complex. This means people needed help with more than one legal or social issue. Most legislative driven cases—for example Mental Health Act detentions—were picked up quickly, often within one week. But some people had to wait up to six weeks, in this case right of access driven cases.

About **two-thirds of referrals were for women**, especially older women. The most common reasons for needing independent advocacy included:

- Being detained under the Mental Health Act
- Guardianship decisions
- Disagreements about housing or care
- Children’s Hearings or child protection cases

How health and social care staff used Independent Advocacy

We heard from 51 staff who work in Midlothian Council and NHS Lothian. Most had heard of independent advocacy—but many did not feel confident using it.

- 84% had heard of independent advocacy
- Only 31% clearly understood when someone had a legal right to it
- None of the staff felt very confident about making a referral
- 41% could not easily find contact details for advocacy services

When asked about the challenges, staff said:

- It is hard to know who qualifies for independent advocacy
- Referral routes are unclear or confusing
- Long waits can discourage people or delay support

Even with these challenges, staff strongly supported independent advocacy. They told us that when an advocate is involved, people are more likely to feel included, respected and empowered.

> It's hard to know who to refer to or how.

> The support is valuable, but I'm never sure who qualifies.

> People feel more in control when advocacy is there.

Section Summary

The demand for independent advocacy is already high—and it will keep growing as the population increases and gets older.

Most people only get independent advocacy during a crisis or legal process. Some people wait too long to get the help they need.

People who use independent advocacy say it helps them feel heard and improves what happens to them.

Staff believe in independent advocacy. But they need better information, easier referral systems, and more support to offer it when people need it.

These findings show why we must improve early access, make referrals easier, and raise awareness of people's rights to independent advocacy over the next three years. This will also help us make best use of the resources we already have.

Engagement

What Matters to People

This section shares what people in Midlothian told us about independent advocacy. It brings together feedback from individual advocacy providers, collective feedback from groups, and what people told us directly in surveys, focus groups, and one to one conversations.

Everyone who took part had experience of mental ill health, learning disabilities, physical or sensory disabilities, or caring for someone in these situations. Their message was clear: **people value independent advocacy, but it is not always easy to understand, find, or get**.

How Individual Independent Advocacy helped

Providers told us, through routine feedback and stories, that independent advocacy made a big difference. It helped people by:

- Explaining things in clear, everyday language
- Going to meetings and hearings with them
- Helping them feel more in control
- Making sure their rights were respected
- Standing beside them when no one else could

What people said about Individual Independent Advocacy

Provider feedback from 39 people who used individual independent advocacy showed that many found it life changing. They said it helped them to.

- Understand what was happening
- Speak up and be listened to
- Feel safer, more confident, and more in control

> I had a voice… even just her sitting there helped me speak.

> I was being ignored until my advocate got involved.

> She explained things in a way I could actually understand.

Collective Independent Advocacy: Group voice and making change

Collective independent advocacy brings people with similar experiences together to speak up as a group. It helps people shape local plans, challenge unfair treatment, and improve services. It also helps people feel less alone and more confident.

In 2024 to 2025, CAPS Independent Advocacy and People First Scotland led collective independent advocacy in Midlothian. They ran peer collective voice groups, joined planning meetings, and helped people with lived experience have a say in decisions about health and care.

> It gave me confidence. I saw myself differently. Not just how services saw me.

> We helped change the plan. Our voices made a difference.

> Being part of the group gave me dignity when I could not see a way through.

This work made a real difference. It led to:

- Better information and clearer signposting for mental health
- More awareness of the rights of people with learning disabilities
- Planning groups where lived experience helped shape real change
- Peer support that reduced loneliness and helped recovery

These examples show how important collective independent advocacy is. It helps services in Midlothian be more inclusive, more focused on the person, and more accountable to the people who use them.

What people directly told us about Individual Independent Advocacy

People across Midlothian directly shared their experiences of using individual independent advocacy. Through 23 surveys, three focus groups, and several one-to-one conversations, they told us what matters for service provision. They spoke about awareness, access, effectiveness, and what could be better. Their feedback shows what helps independent advocacy work and what gets in the way.

Awareness

Most people said they had never heard of independent advocacy until someone explained it to them. Some had heard the word but did not know what it meant, or thought it only applied to legal cases.

> I had no idea it was something you could ask for.

> It sounded official. I thought it was not for people like me.

> *A friend told me. Otherwise, I would never have known.*

People said these were the most common things that helped or got in the way of knowing about independent advocacy.

What helps people know about independent advocacy	What makes it harder to know about independent adv
Trusted professionals or peer workers talking about it early	Posters or leaflets that use hard-to-understand language
Clear and simple information shared in everyday places	Not seeing or hearing about independent advocacy in services people already use
Being introduced to independent advocacy as a normal part of care and support	No one explaining people's rights or what independent advocacy is for

Access

Many people said it was hard to find or get support. Some did not know who to ask or what counted as a good reason to contact independent advocacy. Others were put off by waiting times or unclear referral steps.

> There was a waiting list. By the time I got it, the meeting had already happened.

> I do not use phones. They make me panic. But that was the only option.

> Some staff made me feel like asking for an advocate was making trouble.

People said these were the most common things that made it easier or harder to access independent advocacy.

What helps people access independent advocacy
Being able to refer in different ways, for example trusted staff and text
Advocates meeting people in places they already go, like GP surgeries or cafes
Friendly first contact that helps build trust

What makes it harder to access independent advocacy
Long waits, especially for people who are not in legal processes
Having to repeat your story due to staff changes
Digital only forms or phone lines that not everyone can use
Staff acting as gatekeepers or not understanding independent advocacy

Effectiveness

Everyone who used independent advocacy said it helped them feel listened to and more confident. They felt supported to speak up, understand their rights, and be part of decisions that affected them.

I had a voice. They actually listened

They helped me say what I needed without speaking for me.

With them there, I felt respected instead of ignored.

People said these were the most common things that made independent advocacy feel useful and supportive.

What makes independent advocacy work well	What makes independent advocacy less helpful
Advocates who are kind, clear, and consistent	Changing advocates during support, which can break trust
Having time to prepare before meetings and talk things through	Only offering support for legal situations
Support that fits how each person communicates	Appointments that feel rushed or hard to attend
Being there for key meetings, like care reviews or hearings	Not enough emotional support during stressful times

What Could Be Better

People said independent advocacy should be easier to find, offered earlier, and support more areas of life—like education, housing, benefits, and family situations. They want it to be a normal part of care and support, just like seeing a GP or getting advice. Independent advocacy should be visible, trusted, and offered before things reach crisis point.

What People Want to See Change

People across all groups said what they want to improve independent advocacy.

> Advocacy should be something you just know is there, like the GP or Citizens Advice.

> It should not be a fight to get someone on your side.

Make independent advocacy clear and widely known:

- Use plain words in leaflets, websites, and conversations
- Promote independent advocacy in places people already go
- Make sure staff explain people’s right to advocacy as part of normal care

Make it easier to get independent advocacy:

- Let people use different ways to ask, like trusted referrals, texts, or drop-ins
- Fund more staff so people don’t have to wait and can get consistent support
- Remove extra steps and help people who struggle with forms

Offer support earlier, not just in crisis:

- Provide independent advocacy for housing, benefits, social care, and education
- Don’t limit access to people detained under the Mental Health Act
- Support people earlier in the process, before decisions are made

Embed independent advocacy in services:

- Make independent advocacy part of support in mental health, learning disability, and social care
- Make sure GPs, teachers, nurses, and support staff know how to refer
- Include independent advocacy in care planning, hospital discharge, and protection work

Value independent advocacy as a rights-based, person-led service:

- Train staff to see independent advocacy as helpful, not a threat
- Keep advocacy independent and confidential
- Make sure independent advocacy fits people’s language, culture, and communication needs

Section Summary

Individual independent advocacy helps protect people’s rights and voices. In Midlothian, many people said it helped them feel heard and included. But others missed out. Some didn’t know about it. Others found the system confusing or only got help after things had already gone wrong.

Collective independent advocacy also matters. It helps people work together, shape services, and support one another. People said it gave them confidence, connection, and a real voice in decisions that affect them.

Opportunities

Opportunities to improve Independent Advocacy

The needs assessment confirmed that independent advocacy makes a difference but also highlighted several important gaps. Some people don't have access. Others are not always offered it when needed. These are areas we want to improve over the next three years:

1. **Children and young people with mental ill health or learning disabilities:** There is no local independent advocacy for children under 18 in the community with mental health needs, or for those under 16 with learning disabilities. If they are not in mental health hospital or in the Children's Hearings system, they are unlikely to be offered support.
2. **People affected by substance use:** There is no collective independent advocacy in Midlothian for people affected by drugs or alcohol. National guidance recommends this kind of group to help people share views and influence services.
3. **People in adult protection or guardianship processes:** Independent advocacy is available in many of these cases, but not everyone who has the right gets it. Some may need clearer information and earlier support to understand and be heard.
4. **People using self-directed support:** There is no dedicated independent advocacy service for people managing their own care. Some may need help to understand choices or speak up about what they want.
5. **Unpaid carers:** There is no independent advocacy for unpaid carers in Midlothian, including parent or older carers. They often help with complex planning and may need independent support to be part of decisions.
6. **People unsure if they qualify:** Some people don't know if independent advocacy is for them. This includes those with housing, work, or family challenges. Even if someone is not covered by specific laws, they may still need help to take part in decisions.
7. **Older people in group settings:** There is no collective independent advocacy for older adults, including those in care homes or supported housing. There is no clear legal right but would help people share views and shape services.

Outcomes Framework

What we want to achieve by 2031

This section sets out what we aim to achieve by 2031, based on what people told us and where the need is greatest. Our objectives are aligned with the SIAA Principles and Standards, focusing on rights, inclusion, and accountability. Each objective is supported by clear actions, with timescales, to help improve access, raise awareness, and strengthen the quality of independent advocacy—especially for people with a legal right of access under the Mental Health Act.

Each objective includes clear actions and timescales. These actions aim to:

- Make it easier to get independent advocacy
- Raise awareness among care professionals and the public
- Improve the quality of independent advocacy, especially for people who have a legal right to it

We will deliver this strategy using the resources we already have, by:

- Making systems work better
- Using time and funding more efficiently
- Prioritising support for people with legal rights

When possible, we will test new ways of working through pilot projects. We will check progress regularly to make sure changes last and continue to help.

See the plan on the next page. This plan lasts five years, and we will do a full check on progress after two and a half years. This plan is clear and practical. It uses what we already have well. It helps protect people’s rights by making independent advocacy part of everyday work for people with a legal right.

We will write a more detailed 5-year plan. It will say who does what, when things happen, how we will measure progress, and the budget. The oversight group will approve it in the six month of 2026. We will publish updates once a year.

What we want to achieve	What we will do	When	Our key principles
1. Make independent advocacy easier to understand and find	• Make clear, easy-to-read information in different formats • Raise awareness in key services (like GPs, social work, housing, schools) • Create short training resources for staff, showing how independent advocacy supports rights and duties	**Year 1:** Create and share materials **Year 2:** Target awareness in services **Year 3:** Add to all staff inductions **Year 4:** Refresh materials and fill gaps **Year 5:** Review impact and update	Clarity, Accessibility, Empowerment
2. Make it easier to get independent advocacy	• Test different ways people can ask for independent advocacy – by phone, text, drop-in or email • Explore having a central referral point for staff • Make sure people without internet or a diagnosis can still access it • Check who is using independent advocacy – especially from key and protected groups	**Year 1:** Design and test **Year 2:** Roll out **Year 3:** Improve and expand **Year 4:** Embed across main services **Year 5:** Review equal access and update	Accessibility, Empowerment, Accountability
3. Use what we have better to help those who need it most	• Make sure services work together for people 16+ with Mental Health Act rights • Look at how to better support children, carers, people affected by drugs, older adults, and people using self-directed support • Start tracking who uses independent advocacy and how long it takes	**Year 1:** Plan **Year 2:** Test **Year 3:** Expand where it works **Year 4:** Align with other supports **Year 5:** Full review and options to grow	Equal Opportunity, Independence, Empowerment

What we want to achieve	What we will do	When	Our key principles
4. Make sure advocacy is always offered in legal or care processes	• Check specific demand for independent advocacy for people with rights under ASP • Always offer and record independent advocacy for people with legal rights (MHA, AWI, ASP, SDS, Children's Hearings) • Add prompts in systems so staff don't forget • Do quarterly audits to check it's happening – including for different equality groups	**Year 1:** Train staff and begin audits **Year 2:** Add reminders in systems **Year 3:** Improve records and feedback **Year 4:** Deep dive audits by equality group **Year 5:** Quality review and new actions	Accountability, Accessibility, Clarity
5. Create a fair, long-term contract for independent advocacy	• Write new contract for one joined up 16+ MHA service that must evidence specialist provision for key groups • Make sure funding matches need • Include rules on rights, equality and staff skills • Check progress using standard measures and regular reports	**Year 1:** Design and tender new contracts **Year 2:** Start contracts and set baselines **Year 3:** Monitor and adjust **Year 4:** Midpoint review and improve **Year 5:** Plan next cycle and publish results	Independence, Accountability, Partnership
6. Make services safe, welcoming and trauma-informed	• Contracts will include safer spaces, clear information and flexible ways to get support • Trauma-informed and rights-based approaches will be standard • Providers must train staff in equality and diversity	**Year 1:** Set standards in contracts **Year 2:** Deliver core training **Year 3:** Check practice and support change **Year 4:** Improve using feedback **Year 5:** Full review with people who use services	Empowerment, Independence, Accountability

What we want to achieve	What we will do	When	Our key principles
7. Set up strong oversight to keep things on track	• Create a group to oversee the strategy and this equality assessment • Include lived experience, carers, the third sector and equality leads • Report every year on how we're doing – including performance, compliance and equality • Make sure independent advocacy is included in delivery plans and reporting	**Year 1:** Set up group and plan reports **Year 2:** First annual report and improvements **Year 3:** Second report and course correction **Year 4:** Link into wider plans and budgets **Year 5:** Independent check and refresh the strategy	Accountability, Partnership, Empowerment
8. Support group independent advocacy and lived experience leadership	• Keep supporting group independent advocacy for people with mental ill health or learning disabilities • Explore and create new groups for people affected by drugs, older people and adults with physical disabilities • Make sure different voices are included and feed into decisions	**Year 1:** Secure funding and plan **Year 2:** Start new groups **Year 3:** Link groups into decisions **Year 4:** Expand and share learning **Year 5:** Embed in governance and review impact	Empowerment, Partnership, Independence

Appendix 1 - Legislation and Policy

Table 1: Statutory Duties and Rights Relating to Independent Advocacy in Scotland

Legislation	Purpose Summary	Advocacy Rights / Requirements
Mental Health (Scotland) Act 2015	Amends and strengthens the 2003 Mental Health Act.	Under Section 259 of the Mental Health (Care and Treatment) (Scotland) Act 2003, people with a mental disorder have a right to access independent advocacy, and authorities must take reasonable steps to ensure this. Health boards and local authorities are also required to report on how independent advocacy is provided and planned.
Adult Support and Protection (Scotland) Act 2007	Protects adults (16+) at risk of harm.	Requires local authorities to have regard to the importance of advocacy after making inquiries and deciding intervention is needed (Section 6). Does not give a right to advocacy but places a statutory duty on health boards and local authorities to consider the importance of provision of advocacy.
Adults with Incapacity (Scotland) Act 2000	Supports adults (aged 16+) who lack capacity to make some or all decisions.	Does not confer a statutory right to advocacy. However, courts and decision-makers must account for the adult's wishes and feelings as far as they can be ascertained by any means of communication (Principle 3), including considering the role of advocacy. The Sheriff must take account of the wishes and feelings where they are expressed by an independent advocate (section 3(5A))
Social Security (Scotland) Act 2018	Governs devolved social security benefits in Scotland.	Provides a statutory right to independent advocacy for people with a disability seeking a determination of their entitlement to assistance from Social Security Scotland (Section 10).
Education (Additional Support for Learning) (Scotland) Act 2004	Supports children and young people in school education with additional learning needs.	Children aged 12 to 15 with capacity have the statutory right to advocacy during the additional support needs tribunal proceedings (Section 14). There must also be an advocacy service available on request and free of charge to the child's parents or the young person themselves (if they have capacity) in any proceedings in the addition a support needs tribunal.
Social Care (Self-Directed Support) (Scotland) Act 2013	Enables people to direct their own social care.	Requires local authorities to provide information relating SDS, and, where they consider it appropriate, to give the details of independent advocacy services. The Act does

Legislation	Purpose Summary	Advocacy Rights / Requirements
		not provide a statutory right to advocacy in relation to SDS.
Carers (Scotland) Act 2016	Enhances identification and support of unpaid carers.	Provides no statutory right to advocacy for carers. It does require that each local authority must establish an advice service, and that that service must provide information and advice about advocacy for carers.
Patient Rights (Scotland) Act 2011	Promotes person-centred healthcare and strengthens rights of NHS users.	Establishes the Patient Advice and Support Service (PASS), which provides advice and support in relation to the health service. The advice and support should make persons aware of, and where necessary direct them to, advocacy services. It does not however provide a statutory right of advocacy to patients or other members of the public.

Future Provision: The Children (Scotland) Act 2020 requires the Scottish Ministers to make such provision as they consider necessary and sufficient to ensure that all children in family court proceedings have access to child advocacy services. As of 2025, this provision is yet to be implemented.

Table 2: National Policy and Standards Supporting Advocacy Provision

Policy / Standard	Purpose Summary	Advocacy Role / Expectation
Scottish Mental Health Law Review (Scott Report, 2022)	Recommends legal reform to better protect rights of people with mental health needs, learning disabilities, or neurodivergence.	Recommends expansion and sustainable funding of both individual and collective advocacy as core rights-based supports.
The Promise (2020)	National vision for transforming care for children and young people in Scotland.	Vision to provide the right and access to independent advocacy for all care-experienced children and young people, continuing throughout life.
Keys to Life (2019–2021)	Strategic framework for improving quality of life for people with learning disabilities.	Emphasises advocacy to promote supported decision-making, autonomy, and rights.
Rights, Respect and Recovery (2018)	National strategy for drug and alcohol treatment and recovery.	Encourages investment in advocacy to enable rights-based recovery and reduce stigma.
Medication Assisted	Provides 10 standards for consistent delivery of drug use care and treatment.	Emphasises that across all MAT standards of care, policies and

Policy / Standard	Purpose Summary	Advocacy Role / Expectation
Treatment (MAT) Standards (2021)		procedures should ensure people are informed of advocacy services Standard 8 requires access to independent advocacy and support for housing, welfare and income needs. for people accessing MAT services.
Getting It Right for Every Child (GIRFEC)	National policy framework for child wellbeing and multi-agency support.	Encourages the use of advocacy to support child participation, views, and involvement in planning.
National Carers Strategy (2022)	Aims to improve outcomes for unpaid carers in Scotland.	Recognises the value of advocacy in ensuring carers (especially the most vulnerable) are heard and their rights upheld.
Scottish Dementia Strategy / Dementia Standards (2011)	Framework for improving dementia-inclusive care.	Recommends ensuring access to advocacy as part of person-centred dementia support.
Social care – Self-Directed Support: Framework of Standards, May 2024	Provides a set of standards for local authorities in implementation of SDS	Standard 1: Independent Support, Community Brokerage and Advocacy Recommends that every local authority/HSCP provides information about independent support, community brokerage and advocacy for anyone who needs it, in ways which are accessible to everyone.
United Nations Convention on the Rights of Persons with Disabilities (CRPD)	The UNCRPD was ratified by the UK Government in 2009 and commits to protecting and promoting the human rights of disabled people.	Article 12 requires 'equal recognition before the law' and requires that state parties take appropriate measures to provide access to support required in exercising legal capacity. The Scott Report recommended statutory advocacy services should be provided to meet this requirement.