

NATIONAL ADULT SUPPORT AND PROTECTION RESOURCE

## **Best Practice for Effective Access and Involvement of Independent Advocacy for an Adult in Adult support and Protection Processes**

**Developed by:**

The National ASP Implementation Group

**Subgroup:**

User Voice Subgroup

**Endorsed:**

This national ASP Resource was formally endorsed by the National ASP Strategic Forum on 12 March 2025

## **Development of this Resource:**

In August 2022 the National Implementation Group and its Subgroups were set up to assist Adult Protection Committees with the implementation of changes to policy and practice that may be required as a result of the introduction of the Revised ASP Code of Practice, which was published in July 2022.

The Intended audience for this specific resource has been specified as:

**This guidance is aimed at any (multi agency) professional involved in Adult Support and Protection case conferences.**

The proposed review date of this Resource is intended to be no later than March 2028. This will generally be three years from the date of introduction, though this can be amended if required.

The Responsibility for overseeing reviews and revisions of this resource currently lies with the National ASP Implementation Group. However, in future, should that Group have ceased to operate, this responsibility will move to the National Adult Support and Protection Coordinator, who will call upon appropriate support and assistance – consulting with relevant parties

# Contents

INTRODUCTION.....	3
What is the purpose of this guidance? .....	3
How was this guidance developed? .....	3
Who is this guidance for? .....	4
What is the role of independent advocacy in ASP? .....	5
What does the guidance cover? .....	5
Trauma-informed and responsive practice .....	5
Good practice recommendations .....	6
What is independent advocacy? .....	7
Human rights-based approach .....	8
The role of independent advocacy in human rights .....	9
ASP legislative framework .....	9
Large scale investigations (LSI) .....	10
Carers advocacy .....	10
Local strategic advocacy plans .....	11
Models of independent advocacy .....	11
Individual or one-to-one advocacy .....	12
Collective advocacy .....	12
Non-instructed advocacy .....	13
Best practice when working with independent advocates .....	14
Conclusion .....	16
Useful resources .....	18

## **Good Practice for Effective Access and Involvement of Independent Advocacy for an Adult in Adult Support and Protection Processes**

“Advocacy services” are services of support and representation made available for the purpose of enabling the person to whom they are available to have as much control of, or capacity to influence, that person’s care and welfare

(From national [Code of Practice for Adult Support & Protection](#) July 2022 – see Chapter 4 for full details about Adult Participation).

### **INTRODUCTION**

#### **What is the purpose of this guidance?**

This document offers good practice guidance to effective consideration and engagement of independent advocacy for adults being supported and protected under the [Adult Support & Protection \(Scotland\) Act 2007](#), and in order to meet the responsibility laid out in the section 6 of the Act, which stipulates a:

**“duty to consider the provision of advocacy or other services after a decision has been made to intervene in supporting adults at risk to ‘participate as fully as possible’”.**

#### **How was this guidance developed?**

This guidance was developed by representatives from a range of agencies and services who participated in the work of the ‘User Voice – Independent Advocacy’ Subgroup of the National Code of Practice Implementation Group which was set up to implement the Revised Adult Support and Protection Code of Practice (2022).

Prior to publication, views and feedback about the draft guidance were widely sought from independent advocacy organisations and ASP practitioners across Scotland through the National ASP Implementation Group. This guidance was edited with the help of an AI Large Language Model (LLM) tool within Canva and carefully reviewed for accuracy and alignment with our values.

## Who is this guidance for?

This guidance is aimed at any (multi-agency) professional involved in Adult Support and Protection (ASP) Case Conferences, and specifically for Council Officers and ASP Case Conference Chairs to support best practice in the consideration and provision of appropriate independent advocacy for adults throughout ASP processes.

## Where does independent advocacy fit in the ASP process?



*...put yourself in my shoes!*

## **What is the role of independent advocacy in ASP?**

The Act imposes a responsibility on Local Authorities and Health Boards to assist and safeguard adults who may be unable to protect themselves for various reasons. The Revised Code of Practice – Adult Support and Protection (2022) aligns with Section 6 of the Act, which mandates that if the council believes intervention is necessary to protect an adult at risk of harm after conducting inquiries under Section 4, it must prioritise providing suitable services. This includes, notably, independent advocacy for the adults involved.

[The Revised ASP Code of Practice](#) highlights that best practice is that independent advocacy should be offered to all adults going through ASP processes.

*“The adult should be asked if they know about and would like advocacy support. Where advocacy is offered, declined by the adult, or not deemed appropriate, the reasons for this should be clearly recorded, as should the reasons for not referring to any other ‘appropriate’ services.” (p41)*

Although independent advocacy is not an absolute right under the Act, practitioners must assess whether it would benefit the adult involved. However, under the Mental Health (Care and Treatment) (Scotland) Act 2003, individuals with a 'mental disorder' - defined in section 328 to include mental illness, personality disorder, or learning disability have a right to access independent advocacy. Practitioners must record the reasons why independent advocacy has not been offered or declined.

The Scottish Government guidance, Independent Advocacy: Guide for Commissioners (2013), identifies that “people can be treated unfairly as a result of institutional and systemic barriers as well as prejudice and individual, social, and environmental circumstances...” The guidance also states clearly that independent advocacy is important “to ensure the individual’s views are heard and understood and that they receive support to ensure their rights are not infringed”.

## **What does the guidance cover?**

The guidance begins with a summary of the principles that support individuals under the Act, while also addressing the context of trauma-informed and responsive ASP work.

It then provides an overview of independent advocacy, detailing various types of independent advocacy, followed by best practice recommendations and resources for practical tools and further reading.

## **Trauma-informed and responsive practice**

Being 'Trauma Informed' means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm and recognises and supports people's resilience. The key principles of a trauma informed approach are:

- safety
- trustworthiness
- choice
- collaboration and
- empowerment

Practitioners should consider the impact of trauma exposure on the adults biological, psychological and social development by delivering services in a trauma informed way. This means understanding that individuals may have a history of traumatic experiences which may impact on their ability to feel safe and develop trusting relationships with services and professionals.

The Revised Code of Practice emphasises that trauma-informed and responsive practice aims to reduce the barriers to service access for individuals affected by trauma, and to promote understanding of the impact of trauma on individuals. Independent advocacy plays a vital role in this context, and practitioners should consider how it can empower adults to engage more actively in their ASP process.

Professionals involved in identifying, supporting, and protecting adults at risk of harm may find valuable resources by the National Trauma Transformation Programme: [Roadmap for Creating Trauma-Informed and Responsive Change | NHS](#).

## **Good practice recommendations**

Independent advocacy ensures that a person's voice is heard, and their views are respected; it supports access to information; and assists people in navigating systems. Independent advocacy can also support decision-making. [The Mental Welfare Commission's guidance "Supported Decision Making" \(2024\)](#) explains that 'Supported decision-making' can support people to:

1. Make a decision for themselves; and/or
2. Express their will and preferences within the context of substitute decision making (for example, guardianship or compulsory treatment for mental disorder).

When an adult is involved in Adult Support and Protection, the worker leading the Inquiry should ask them if they are aware of independent advocacy and whether they would like to receive support. The practitioner should be mindful of the adult's understanding of what independent advocacy entails and the purpose behind its offer.

It is crucial to refer individuals to the independent advocacy organisation as early as possible. This allows time for the adult to build a trusting relationship with their independent advocate and helps them understand their rights while expressing their will and preferences. Independent advocates have pointed out that late referrals do not provide sufficient time to develop a trusting relationship, which may hinder the adults' participation in Case Conferences.

Where independent advocacy is offered but either declined by the adult or considered inappropriate by the practitioner, it is essential to document the reasons clearly. Additionally, the rationale for not referring to any other "appropriate" services should also be recorded.

Adults who initially refuse independent advocacy should still be offered it periodically; their decision should be revisited and noted during each formal review, such as multi-agency meetings, assessments, or professional meetings.

### **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. Essentially it is about everyone having the right to a voice, addressing barriers and imbalances of power, ensuring that an individual's rights are recognised, respected, and secured.

Independent advocacy supports people to navigate systems and acts as a catalyst for change in a situation. Independent advocacy can have a preventative role and stop situations from escalating, and it can help individuals and groups being supported to develop the skills, confidence and understanding to advocate for themselves. Independent advocacy is especially important when individuals or groups are not heard, are vulnerable or are discriminated against. This can happen where support networks are limited or if there are barriers to communication. Independent advocacy also enables people to stay engaged with services that are struggling to meet their needs ([SIAA Principles, Standards & Codes of Best Practice, 2019](#)).

The definition and principles of independent advocacy services used in the Adult Support and Protection (Scotland) Act 2007 is one included in Section 259 of the Mental Health (Care and Treatment) (Scotland) Act 2003, which 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 local authority, in collaboration with the (or each) relevant Health Board; and;
- each Health Board, in collaboration with the (or 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 duty in mental health legislation to provide access to independent advocacy therefore only extends to persons with a mental disorder. The duty in section 6 of the 2007 Act, is to have regard to the importance of independent advocacy services. However, the section 2 principles need to also be considered. In particular, the principles to have regard to the ascertainable wishes and feelings of the adult, to enable the adult's participation, and to provide such information and support as is necessary to enable them to participate. It may be that independent advocacy in a particular case will be appropriate even where a person does not have a mental disorder as defined in the 2003 Act.

In sections 259 (4) and (5) of the 2003 Act it states (and these expectations should apply to all advocacy services in relation to adults at risk of harm irrespective of whether they fall within the ambit of the 2003 Act) that:

- “advocacy services” are services of support and representation made available for the purpose of enabling the person to whom they are available to have as much control of, or capacity to influence, that person's care and welfare as is, in the circumstances, appropriate;
- advocacy services are “independent” if they are to be provided by a person who is not mentioned in the list at Section 259(5) which includes, among other persons, a local authority; a Health Board; a National Health Service trust; a member of (i) the local authority; (ii) the Health Board; (iii) a National Health Service trust, in the area of which the person to whom those services are made available is to be provided with them;
- The advocacy service is also only “independent” if it is not a person who is contracted to give medical treatment, or care or other services to the adult.

## **Human rights-based approach**

A human rights-based approach is about empowering people to know and claim their rights and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting, and fulfilling rights. This means giving people a greater opportunity to participate in shaping the decisions that impact on their human rights. It also means increasing the ability of those with responsibility for fulfilling rights to recognise and respect those rights and making sure they can be held to account.

A human rights-based approach is about ensuring that both the standards and the principles of human rights are integrated into policymaking as well as the day to day running of organisations.

## The role of independent advocacy in human rights

Independent advocacy plays an integral role in helping to ensure that an individual's human rights are respected by offering access to justice on an equal and non-discriminatory basis with others. It does this by addressing issues of autonomy and choice, and by supporting an individual's voice and opinions to be meaningfully heard. The Principles, Standards and Code of Best Practice for Independent Advocacy (2019) are based on an approach that promotes and defends human rights, and it facilitates statutory services to practise a human rights-based approach.

Independent advocacy is built on enabling people to know and claim their rights and on increasing the ability and accountability of individuals and institutions responsible for respecting, protecting, and fulfilling rights. Within the context of independent advocacy, a human rights-based approach is about ensuring that both the standards and the principles of human rights are integrated into procedures and processes, as well as embedded into the day to day running of organisations. The internationally recognised PANEL Principles are of fundamental importance in applying a human rights-based approach in the practice of independent advocacy. They are a practical tool for describing what a human rights-based approach looks like in practice.

The five PANEL principles are:

- Participation
- Accountability
- Non-discrimination and equality
- Empowerment
- Legality

## ASP legislative framework

The Revised Code of Practice (2022) is clear that the **'fullest regard should be given to the wishes and feelings of the adult'** with section 2 principles enshrined to support this at every stage.

These are relevant to any public body or office holder performing a function under ASP, and state that they must take into account: "The wishes of the adult – both past and present wishes in so far as they can be ascertained, with every effort made to: facilitate regular communication in ways and formats that are accessible and helpful to the adult; informed by their capacity; built on good relationships. This might also include the use of independent advocacy services or others chosen by the adult to accompany

or represent their view, the use of professional interpreters or consideration of where and when meetings are held."

## **Large scale investigations (LSI)**

Independent advocacy services should be pro-actively offered to adults at risk in any service subject to an LSI. Clear explanations as to the purpose of independent advocacy should be provided to people, ensuring people understand its importance in upholding their rights. Independent advocacy should be offered at the start and throughout an LSI. Information on independent advocacy should be included in information sent to adults at risk.

Independent advocates should use diverse methods to gain people's views, including a range of communication aids and tools, and speaking with family members and supporters of the adult at risk.

Some of the independent advocacy may fall under the category of 'non-instructed advocacy' within the context of ASP. This form of independent advocacy can be provided to individuals who are unable to give a clear indication of their views or wishes in a specific situation and are unable to clearly express whether they would like an independent advocate.

If the adult does not want independent advocacy, this is their choice, and it is important to clearly record this.

It is good practice to involve independent advocacy as early as possible, including in any preventative work. The same principles of information sharing, and multi-agency collaboration apply to independent advocacy as they do to all other agencies involved in an LSI.

## **Carers advocacy**

The Carers Strategy for Scotland 2010 - 2015 acknowledges that:

**"Some carers, particularly those who are most vulnerable, gain significant advantages from independent advocacy support, which assists them in various ways, including their interactions with health, social care, and other professionals."**

Independent advocacy can be beneficial for unpaid carers, enabling them to engage with and navigate adult protection processes effectively. Some carers may be able to access independent advocacy through the Mental Health (Care and Treatment) (Scotland) Act 2003 if they have a mental disorder as defined in Section 259 of the Act. In certain areas in Scotland, there are specifically funded advocacy resources for carers. The Scottish Government's "Guidance for Unpaid Carer Advocacy in Scotland" (2016) notes that while many carers can voice their needs, some may face challenges

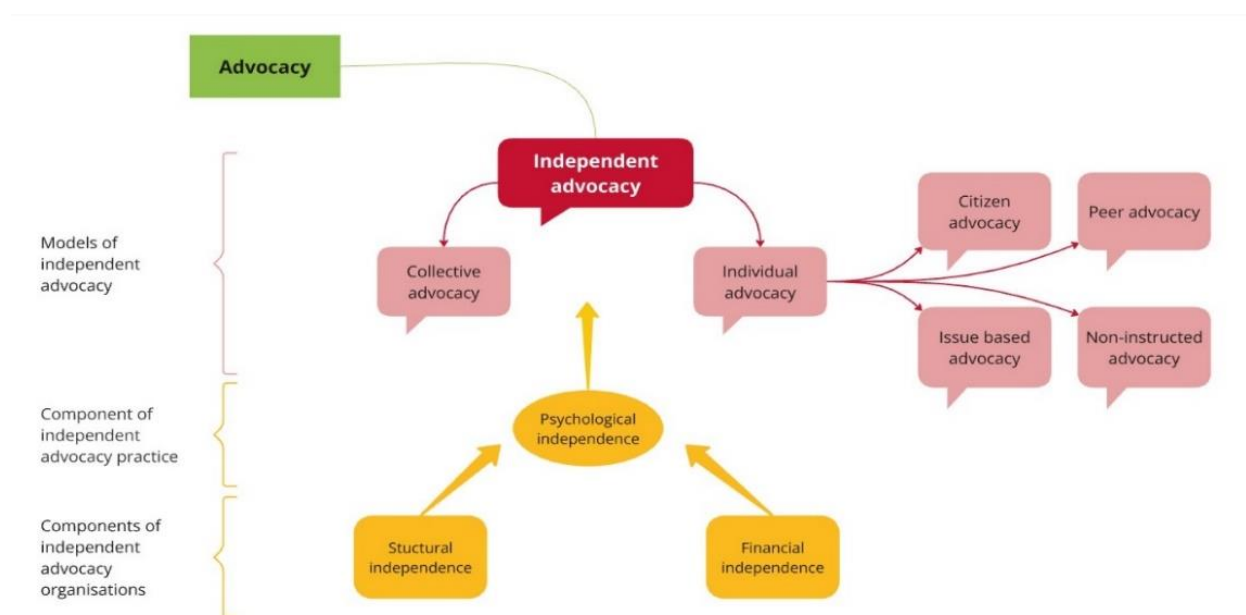
and could greatly benefit from an independent advocate. It may be advantageous for practitioners to provide information regarding the availability of independent advocacy for carers in their locality.

## Local strategic advocacy plans

The Mental Welfare Commission report 'Right to Advocacy' (2023) explains that the Mental Health (Care and Treatment) (Scotland) Act 2003 imposed a duty on local authorities and health boards to collaborate to ensure the availability of independent advocacy services in their area. The Act gave everyone with mental illness, learning disability, dementia and related conditions the right to access independent advocacy support. The Mental Health (Scotland) Act 2015 builds on the right in the 2003 Act to independent advocacy support, by requiring health boards and local authorities to tell the Mental Welfare Commission how they have ensured access to services up to now, and how they plan to do so in the future.

When creating 'local strategic advocacy plans' it is crucial to ensure that adults undergoing Adult Support and Protection processes have access to independent advocacy resources at the local level. Keep in mind that not everyone may be entitled to independent advocacy under current legislation, and additional resources may be necessary to guarantee that all adults can access this essential support in Adult Support and Protection.

## Models of independent advocacy



SIAA, 2024

## **Individual or one-to-one advocacy**

This includes professional or issue-based advocacy. It can be provided by both paid and unpaid advocacy workers. An independent advocate supports an individual to represent their own interests or represents the views of an individual if the person is unable to do so.

Advocates provide support on specific issues and provide information, but not advice. This support can be short or long term.

Another model of individual advocacy is Citizen Advocacy. Citizen advocacy occurs when a local person (a citizen) is encouraged to become involved with a person who might need independent advocacy support in the community. The citizen advocate is not paid. The relationship between the citizen advocate and the advocacy partner is on a one-to-one, long-term basis. It is based on trust between the advocacy partner and the citizen advocate and is supported, but not influenced, by the independent advocacy organisation. The citizen advocate supports the advocacy partner using their natural skills, experiences, values and talents. Independent Advocacy organisations ensure the citizen advocates suitability through recruitment procedures and disclosure checks, induction and ongoing support. For many people their citizen advocate is the only person not paid to be in their life. Citizen advocates provide essential support for local people at key times which might include:

- facing specific issues or significant change.
- experiencing barriers to access support or inclusion in their community.
- experiencing human rights infringements and discrimination.

A key part of many partnerships is the support citizen advocates provide, whether by ensuring their partner has the information they need to make choices, by sharing activities to widen opportunities and by ensuring their partner understands the legal processes they are part of.

## **Collective advocacy**

Collective advocacy creates spaces for people to get together, support each other to explore shared issues and find common ground. It supports people to speak up about their experiences, values, and expectations. It enables people to find a stronger voice, to campaign and influence the agendas and decisions that shape and affect their lives. Collective advocacy also takes the onus off the individual to solely address a human rights issue, the collective voice means people do not have to continuously reshare difficult experiences to make change happen and improve systems.

Collective advocacy provides opportunities for people to have a meaningful voice in legislative processes, policy making and strategic planning, combating discrimination, inequality and enables people to take part as active citizens. Collective advocacy can help planners, commissioners, service providers and researchers to know what is working well, where gaps are in services and how best to target resources. It helps legislators and policy makers to create opportunities for people to challenge discrimination and inequality. Collective advocacy groups benefit from skilled help from an independent advocacy organisation and with the support of resources. However, it is important to note that collective advocacy groups cannot be 'mandated' into existence, they must continue to emerge from the needs, wants and views of their potential members. Collective advocacy groups are run by their members, who set their own agendas.

### **Non-instructed advocacy**

The Mental Health (Care & Treatment) (Scotland) Act 2003 Code of Practice states: "Where a patient has a degree of incapacity, or cannot for any reason clearly say whether or not they would like an independent advocate, an MHO/hospital managers/appropriate person should consider how an independent advocate may be involved... The right of access to independent advocacy is for each patient and is not limited only to those who are best able to articulate their needs."

"Non-instructed advocacy is... taking affirmative action with or on behalf of a person who is unable to give a clear indication of their views or wishes in a specific situation. The non-instructed advocate seeks to uphold the person's rights; ensure fair and equal treatment and access to services; and make certain that decisions are taken with due consideration for their unique preferences and perspectives." (SIAA Non-instructed Advocacy Guidelines, 2009).

The spirit and principles of the Adults with Incapacity (Scotland) Act 2000 can be considered in informing the non-instructed advocate. The five general principles on which the Act is based are that:

- An intervention must benefit the individual.
- An intervention must be the least restrictive option.
- Account must be taken of the past and present wishes of an individual.
- There must be consultation with significant others in an individual's life.
- An individual should be encouraged to exercise their own will and self-determination.

### **Case study example**

Helen is an 82-year-old woman living with dementia. She and her partner have faced homelessness, residing in a camper van. At times, Helen has gone missing, expressing a desire to return to her mother's house. This prompted intervention from

the police and others to ensure her safety. Despite their situation, Helen and her partner share a loving bond, and her partner wishes for her to remain by their side. Efforts have been made to secure permanent housing for the couple, but these have repeatedly fallen through, leading them back to living in the camper van.

A referral has been initiated for an independent advocate to support Helen during her Adult Protection Case Conference, aiming to understand her views independently from others.

Using the [non-instructed advocacy guidelines](#), the independent advocate strives to understand Helen's will and preferences and support her decision-making as much as possible. The independent advocate has observed that when her partner articulates Helen's views, she tends to agree. The independent advocate is eager to determine whether these expressed views truly reflect Helen's wishes. To achieve this, the independent advocate spends time with Helen both in the presence of her partner and alone.

After establishing a rapport with Helen and meeting her in a comfortable setting while also conversing with those close to her, the independent advocate has uncovered Helen's past and current wishes. Helen, along with her children, shared that she has always lived in her family home and is not keen on sleeping in a camper van. She consistently communicates this to her independent advocate when her partner is not around. The independent advocate supports Helen to articulate her views. This enabled Helen's right to participate in her meeting and have her preferences and perspectives considered during the ASP Case Conference.

Ultimately, Helen moves into a local care home, where her partner visits daily, allowing them to enjoy quality time together.

### **Best practice when working with independent advocates**

To gain a clear understanding of what independent advocacy entails, it is essential for practitioners to grasp what independent advocacy is not. Below is a myth-busting list outlining what independent advocates do not engage in:

- Making decisions on behalf of an advocacy partner or group
- Offering advice or directing an advocacy partner or group on what to do
- Providing mediation
- Delivering counselling services
- Offering befriending support
- Providing care and support
- Resolving all of someone's problems for them
- Administering therapy
- Creating a sense of dependency
- Acting in ways that do not align with the interests or wishes of an advocacy partner or group

- Agreeing with everything a person says or fulfilling every request they make

The Mental Welfare Commission's ["Good Practice Guide: Working with Independent Advocates" \(2017\)](#) emphasises that while a strong working relationship between independent advocates and professionals may involve some tension, it is crucial to maintain mutual understanding and respect for each other's roles.

Additionally, the guide elaborates that for independent advocacy to be truly effective, both practitioners and independent advocates must support one another in their respective roles. There are several actions both parties can take to foster this collaboration. It is worth highlighting these specifically in this guidance to aid effective working relationships.

Independent advocates and organisations can facilitate a good working relationship by:

- Providing information about the independent advocacy available, for example referral pathways, hours of work, contact details, complaints procedures.
- Providing learning on independent advocacy and the Principals, Standards and Codes of Best Practice (2019) that underpin quality independent advocacy practice.
- Providing data on referrals such as non-identifiable quantitative and qualitative data that shows the picture and impact for people who access independent advocacy support through Adult Protection
- With the consent of the adult, inform the appropriate practitioners when an independent advocate is assisting the adult and notify them when attending meetings.

Practitioners and Health and Social Care Partnerships can facilitate effective working relationships by:

- Make early referrals to independent advocacy whenever possible. This provides the opportunity to establish a trusting relationship between the adult and the independent advocate.
- Providing a confidential space where the independent advocate and the adult can meet.
- With permission from the adult share relevant information with the independent advocate.
- Provide the relevant information for the independent advocate when they are providing non instructed advocacy.
- Where there may be barriers, support the adult to access independent advocacy (for example making a referral on the adult's behalf, supporting access to interpreters where required).



- Supporting the adult to contact their independent advocate.
- Respect the confidential and independent nature of the advocacy relationship.
- Asking the adult if they want support from their independent advocate at meetings or when there is a change of circumstances to their lives.
- At the adults' request invite independent advocate to meetings.
- Where the independent advocate is providing non instructed advocacy invite them to the relevant meetings.
- Ensuring the adult gets access to correspondence from their independent advocate.
- Ensuring the independent advocate is aware of any specific risks that are relevant to lone working and the establishment of the advocacy relationship.
- Through strategic planning and understanding the independent advocacy needs of the community, ensure there is robust local advocacy plans in place that properly resource independent advocacy to ensure all adults going through adult protection procedures have access to independent advocacy.
- When asking independent advocacy organisation to provide outcomes reporting use the [Independent Advocacy Outcomes Framework](#).

## Conclusion

In conclusion, this guidance emphasises the significant role of independent advocacy in ensuring that adults at risk of harm are empowered to actively participate in Adult Support and Protection (ASP) processes. By aligning with the Act, the guidance underscores the duty of health and social care professionals to consider independent advocacy, especially for those unable to represent themselves. Independent advocacy not only amplifies the voices of those facing barriers but also safeguards human rights through a trauma-informed and rights-based approach.

Independent advocacy provides essential support, enabling individuals to access justice, make informed choices, and engage actively in Adult Support and Protection. Effective collaboration between advocacy organisations, ASP professionals, and health and social care bodies is vital to uphold individual rights and promote empowerment, autonomy, and dignity.

Effective partnerships between independent advocacy organisations, practitioners, and health and social care bodies are essential for realising this objective. This collaborative approach promotes best practices, from respecting the adult's wishes to creating secure environments for independent advocacy interactions, supporting autonomy and choice. Independent advocates uphold the individual's will, preferences and dignity, thereby facilitating meaningful engagement and supported decision-making in ASP processes.



## **Useful resources**

### **Independent Advocacy**

[Independent Advocacy Principles, Standards & Code of Best Practice - Scottish Independent Advocacy Alliance \(siao.org.uk\)](https://siao.org.uk/independent-advocacy-principles-standards-code-of-best-practice)

[Adults with Incapacity Resource Hub - Scottish Independent Advocacy Alliance \(siao.org.uk\)](https://siao.org.uk/adults-with-incapacity-resource-hub)

[Independent Advocacy Guide for Commissioners \(siao.org.uk\)](https://siao.org.uk/independent-advocacy-guide-for-commissioners)

[Advocating for Human Rights - Scottish Independent Advocacy Alliance \(siao.org.uk\)](https://siao.org.uk/advocating-for-human-rights)

[Mental Health Tribunal Advocacy Guidelines - Scottish Independent Advocacy Alliance \(siao.org.uk\)](https://siao.org.uk/mental-health-tribunal-advocacy-guidelines)

[Non-Instructed Advocacy Guidelines - Scottish Independent Advocacy Alliance \(siao.org.uk\)](https://siao.org.uk/non-instructed-advocacy-guidelines)

[Independent Advocacy and the Adult Support and Protection \(Scotland\) Act 2007 - Scottish Independent Advocacy Alliance \(siao.org.uk\)](https://siao.org.uk/independent-advocacy-and-the-adult-support-and-protection-scotland-act-2007)

[Outcomes Framework: Toolkit for Demonstrating Impact of Independent Advocacy - Scottish Independent Advocacy Alliance](https://siao.org.uk/outcomes-framework-toolkit-for-demonstrating-impact-of-independent-advocacy)

[Guidance for Unpaid Carer Advocacy in Scotland - gov.scot](https://gov.scot/guidance/unpaid-carer-advocacy-in-scotland)

### **Human Rights**

[Scottish Human Rights Commission PANEL self-assessment tool .pdf](#)

[Our human rights | Human Rights Consortium Scotland](#)

[Individuals | EHRC](#)

### **Guidance and Best Practice**

[MWC Advocacy Guidance \(mwscot.org.uk\)](https://mwscot.org.uk/mwc-advocacy-guidance)

[Revised Codes Of Practice: Adult, Support and Protection \(2022\)](#)

<https://leedssafeguardingadults.org.uk/Documents/CitizenLed%20Practice%20Guidance.pdf>

[Adult Support and Protection | Iriss](#)

[Supported decision making good practice guide 2024](#)

## **Trauma-informed and Responsive Practice**

[Roadmap for Creating Trauma-Informed and Responsive Change | NHS](#)