


ADVOCACY

VERSION No	4	
REVIEWED BY	Mariana Philipova	
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1. Policy Statement

This organisation believes that residents should be enabled to express their views as clearly and candidly as they wish. Recognising that some residents may not be able to communicate easily, this organisation encourages representatives to speak on their behalf where this is appropriate. This organisation believes that representation of this sort may be required:

- ✓ In the course of the initial needs assessment
- ✓ During any subsequent assessment of needs
- ✓ In the drawing-up or review of the resident plan of care
- ✓ In the process of assisting a resident to participate in the day-to-day delivery of their service
- ✓ In making risk assessments relating to a resident's activities
- ✓ When helping a resident to represent their views to an outside organisation
- ✓ When a resident wishes to express a concern or complaint
- ✓ In instances where a resident may have been subject to abuse
- ✓ When a resident wishes to submit their views on the organisation as part of our quality assurance programme
- ✓ In helping a resident to have an input to the drawing up or review of our policies and procedures
- ✓ In situations where the resident must take important decisions, e.g. about having surgery, but might lack the mental capacity to take the necessary decision on their own.

2. The Care Act 2014

From the 1st of April 2015 independent advocacy became part of the Care Act 2014. This places a duty on local authorities to arrange an independent advocate for all adults as part of their own assessment and care planning process. This applies to both service users and their carers. There is also a separate duty to arrange an independent advocate for adults who are subject to a safeguarding enquiry or Safeguarding Adults Review (SAR). (Care and Support Statutory Guidance updated on 9th May 2016 under the Care Act 2014 is available from Department of Health. Advocacy is chapter 7.)

3. The Policy

The aim of this policy is to help the resident through the use of advocacy to express their views both to the organisation and to other bodies and to feel that their views are understood and respected.

a) Defining Advocacy

i. The Advocacy Charter

This organisation accepts the following definition of advocacy adopted by the organisation Action for Advocacy following consultation with a wide range of advocacy bodies in the social care field in 2002. Further work in updating the principles and the Code of Practice were revised in 2014 by Empowerment Matters CIC and the National Development Team for Inclusion (NDTi) which reflect changes in legislation and well as developments in Advocacy practice:

“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain the service they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.”

ii. The Qualities of Advocacy

This organisation subscribes to the Advocacy Charter promoted by Action for Advocacy, which lists ten essential qualities:

✓ **Independence:**

Advocates should be independent from statutory and other service-providing agencies.

✓ **Empowerment:**

People using advocacy should be able to participate in the running of the scheme.

✓ **Accountability:**

Every advocacy scheme should monitor and evaluate its work effectively.

✓ **Support for advocates:**

Advocates must be appropriately prepared, trained and supported.

✓ **Complaints:**

Advocacy schemes must have policies for dealing with complaints.

✓ **Clarity of purpose:**

Advocacy schemes must have clear objectives and must make these known.

✓ **Person Centred Approach:**

Advocates must be non-judgmental and respectful of residents' needs, views and experiences.

✓ **Equal opportunities:**

Advocacy schemes must have and observe a written equal opportunities policy.

✓ **Accessibility:**

Advocacy must be provided free of charge and in ways that make it widely accessible.

✓ **Confidentiality:**

Advocacy schemes must have a policy on confidentiality, which includes the circumstances under which confidentiality might be breached.

✓ **Safeguarding**

Clear policies and procedures will be in place to ensure safeguarding issues are identified and acted upon. Advocates will be supported to understand the different forms of abuse and neglect, issues relating to confidentiality and what to do if they suspect a service user is at risk

b) Our Residents' Access to Advocacy

This organisation will seek to make advocacy available to any resident who needs help in presenting their views by:

- i. *Publicising information on local advocacy schemes*
- ii. *Involving advocates, where appropriate, in the preparation and review of individual care plans*
- iii. *Using advocates to promote resident participation in the running of the organisation*
- iv. *Helping residents to find and participate in advocacy schemes*
- v. *Seeking peer support for individual residents from people who share their disability, heritage or aspirations*
- vi. *Promoting a culture which enables residents to call on advocates to express their concerns and provide feedback on the way the organisation is run*
- vii. *Respecting the role of advocates in situations in which residents wish to complain about services*
- viii. *Co-operating with any Independent Mental Capacity Advocate (IMCA) appointed to assist a resident under the Mental Capacity Act 2005.*

c) Advocates Appointed under the *Mental Capacity Act 2005* (IMCA)

- i. This organisation recognises the role under the *Mental Capacity Act 2005* of the Independent Mental Capacity Advocate (IMCA), who can be formally appointed to support someone who lacks capacity, for example, a resident with advanced dementia or a severe learning difficulty.
- ii. The IMCA's task is to make representations about the person's wishes, feelings, beliefs and values, to bring to the attention of decision makers all relevant factors, and to challenge decisions if necessary. An example of a key decision would be if the carers of a resident decided he / she should move to a care home without attempting to involve the person in the decision.
- iii. This organisation will encourage the appointment of an IMCA where a resident, who has been assessed as lacking mental capacity, needs to take a key decision that affects or possibly compromises the service delivery that has been agreed upon with the organisation.
- iv. This organisation then undertakes to co-operate with the advocate to arrive at a decision that clearly represents the resident's best interests. The organisation will at all times follow the principles and practices laid down by the *Mental Capacity Act 2005* as described in its code of practice.

4. Training Statement

All staff will be encouraged to read this policy and will be provided with training on the use of advocacy at all suitable stages of their employment with the organisation.

Related Policies

Mental Capacity Act 2005
Adult and Safeguarding
Assessment of Need and Eligibility
Deprivation of Liberty Safeguards
Dignity and Respect
Equality and Diversity