![C:\Users\XYZ\AppData\Local\Microsoft\Windows\INetCache\IE\ISQHTT4K\Vanamo_Logo[1].png]() **Promise Care Services Ltd**

 **ADVOCACY**

# Scope

* **Policy Statement**
* The Care Act 2014
* **The Policy**
* Defining Advocacy
* Improving Access to Advocacy
* Our Service User’s Access to Advocacy
* Advocacy Appointed under the Mental Capacity Act 2005
* **Related Policies**
* **Related Guidance**
* **Training Statement**

# Policy Statement

This organisation believes that Service Users should be enabled to express their views as clearly and candidly as they wish. Recognising that some Service Users 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 need’s assessment.
* During any subsequent assessment of needs.
* In the drawing-up or review of the Service User’s plan of care.
* In the process of assisting a Service User to participate in the day-to-day delivery of their service.
* In making risk assessments relating to a Service User’s activities.
* When helping a Service User to represent their views to an outside organisation.
* When a Service User wishes to express a concern or complaint.
* In instances where a Service User may have been subject to abuse.
* When a Service User wishes to submit their views on the organisation as part of our quality assurance programme.
* In helping a Service User to have an input to the drawing up or review of our policies and procedures.
* In situations where the Service User must take important decisions, e.g. about having surgery, but might lack the mental capacity to take the necessary decision on their own.

# The Care Act 2014

From 1 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 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 a safeguarding adults review (SAR).

Care and Support Statutory Guidance updated on 2nd November 2022 under the Care Act 2014 is available from the Department of Health and Social Care. Advocacy is Chapter 7.

# The Policy

This policy aims to help the Service User, through the use of advocacy, to express their views, both to the organisation and other bodies, and to feel that their views are understood and respected.

# Defining Advocacy

# *The Advocacy Charter*

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), reflecting changes in legislation and 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.”

This organisation accepts the above definition of advocacy

# *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 of 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 Service Users’ 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

Improving Access to Advocacy

This organisation should ensure that advocates can meet Service Users in person to support them to make initial contact with advocacy services. We will ensure that policies and procedures do not act as an obstacle to our Service Users accessing advocacy. This includes finding alternative methods to mitigate any risks, for example from infection.

Commissioners and advocacy providers should make it easy for our Service Users to access advocacy by having:

* flexible ways to make contact, including by self-referral
* a simple process that directs people to the right advocacy support without them needing to know what type of advocacy they need (for example, a universal point of access).

Advocacy providers should aim to support continuity by offering our Service Users the same advocate for different types of advocacy (for example, statutory advocacy in line with the Care Act 2014, IMHA, independent mental capacity advocate [IMCA] and non-statutory advocacy). If this is not possible, they should ensure that systems for handover are in place that is not reliant on a new referral. Advocacy organisations should ensure that IMHA is offered at the earliest opportunity and then regularly afterwards to our Service Users who are eligible. This includes Service Users who have initially declined support. For these Service Users, advocacy organisations should explore, where appropriate, the reasons why the support was declined and what could be done to help them access advocacy.

As an organisation, we ensure that Service Users who are unable to ask for an advocate get advocacy when they are entitled to it.

# Our Service Users’ Access to Advocacy

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

* Publicising information on local advocacy schemes.
* Involving advocates, where appropriate, in the preparation and review of individual care plans.
* Using advocates to promote Service User participation in the running of the organisation.
* Helping Service Users to find and participate in advocacy schemes.
* Seeking peer support for individual Service Users from people who share their disability, heritage or aspirations.
* Promoting a culture that enables Service Users to call on advocates to express their concerns and provide feedback on the way the organisation is run.
* Respecting the role of advocates in situations in which Service Users wish to complain about services.
* Co-operating with any independent mental capacity advocate (IMCA) appointed to assist a Service User under the Mental Capacity Act 2005.

# Advocates Appointed under the Mental Capacity Act 2005

This organisation recognises the role under the Mental Capacity Act 2005 (MCA) of the IMCA, who can be formally appointed to support someone who lacks capacity, e.g. a Service User with advanced dementia or severe learning difficulty. 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 Service User decided they should move to a care home without attempting to involve the person in the decision.

This organisation will encourage the appointment of an IMCA where a Service User, 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.

This organisation then undertakes to cooperate with the advocate to arrive at a decision that represents the Service User’s best interests. The organisation will at all times follow the principles and practices laid down by the MCA, as described in its code of practice.

# Related Policies

Accessible Information and Communication

Adult Safeguarding

Assessment of Need and Eligibility

Consent

Deprivation of Liberty Safeguards

Dignity and Respect

Equality and Diversity

Mental Capacity Act 2005

# Related Guidance

NHS Someone to speak up for you (advocate):

https://www.nhs.uk

Rethink Mental Illness:

https://www.rethink.org

CQC Regulation 9: Person-Centred Care:

https://www.cqc.org.uk/

NICE guideline [NG227]: Advocacy services for adults with health and social care needs

https://www.nice.org.uk/guidance/ng227

# Training Statement

All staff, during induction, are made aware of the organisation’s policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one-to-one, online, workbook, group meetings, and individual supervision.

Date Reviewed: May 2023

Person responsible for updating this policy: **IFEYINWA ODOEMENAM**

Next Review Date: May 2024