

ADVOCACY IN PiC

1. INTRODUCTION

This policy sets out a clear commitment that PiC recognises that it is essential as part of their recovery that all patients / residents within PiC facilities have access to an independent advocacy service that meets their needs. This policy sets out what services PiC will commission and how the different types of advocacy will be provided in line with relevant legislation and best practice guidance.

PiC is committed to listening to the views of patients / residents and providing effective advocacy support to enable each person to have their “voice” heard.

This policy should be read in conjunction with:

- PiC Operational Policy – *Partnership with Patients / Residents*

This policy should be implemented within the context of the PiC Values:

- Valuing people – respecting our staff, patients, their families and communities
- Caring safely – for ourselves, our patients, our customers and communities
- Working together with everyone
- Uncompromising integrity, respect and honesty
- Taking quality to the highest level

The main purpose of this policy is to ensure PiC as a provider of health care services has a framework in place to ensure that independent advocacy can be accessed by all patients / residents who choose to do so.

The objectives of the policy are to:

- Ensure patients / residents can access independent advocacy in a timely fashion
- Differing advocacy needs of specific groups are catered for
- Patients and staff receive appropriate information about the role of an advocate and how to access
- Feedback from advocacy services forms part of the PiC clinical ongoing quality improvement and governance agenda
- Advocacy services commissioned comply with best practice guidance
- Ensure that the law and statutory requirements around advocacy are known and properly applied within PiC

4. SCOPE

This policy applies to all PiC services. The advocacy service provided will be independent, free and confidential. The service will work on an issue basis with the advocate’s activities instructed by the patient except in circumstances when the patient is unable to do so due to lack of capacity. When a patient lacks capacity to instruct an advocate, the service will deliver non-instructed advocacy in accordance with the agreed protocol.

It takes into consideration:

- [Care Act 2014](#)
- [Mental Capacity Act 2005](#)
- [Mental Health Act 1983 \(amended 2007\)](#)
- [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)
- [Mental Health Wales Measure \(2010\)](#)
- [Delivery of the Independent Mental Health Advocacy Service in Wales \(Guidance Document 2014\)](#)

5. FRAMEWORK FOR ADVOCACY SERVICES

PiC will commission a provider of independent advocacy service to offer an issue-based advocacy service to include:

- IMHA and generic advocacy
- Non-instructed advocacy where indicated
- Access to a 24 hour answer service to enable patients / residents to leave messages for advocacy (in services where this is available)
- Advocates with required qualifications and security checks

The advocacy service provider's policies and procedures should include:

- Confidentiality Policy
- Complaints Policy
- Whistleblowing Policy
- Health and Safety Policy
- Equal Opportunities Policy
- Adult Safeguarding Policy
- Child Protection Policy

The service will conform to:

- [Advocacy Quality Performance Mark](#)
- Best practice guidance

The contact will require the provider to:

- Publicise the service at all sites in a range of formats
- Meet relevant legal and regulatory requirements (have achieved or be working towards Advocacy Quality Performance Mark (QPM))
- Provide an annual patient forum for feedback in services
- Provide specified training to advocates
- Provide quality monitoring reports for each site
- Provide an annual monitoring report for the service as a whole
- Attend quarterly monitoring and attend clinical governance meetings as agreed
- Report safeguarding / concerns to key contact at site in first instance
- Provide advocates who can work with a diverse group of patients / residents

6. PiC OBLIGATIONS

- PiC shall ensure that advocates are provided with an appropriate work space / room in which they can conduct advocacy services.
- PiC staff will enable the patient / resident to see an advocate in an appropriate place.
- PiC staff will as far as possible respect the right of the patient / resident to speak to an advocate in confidence.
- PiC staff in case of Independent Mental Health Advocate (IMHA) will respect right of IMHA to access records as per the Mental Health Act.
- PiC will provide a link person(s) for feedback, informal discussion and liaison.
- PiC will make available to the advocacy service relevant PiC Policies and Procedures.
- PiC will provide information to their staff regarding the role of an advocate.

7. SPECIFIC SERVICES

7.1 Generic Role of an Advocate

- Supporting patient / resident to ensure their views are heard and safeguard their rights
- The outcome the patient / resident prefers is the outcome the advocates tries to achieve
- Provide any information patients / residents need to make an informed decision
- Identify gaps in service provision; ensure services are accessible and appropriate
- Speak on a patients / residents behalf if they lack the confidence to do so themselves
- Help patients / residents to be involved in decisions being made about their future
- Helping patients / residents to make a complaint

7.2 Non-instructed Advocates

- Work with patients / residents that may communicate non verbally
- Use observation and other forms of communication
- Ensure patients / residents are receiving the most appropriate treatment / care possible
- Are commonly used with those patients / residents who lack capacity but do have friends / family involvement

7.3 IMHA (Independent Mental Health Advocate) England and Wales

PiC will commission a suitable advocacy service to provide IMHA role to patients detained under the Mental Health Act (qualifying patient).

The Role of IMHAs

IMHAs can help people who use services to understand:

- Their legal right under the Mental Health Act

- The legal rights which other people (e.g. nearest relative) have in relation to them
- The particular parts of the Mental Health Act which apply to them
- Any conditions or restrictions to which they are subject
- Any medical treatment that they are receiving or might be given, and the reasons for that treatment
- The legal authority for providing that treatment
- The safeguards and other requirements of the Act which would apply to that treatment

IMHAs will also help people to exercise their rights, which can include supporting them to self-advocate and/or representing them and speaking on their behalf.

IMHAs can support people in a range of other ways to ensure that they can participate in the decisions about their care and treatment.

7.4 IMCA (Independent Mental Capacity Act Advocate)

IMCA provision is a separate statutory duty to provide non-instructed advocacy for people who lack capacity to make decisions and who have no one able to support and represent them. Where patients / residents are detained under the Mental Health Act an IMCA service is usually only indicated when a decision has to be made concerning an issue not covered by the Mental Health Act e.g. financial or accommodation where patient / resident lacks capacity. An IMCA service is in most PiC sites provided by the local authority area in which site situated and not commissioned by PiC.

The aim of the IMCA service is to provide independent safeguards for people.

- IMCAs have the right to see relevant healthcare and social service records
- IMCAs have the right to meet in private the person they are supporting
- Information and reports provided by the IMCA must be taken into account as part of the process for working out whether a proposed course of action is in the person's best interests

IMCAs will support and represent the person, and may raise questions and challenge decisions which appear not to be in the best interests of the person.

To do this IMCA may talk to professionals, family, friends and anyone that can give information about the wishes, feelings, beliefs or values of the person.

8. CARE ACT ADVOCACY

From 1 April 2015 it is a duty under Section 68 of the Care Act 2014 to refer to advocacy if there is a safeguarding enquiry and the adult at risk would experience substantial difficulty to:

- Understand relevant information and/or retain that information and/or use or weigh that information as part of the process of being involved and/or
- Communicate views, wishes or feelings, and are
- Un-befriended (paid professionals do not count)

Local Authorities have a duty to provide this service and PiC can refer into.