



Advocacy, IMCA and Safeguarding Adults Policy

Executive Summary

It is important that people who are involved within the safeguarding adult process are listened to, have their voice heard and are either supported to make decisions about their own lives or have decision reached in their 'best interests' (Mental Capacity Act). Professionals have a responsibility to support people through the safeguarding process. However some people will benefit from additional support to represent their interests. For some, this support may come in the form of an advocate.

This policy sets out the role of advocacy in its various forms and is part of the Leeds Safeguarding Adult Partnership Multi-Agency procedures.

Advocacy is taking action to help people to:

- Express their views, wishes and concerns
- Access information and services
- Have their interests represented
- Secure their rights
- Explore options and choices

There are various forms of Advocacy:

- Advocacy might be '**instructed advocacy**' whereby a person is supported by an advocate to express their wishes and views and help them in pursuing their own chosen aims.
- Alternatively, it might be '**non-instructed advocacy**' where a person, for reasons of mental capacity, communication difficulties or other reasons, is unable to instruct an advocate of their wishes and views. The role of the non-instructed advocate becomes one of representing the person in achieving improved quality of life standards or upholding the rights afforded to the person as a citizen.

These forms of advocacy might be provided by either by a **Non-Statutory Advocate** (sometimes referred to as an Independent Advocate) or a **Statutory Advocate**.

- **Non-Statutory Advocacy** or Independent Advocacy are terms used to describe advocacy roles that are not established in legislation. It will be the form of advocacy that people will be most familiar with. A non-statutory advocate may support someone in either an 'instructed' or 'non-instructed' role according to the person's circumstances and needs. Non-statutory advocacy is for those people who would benefit from it.
- **Statutory Advocacy** is a term used to describe advocacy roles that are established in legislation. Statutory advocates will have certain legal rights, and where certain criteria are met, a person may have a right to this form of advocacy. There are two forms of statutory advocacy; Independent Mental Health Advocates (IMHA's) and Independent Mental Capacity Advocates (IMCA's).

Independent Mental Health Advocates (known as **IMHA's**) were established to assist people who are subject to compulsion under the Mental Health Act to understand and access their rights, and be involved in decisions about their care and treatment. IMHA's may also support people, who are subject to compulsion under the Mental Health Act, within the safeguarding adult process. IMHA's may practice either instructed or non-instructed advocacy.

A person who is entitled to an IMHA might be represented by a IMHA or a Non-Statutory Advocate in relation to a safeguarding concern. Each may be more appropriate according to the circumstances. Where they are able to, the vulnerable adult should be supported to decide how they are represented.

Independent Mental Capacity Advocates (known as **IMCA's**) were established by the Mental Capacity Act 2005 and practice a form of non-instructed advocacy. IMCA's have a designated role in relation to safeguarding vulnerable adults and therefore, where the criteria is met, a referral should be for an IMCA rather than any other form of advocacy. IMCA's may have a role where there are 'serious and or complex' allegations or incidents of abuse.

The flow chart in Appendix A: 'Which Kind of Advocacy Do I Need?' is provided to help guide people to the form of advocacy that they need.

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1. Forms of advocacy and their role in relation to safeguarding adults

1.1 Instructed Advocacy and Safeguarding Adults

What is Instructed Advocacy?

Instructed advocacy is led by the person receiving support. It is referred to as instructed advocacy because the person receiving support is able to instruct the advocate of their views, wishes and concerns and the actions they would like taken.

Instructed advocacy can help people to speak up for themselves, become more aware of their own rights, to exercise those rights and be involved in and influence decisions that are being made about their future.

Who is it for?

Advocacy support is for anyone who may benefit from it, in order to:

- Be listened to and understood
- Make changes and take control of their life
- Be valued and included within decision making

Within safeguarding adult procedures the people who are victims of abuse as well as the people who have or are alleged to have caused that abuse may both benefit from the support of an advocate.

It may be that people who would not normally request the support of advocacy find it to be beneficial when acting within the safeguarding adult procedures, for example:

- People may in other circumstances not require the support of an advocate; however allegations and the experience of abuse can be very distressing, and in these particular circumstances it may be of benefit.
- People are likely to be unfamiliar with safeguarding adult procedures. They may find it difficult to participate within a multi-disciplinary process, which might involve holding views that differ from some of the professionals involved.

Even if a person has a family member who can support them, they may still benefit from having an advocate. This might be for a number of reasons, such as:

- The vulnerable adult or alleged perpetrator may not have mental capacity in relation to the decisions, and so is being represented by a family member who themselves needs support to convey their views and participate fully within the safeguarding process.
- The family member may find it difficult to separate their needs as a carer from the vulnerable person or alleged perpetrator that they support. Alternatively, the vulnerable adult may find it difficult to recognise the needs of their carer/family member.

How can the advocate help me?

Within safeguarding adult procedures, an advocate's role will depend on the support needed. The support may include:

- Attending safeguarding meetings (Strategy Meetings and Case Conferences) and helping people to express their views, wishes and concerns.
- Contacting people on their clients behalf to communicate their views, wishes and concerns
- Assisting people to challenge the views or decisions of other people (including the views and decisions of professionals).
- Helping people to get their questions answered in a way that they understand.
- Supporting people in understanding their rights and the safeguarding adult procedures.
- Providing people with the support to participate confidently within the safeguarding process, to understand choices and make decisions.

1.2 Non-Instructed Advocacy and Safeguarding Adults

What is non-instructed advocacy?

A person should be provided with support to make decisions for themselves. A non-instructed advocacy role is only undertaken when a person remains unable to directly instruct their advocate, even with all the practicable support that can be provided. Thus, non-instructed advocacy is always a measure of last resort.

It is referred to as non-instructed advocacy because the person being represented is unable, due to reasons of cognitive impairment, communication difficulties or other reasons, to instruct the advocate of their wishes and views and the actions they would like taken.

“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” (Henderson, 2006)

The key principles of non-instructed advocacy are:

- The client is unable to instruct the advocate.
- The advocate is independent and objective.
- People have a right to be represented in decisions that affect their lives.
- The advocate protects the principles underpinning ordinary living which assumes that every person has a right to a quality life.
- The advocate upholds the rights afforded to their client as a citizen

There are a number of approaches that an advocate may use when undertaking non-instructed advocacy. In practice an advocate will often use more than one approach to advocate for their client.

- Human Rights Approach – This approach focuses on the basic human rights of the person and the need to advocate on the person's behalf to promote or defend these rights.
- Person Centred Approach – The advocate builds up a picture of the vulnerable adult's preferences and needs. As the advocate is independent they are in unique position to describe and where necessary represent the person's views.
- Watching Brief Approach –The approach uses 8 quality of life domains which form the basis for a series of questions that the advocate can put to the decision maker on behalf of the vulnerable adult. It encourages professionals to put the person at the centre of the decision making process.
- Witness-Observer Approach – This approach enables the advocate to observe the ways in which services interact with the person. The advocate is able to report on the facts of his or her observations.

How can a non-instructed advocate help their client?

A non-instructed advocate will contact people or go to meetings on the person's behalf and look at any proposed decisions to make sure that:

- All options have been considered
- Where a person's own preferences and dislikes can be identified, that these are taken into account
- No particular agendas are being pursued
- The person's civil, human and welfare rights are being respected

Who is it for?

Non-instructed advocacy is for those people who are unable to undertake important decisions or to instruct an advocate.

Within safeguarding adult procedures non-instructed advocacy may be a benefit to people who are victims of abuse as well as the people who have or are alleged to have caused that abuse.

Some people in these situations will have a friend or family member who can support them and will not need an advocate as well. However, even if a person has a family member who can support them they may sometimes still benefit from having a non-instructed advocate. This might be helpful for a number of reasons, for example the family member may find it difficult to separate their needs as a carer from the vulnerable person or alleged perpetrator that they support.

2. Non-Statutory Advocacy (sometimes referred to as Independent Advocacy)

Non-Statutory Advocacy or Independent Advocacy are terms used to describe advocacy roles that are not established in legislation. It will be the form of advocacy that most people will be familiar with.

A non-statutory advocate may support someone either in an 'instructed' role (See Section 1.1) or 'non-instructed' role (See Section 1.2) according to the persons circumstances and needs.

Non-statutory advocacy is for those people who would benefit from it.

When can a referral be made?

Where there is benefit to the person receiving this support, a referral for an advocate can be made at any point within the safeguarding procedures.

The person in need of advocacy is entitled to contact advocacy organisations directly. However a vulnerable person should receive support from professionals involved in the safeguarding process to make any such referral. A referral may be made on behalf of a person if they are unable, for any reason to undertake this for themselves.

NB. Where a person is entitled to an Independent Mental Capacity Advocate (IMCA) a referral should be made for an IMCA rather than any other form of advocacy (See Sections 3.2).

Appendix B details how advocacy organisations can be contacted.

3. Statutory Advocacy

Statutory Advocacy is a term used to describe advocacy roles that are established in legislation. Statutory advocates will have certain legal rights, and there will be specific criteria that determine who is entitled to one.

There are two forms of statutory advocacy relevant to these procedures, Independent Mental Health Advocates (IMHA's) and Independent Mental Capacity Advocates (IMCA's) as detailed in the sections below.

Where a person is entitled to an IMHA the person may receive either the support of an IMHA or a Non-Statutory Advocate in relation to safeguarding adult concerns/allegations. However, where a person meets the criteria for an IMCA, a referral should always be for an IMCA, this is because they have a designated role in relation to safeguarding adults.

3.1 Independent Mental Health Advocates (IMHA)

The Independent Mental Health Advocates provide a form of statutory advocacy. It is a role that was established within the Mental Health Act 2007.

Patients subject to compulsion under the Mental Health Act often require support to help them understand what is happening to them, to find out what choices and options are available to them and help them to express their views and secure their rights.

Who is eligible for an IMHA?

- Patients who are detained under the Mental Health Act *
- Patients who have been conditionally discharged
- Patients subject to guardianship

- Patients subject to supervised community treatment
- Patients being considered for a treatment to which the special rules in Section 57 of the act apply (mainly neurosurgery for mental disorder)

* There are several exceptions listed below:

- Patients detained on an emergency application (Section 4) until the second medical recommendation is received
- Patients detained on a doctor or nurses holding power (Section 5.2 or 5.4)
- Patients detained in a place of safety under Sections 135 and 136

The role and responsibilities of the IMHA are set out in the Mental Health Act 2007. In broad terms it defines the role of the IMHA as:

- Helping patients access and understand certain information
- Helping patients to exercise their rights
- Helping patients to participate in decisions that are made about their care and treatment

An IMHA may work with a patient who has mental capacity to instruct them, and will be able to support them in relation to safeguarding procedures as described in Section 1.1 Instructed Advocacy.

Similarly an IMHA may work with a patient who does not have mental capacity, and so will also be able to support them as described in Section 1.2 Non-Instructed Advocacy.

The principles differences between an IMHA and a Non-Statutory Advocate are twofold:

1. IMHA's will have a statutory role and they have certain statutory powers that non-statutory advocates do not have.

- IMHA's have a right to meet with their clients in private
- IMHA's have a right to meet with professional concerned with the patients care and treatment
- IMHA's have a right to access a patient's records (with their clients consent or where the patient does not have the capacity to consent, the holder of the records must allow the IMHA access if they think that it is appropriate and that the records in question are relevant to the help to be provided by the IMHA).

This may involve access to:

- Any clinical or other records relating to the patient's detention or treatment in any hospital or any after-care services provided to the patient
- Any records relating to the patient held by a local social services authority

2. IMHA's will have particular knowledge about the nature and context of a patient's care and treatment under the Mental Health Act. They will be familiar with the nature of services, the Care Programme Approach (CPA) – the process by which decisions about care and treatment are reached, and the roles of various professionals within this.

Is it the support of an IMHA that I Need?

An IMHA is able to support a person in relation to safeguarding adult concerns or allegations. However, the same person could be supported by a non-statutory advocate. Both could support someone in an instructed or non-instructed capacity. A referral could be made for either. It will be helpful to consider the following in deciding to whom a referral is made:

- The involvement of any current advocacy service
- The benefits of the IMHA's legal rights or knowledge of Mental Health services to the safeguarding concern/allegation.

Where a person has the mental capacity to decide, they should be supported to make the decision for themselves. Where they do not have the mental capacity to decide, a decision will be required in their 'best interests'.

NB. Where a person is entitled to an Independent Mental Capacity Advocate (IMCA) a referral should be made for an IMCA rather than any other form of advocacy provision. This is because IMCA's have a designated role in relation to safeguarding vulnerable adults.

Appendix B provides details of how IMHA organisations can be contacted.

3.2 Independent Mental Capacity Advocates (IMCA)

The Independent Mental Capacity Advocate provides a form of statutory advocacy. The IMCA role was established in the Mental Capacity Act 2005 but extended by the Mental Capacity Act 2005 (Independent Mental Capacity Act Advocates) (Expansion of Role) Regulations.

Only NHS bodies or the local authority can instruct an IMCA. The law imposes a duty on them to instruct an advocate where the eligibility criteria are met.

Eligibility Criteria:

There is a legal duty to instruct and consult an IMCA when a person who is over the age of 16 (18 in respect of Deprivation of Liberty Safeguards), does not have the mental capacity in relation to the relevant decision, and has no-one else to support them (other than paid staff) and:

- An NHS body is proposing to provide serious medical treatment
- An NHS body or local authority is proposing to arrange accommodation (or change of accommodation) in a care home for a period which is likely to be longer than 8 weeks and or placement in hospital for a period that is likely to exceed 28 days)
- An application for Deprivation of Liberty Safeguards is being made.

The need for an IMCA must also be considered in relation to:

- Care reviews - where there is no one else available to consult.
- **Where 'protective measures' are proposed or undertaken within Safeguarding Vulnerable Adult procedures**

Section 3.2.1 details the specific criteria of the Leeds Safeguarding Adult Partnership Multi-Agency policy and procedures that must be used in determining whether an IMCA referral is required within adult safeguarding procedures. Where these criteria are met, a referral MUST be made.

3.2.1 Criteria for an IMCA in Safeguarding

The factors to consider in determining whether a person is in need of an IMCA referral are set out in the flow diagram in Appendix A: Which Kind of Advocacy Do I Need?

A. Is it a Type 3 or Type 4 Safeguarding Investigation?

There are four Types of safeguarding investigations. These are explained in the Leeds Safeguarding Adult Partnership Procedures (www.leedssafeguardingadults.org.uk) and in the Glossary of Terms.

The IMCA service will be focused on more complex and or serious allegations/concerns of abuse. These will be Type 3 or Type 4 Investigations and will be associated with Strategy Meetings and Case Conferences being arranged. If the person in need of advocacy is unsure what kind of investigation is being arranged they should ask the person undertaking the investigation to tell them.

NB: Consider Non-Statutory Advocacy or an IMHA referral if a Type 1 or Type 2 Investigation is being undertaken (See Sections 2 and 3.1).

B. Are Protective Measures being proposed?

Local authorities and the NHS bodies can only instruct an IMCA if they propose to take, or have already taken, protective measures. Protective measures are those actions that are needed to make the person safe. The protective measures required will depend upon the nature of the risk, but it may include actions such as:

- Restrictions on contact with certain people
- Temporary or permanent moves
- Increased support or supervision
- An application to the court of protection
- Restrictions on accessing specific services/places
- Access to counseling or psychology with the aim of reducing the risk of further abuse

NB: If a person is not entitled to an IMCA they may still benefit from Non-Statutory Advocacy or IMHA referral (See Sections 2 and 3.1).

C. Does the person have the mental capacity in relation to these particular decisions?

A person may have the mental capacity to make some decisions and not others. An assessment of the persons' capacity to make a decision in relation to one or more protective measures proposed will need to be undertaken.

Assessments of Capacity and Decision making are defined within the Mental Capacity Act 2005 and Code of Practice, and repeated here.

Anyone assessing someone's capacity to make a decision for themselves should use the two-stage test of capacity.

1. Does the person have a temporary or permanent impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works?
2. If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

A person is unable to make a decision if they cannot:

- Understand the information relevant to the decision
- Retain that information (for as long as required to make the decision).
- Use or weigh that information as part of the process of making the decision, or
- Communicate their decision (whether by talking, using sign language or any other means).

The assessment must be specific to the decision which needs to be made, for example, not a generic test of capacity.

NB: A referral for an IMCA is only appropriate where a person is without the mental capacity to make decisions about the protective measures proposed. If a person is not entitled to an IMCA they may still benefit from Non-Statutory Advocacy or IMHA (See Sections 2 and 3.1)

D. Does the person already have another person who can represent them?

The IMCA is a safeguard for those people who lack capacity, who have no one other than paid staff who 'it would be appropriate to consult'. The safeguard is intended to apply to those people who have no network of support, such as close family or friends, who take an interest in their welfare.

Decision-makers in the NHS and local authority will need to determine if there are friends or family who are willing and able to be consulted about the proposed decision. If it is not possible, practical and appropriate to consult anyone, an IMCA should be instructed.

Examples of situations where it may be appropriate to instruct an IMCA even though there is family member or friend:

- The family member or friend is not willing to be consulted about the best interest decision.
- The family member or friend is too ill or frail.

- There are reasons which make it impractical to consult with the family member or friend, for example, they are out of the county and not contactable.
- A family member or friend may refuse to be consulted.
- There is (alleged) abuse by the family member or friend

NB: Although a person may have friends or family to represent them, and do not need an IMCA. The friends or family may actually benefit from non-statutory advocacy to support them in their role (See Section 2).

E. What are the special circumstances?

If a person does not have the mental capacity in relation to protective measures, and one of these special circumstances apply then an IMCA will be required.

- A life-changing decision is involved and although there are friends or family, there is a reasonable belief that they would not have the person's best interests at heart.
- There is a conflict of views between the decision-makers regarding the best interests of the person.
- There is a risk that protective measures or the investigation process could be undermined or obstructed by a conflict of views between the professionals and family representatives.
- The additional statutory powers of an IMCA are required for the persons' best interests to be safeguarded, even though there are supportive family members or friends.

The additional statutory powers of IMCA's that non-statutory advocates do not have are as follows:

- IMCAs have a right of access to relevant records
- IMCAs have a right to see the vulnerable adult in privacy
- IMCAs have a right to seek a second opinion about medical decisions

NB: If a person is not entitled to an IMCA they may still benefit a form of Non-Statutory Advocacy or IMHA (See Sections 2 and 3.1).

3.2.2 Is a Non-Statutory Advocate required as well as an IMCA?

The IMCA role in safeguarding is focused on the protective measures that the person lacks the mental capacity to decide upon.

There may be occasions where a person lacks mental capacity in relation to certain protective measures but has the mental capacity in relation to others. In such situations there is the potential for a person to need an IMCA in relation to those decisions they do not have the mental capacity to decide about and a Non-Statutory Advocate/IMHA to support them in relation to those that they do.

The appointment of an IMCA does not in itself end any other advocacy provision being provided. Indeed an existing advocate would be an important person for the IMCA to consult in carrying out their role. Furthermore where advocacy needs are identified by the IMCA that are beyond their role, they should inform the person who has instructed them so that the need for additional advocacy provision can be considered.

3.2.3 IMCA Referral:

When should a referral be made?

Only NHS bodies or the local authority can instruct an IMCA.

The Safeguarding Coordinator has a responsibility to ensure that an IMCA has been instructed where the criteria has been met; and that relevant parties have been notified that an IMCA has been appointed. The safeguarding coordinator may delegate the process of actual making the referral, but it should be undertaken with their prior approval.

The referral should be made as soon as the need for protective measures has been identified. However, the process of instructing an IMCA should not delay putting protective measures in place.

Wherever possible a mental capacity assessment should be completed prior to the instruction of an IMCA. There may be occasions when it has not been possible to undertake a formal test of capacity, for example, where the vulnerable adult is not consenting to the assessment. In such circumstances it is appropriate to instruct an IMCA where there is a reasonable belief that the person lacks capacity (MCA Code of Practice Section 5.59). An assessment of capacity should be undertaken subsequently as soon as it is practical to do so. If subsequently an assessment indicates that the vulnerable adult has capacity regarding the safeguarding measures proposed then the IMCA service should be withdrawn and the need for alternative advocacy provision considered.

Completing the Referral Form:

Safeguarding IMCA referrals should be made only where the issue of protective measures cannot be addressed through other forms of IMCA provision. For example;

If the proposed protective measure is for a person to change accommodation, then a referral to an IMCA for a change of accommodation is required rather than for safeguarding.

If a change of accommodation is only one of the protective measures, then the need for IMCA representation in relation to change of accommodation and safeguarding should be identified on the referral form.

If you are uncertain about the referral process or documentation contact the IMCA service provider – as listed in Appendix B.

IMCAs should get the agreement of the safeguarding coordinator before meeting the vulnerable adult.

The IMCA works to specific instruction around the safeguarding issue and once key decisions have been reached, will need to review whether they can remain involved. The IMCA should formally write to the Safeguarding Coordinator advising them that they have ended the work with their client.

3.2.4 Roles and Responsibilities of the IMCA

The roles and responsibilities of an IMCA in relation to safeguarding are detailed at length within the SCIE Guidance referred to in Appendix D. This should be referred to by IMCA's and Safeguarding Coordinators in considering practice issues not explicitly addressed within this policy.

In summary there are five main elements of the IMCA role, which can be summarised as:

1. Ascertaining the views, feelings, wishes, beliefs and values of the person, using whichever communication method is preferred by the client and ensuring that those views are communicated to, and considered by, the decision maker.
2. Non-instructed advocacy: Asking questions on behalf of the person and representing them. Making sure that the person's rights are upheld and that they are kept involved and at the centre of the decision-making process.
3. Gathering and evaluating information from relevant professionals and people who know the person well.
4. Checking that the decision-maker(s) are acting in accordance with the Mental Capacity Act and the decision is in the person's best interests.
5. Challenging the decisions that are not reached in adherence with the Mental Capacity Act and Code of Practice.

3.2.5 Legal Rights of IMCA's

IMCA's have a legal authority to fulfil their role and have designated legal rights.

- IMCA's have the right to see, and take copies of, relevant records. This covers all health records, any record of, or held by the local authority and compiled in connection with a social services function, and any record held by a person registered under Part 2 of the Care Standards Act 2000 (MCA Section 35(6)). It is for the registered person who holds the records to determine whether it may be relevant to the IMCA's role.
- IMCA's have a right to see the vulnerable adult in privacy
- IMCA's have a right to seek a second opinion about medical decisions

The Local Authority and NHS bodies that instruct an IMCA are legally required to have regard to any representations made by the IMCA when making decisions about protective measures.

3.2.6 IMCA Report

IMCA's are required to produce a report for the decision maker, and the safeguarding coordinator, if they are not the same person.

The report should include representations regarding the proposed protective measures and any matters the IMCA feels are relevant.

In the course of their work IMCA's may have other concerns that are not directly related to compliance with the Mental Capacity Act. Examples may include:

- Concerns about the vulnerable adult's support and care
- Concerns about the process of investigation
- Concerns about a failure of specific individuals or bodies to follow the safeguarding adult procedures.

Good practice is for the IMCA to include any such concerns in their report.

Ideally an IMCA report will be received prior to decisions about protective measures, however where this is not possible, the IMCA report should be provided within one week of the decisions being made. This will require the safeguarding coordinator to review the decision making in light of the IMCA's report.

4. Limits to the Role of Advocacy (Statutory and Non-Statutory Advocacy)

Irrespective of the form of advocacy being provided, there are clear limits to the role of advocacy when supporting clients within safeguarding adult procedures.

- The advocate will not investigate any allegations of abuse even if requested by their client.
- The advocate will not contact any persons such that may risk compromising an investigation without the prior approval of the safeguarding coordinator.
- The advocate will not contact an alleged perpetrator or alleged victim, who is not their client, without the prior approval of their line manager and the safeguarding coordinator.
- Where a client has mental capacity, the advocate will not act independently of their client's wishes and instructions
- An advocate cannot express their own view as to the Safeguarding Case Conclusion i.e. whether abuse has occurred or not and its type.
- The advocate will not make decisions on behalf of their client

5. Resolving Disagreements

Disagreements about safeguarding decisions should be raised directly with the relevant professional(s) depending on the nature of the disagreement. Concerns about the protection plan and investigative process should be raised with the safeguarding coordinator in the first instance.

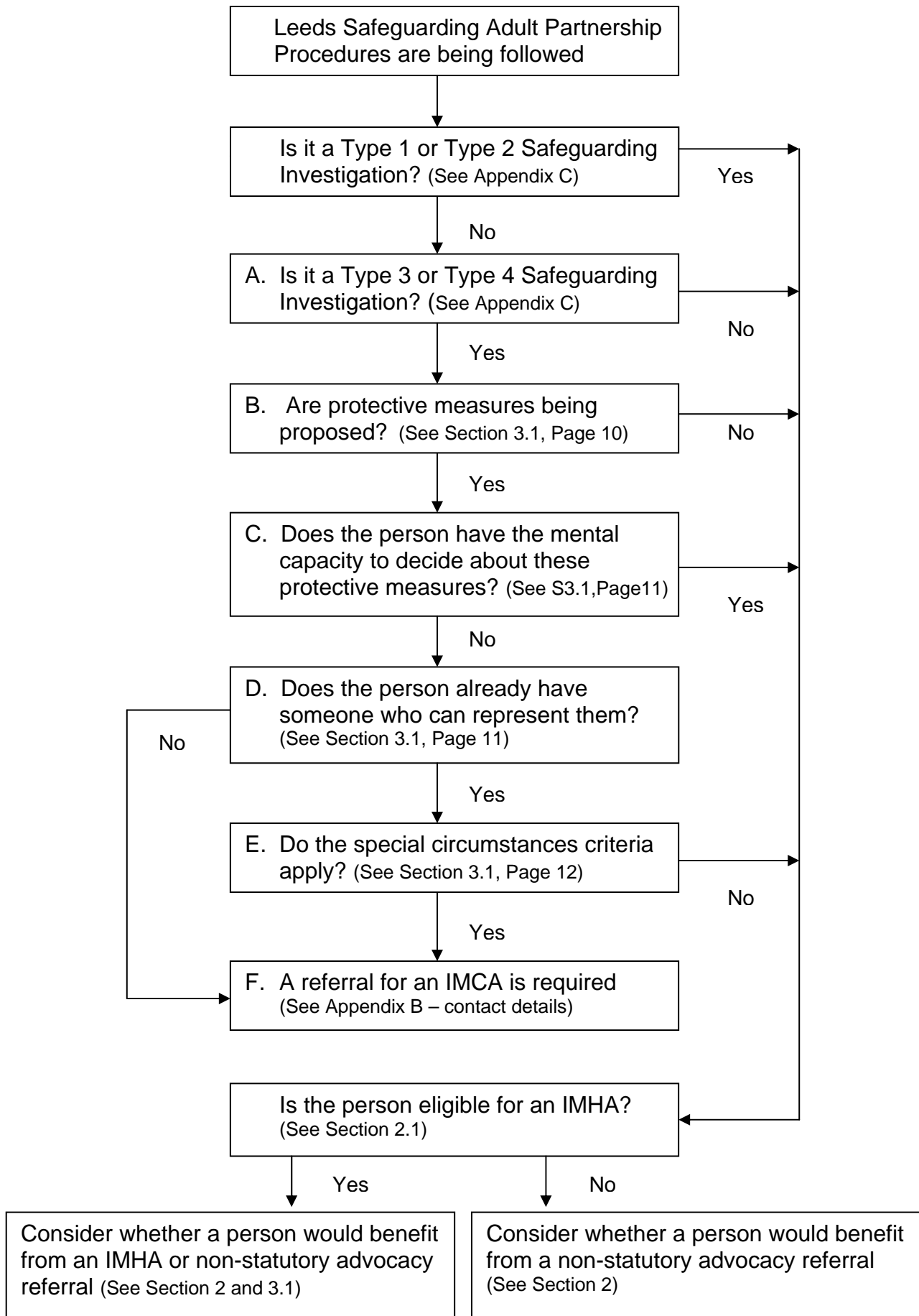
Where attempts to resolve these disagreements informally are unsuccessful, a non-instructed advocate (including an IMCA) can act within their remit, in the 'best interests' of their client within the Contesting Safeguarding Decisions Procedure. Instructed advocates can support and enable their clients to challenge decisions within this same policy. The Contesting Safeguarding Decisions Procedure is located at: www.leedssafeguardingadults.org.uk

6. Professional Responsibilities in relation to Advocacy

- The advocate should be informed by the referrer if there are specific persons they should not contact for risk of prejudicing the enquiry or if there are any potential risks to themselves in fulfilling their role.
- There is nothing in this policy that limits the responsibilities of professionals to involve vulnerable adults, perpetrators or their representatives within the decision making process. Advocates should not be seen as a substitute for the person, and the responsibility to engage and include the person to the extent that is practical remains.
- In the event that a person is in need of an advocate but one is not available, and decision making cannot be delayed. Statutory organisations fulfilling the safeguarding coordinator role should consider whether the circumstances are sufficiently serious and of a nature, to warrant them allocating a worker not connected with the case to fulfil a non-statutory advocacy role on a temporary basis.

This does not preclude the responsibility for an IMCA to be subsequently involved in relation to protective measures already taken within the procedures.

Appendix A: Flow Chart – Which Kind of Advocacy Do I Need?



Appendix B: Advocacy Service Providers

Non-Statutory Advocacy Providers

Advonet was set up to provide a support network for providers of advocacy within Leeds. Their website provides details of advocacy services within Leeds, listed by client group and geographical area www.advonet.org.uk

If there is difficulty locating the most appropriate service or if a person does not have access to the internet, please telephone Advonet on 0113 244 9045 or email: office@advonet.org.uk for advice on available advocacy providers.

Other advocacy organisations, including those providing national rather than local services may be available.

Independent Mental Health Advocacy (IMHA) Providers

Advocacy For Mental Health And Dementia (A4MHD)

Client Group: People in mental distress and people with dementia

Geographical Area: Leeds wide

Contact Details:

Centenary House, 59 North Street, Leeds, LS2 8JS

Telephone: 0113 247 0449/52

Email: office@A4MHD.org.uk

Website: www.advocacy4mentalhealth-dementia.org.uk

About A4MHD:

A4MHD provide independent advocacy for adults of all ages who experience mental distress, including dementia, and can provide both statutory (IMHA) and non statutory advocacy support.

Leeds Advocacy

Client Group: People with a learning disability

Geographical Area: Leeds wide: Leeds wide

Contact Details:

Unit A4, 26 Roundhay Road, Leeds, LS71AB

Telephone: 0113 244 0606

Fax: 0113 244 0178

Email: office@leedsadvocacy.org.uk

Website: [www. http://www.leedsadvocacy.co.uk](http://www.leedsadvocacy.co.uk)

Independent Mental Capacity Advocacy (IMCA) Service Provider

Articulate Advocacy

Client Group: All persons eligible for an IMCA regardless of client group

Geographical Area: Leeds wide

Contact Details:

Unit A4, 26 Roundhay Road, Leeds, LS71AB

Telephone: 0113 244 0606

Fax: 0113 244 0178

Email: office@articulateadvocacy.com

Website: www. <http://www.leedsadvocacy.co.uk>

About Articulate Advocacy:

Articulate Advocacy is managed by Leeds Advocacy. It is the only provider of IMCA services within Leeds.

Appendix C: Glossary of Terms

The following terms are explained in greater detail within the Leeds Safeguarding Adult Partnership procedures (www.leedssafeguardingadult.org.uk) however the following summaries are provided for ease of reference:

Type 1 Investigation – The safeguarding coordinator will request the service provider to undertake an investigation. The provider is then responsible for identifying an appropriate person to investigate and report back to the safeguarding coordinator on the investigation within 2 weeks. Investigations will concern isolated and or less serious incidents or concerns.

Type 2 Investigation – The safeguarding coordinator arranges an assessment or review of the needs of the vulnerable adult and/or the alleged perpetrator in light of the safeguarding concerns. Type 2 investigations will concern less serious incidents and concerns. Type 2 investigations are appropriate where there is a specific need to review and or amend the services being provided or required, in order to safeguard that individual.

Type 3 Investigation - An investigating officer will be allocated to investigate a specific allegation *relating to an individual*. A multi-agency strategy meeting/discussion will be held to agree how to investigate the allegation/concerns. An investigation report will be produced and a multi-agency case conference will be convened to consider the findings. Type 3 investigations will be undertaken where the issues raised are serious or complex. A Case Conference meeting will be arranged after the investigation has been completed.

Type 4 Investigation – An investigating officer(s) will be allocated to investigate allegations *relating to a number of individuals*. A multi-agency strategy meeting/discussion will be held to agree how to investigate. An investigation report will be produced and a multi-agency case conference will be convened to consider the findings. Type 4 investigations will be undertaken where the issues raised are serious and complex and include a number of vulnerable adults. A Case Conference meeting will be arranged after the investigation has been completed.

Safeguarding Coordinator: Whenever there is a safeguarding investigation there will always be a Safeguarding Coordinator. This will always be a person from the local authority or an NHS organisation. The role of the safeguarding coordinator is to coordinate any investigation and oversee the protection planning arrangements. They will not undertake an investigation themselves, but rather act to ensure that it is being undertaken appropriately.

Strategy Meetings are arranged and chaired by the Safeguarding Coordinator. They are arranged in Type 3 and Type 4 Investigations in order to understand the nature of the allegation/concern, plan an investigation, and put in place any measures required to keep the person safe whilst the investigation is ongoing. All relevant parties will be invited to the meeting; this may include professionals from a range of agencies as well as the vulnerable adult and or their representatives. These meetings are formal meetings and are minuted.

On some occasions, it will not be practical to arrange a meeting, and the Safeguarding Coordinator will contact all relevant parties to collate their contributions.

This is referred to as a Strategy Discussion. Meetings undertaken in this way are also minuted.

Case Conference are arranged only in relation to Type 3 and Type 4 Investigations. They are a multi-agency meeting that will include the vulnerable adult and or their representatives, as well as the alleged perpetrator where appropriate. The purpose of the case conference is to review the actions taken at the Strategy Meeting, consider the investigation report, decide whether abuse has occurred or not and review the protection plan arrangements. The meeting is a formal one and will be minuted.

Appendix 4: Additional Guidance

- ASIST (Watching Brief) <http://www.asist.co.uk/>
- Henderson, R (2006) Defining Non-Instructed Advocacy. Planet Advocacy. 18. 5-7.
- SCIE. Practice Guidance On The Involvement Of Independent Mental Capacity Advocates (IMCAs) In Safeguarding Adults (SCIE GUIDE 32) – November 2009 <http://www.scie.org.uk/publications/guides/guide32/stopworking.asp>
- The Mental Capacity Act 2005 (Independent Mental Capacity Advocates) (Expansion of Role) Regulations 2006. London: The Stationery Office.
- The Mental Capacity Act 2005 (Independent Mental Capacity Advocates) (General) Regulations 2006. London: The Stationery Office.
- The Mental Capacity Act: Code of Practice. London. The Stationery Office.
- The Mental Capacity Act 2005. London. The Stationery Office
- Mental Capacity, Independent Mental Capacity Advocacy (IMCA) Service Engagement Protocol for Leeds
- Office of the Public Guardian (2009) Making Decisions: The Independent Mental Capacity Advocate (IMCA) Service. Department of Health.
- Office of the Public Guardian (2008) Deprivation of Liberty Safeguards: Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice. London: TSO.
- National Mental Health Development Unit (2009) Independent Mental Health Advocacy: Effective Practice Guide. www.nmhd.org.uk