

Safeguarding and Advocacy



What is advocacy?

Advocacy helps people to:

- have their voice heard
- communicate their views and wishes
- be involved in decisions about their lives
- find solutions that work for them
- have their rights respected
- Work towards the goal of self advocacy

The role of an advocate



What advocacy is not ?

Advocacy is not:

- speaking on behalf of an individual when they can and want to do that for themselves.
- befriending or social support
- taking over an issue and solving it
- mediation or counselling
- making a decision on behalf of the individual
- providing care or support to meet an individual's care/support needs

Advocacy principles

1. Clarity of Purpose
2. Independence
3. Person-centred Approach
4. Empowerment
5. Equal Opportunity
6. Accessibility
7. Supporting Advocates
8. Confidentiality
9. Complaints
10. Safeguarding

Person Centred

- People being able to take their own risks can be positive.
- Decisions without pressure, duress and undue influence from anyone else.
- The views and wishes of the people at risk of harm are central to the process.
- Supporting the principles of “Making Safeguarding Personal” and work collaboratively with other professionals and agencies to achieve the outcomes that people at risk of harm and abuse want to achieve.

Involvement & Advocacy

- Local authorities must involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in weighing up their options, and assist them in making their own decisions.
- Care Act 2014 is enshrining these rights in legislation, one of the most positive aspects in the whole of Act, which we should embrace.

Care Act: Duty

The duty to provide independent advocacy applies to:

- adults who need care and support
- carers of adults and carers of children in transition
- children who are approaching the transition to adult care and support, when a child's needs assessment is carried out, and when a young carer's assessment is undertaken.

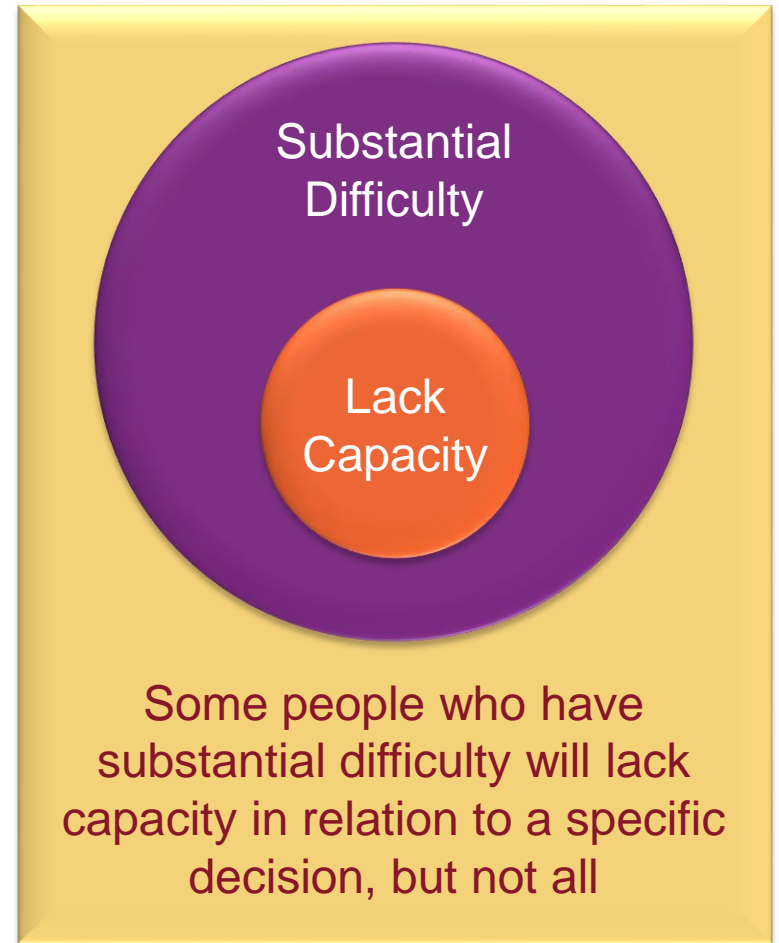
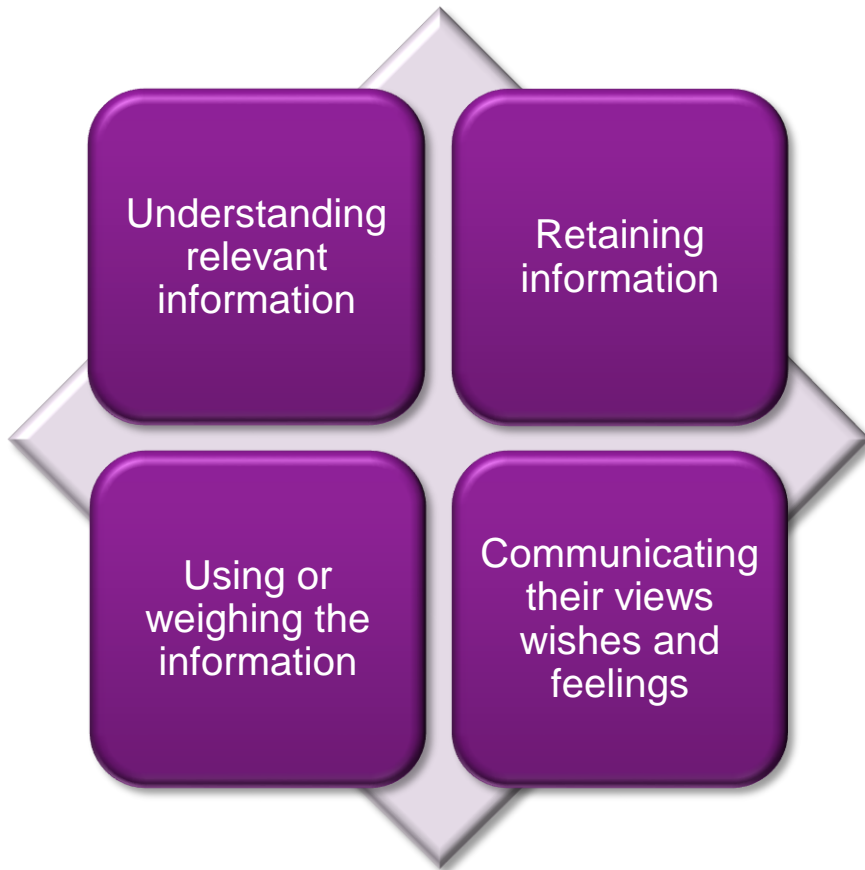
Advocacy for who?

Not everyone is entitled to an independent advocate.
Two conditions must be met:

- The person has **substantial difficulty** in being fully involved within assessment, care and support planning and review or safeguarding **AND**
- There is no one appropriate and available to support and represent their wishes

If these are met we '**must**' arrange an independent advocate to facilitate involvement.

'Substantial Difficulty' & 'Lacks Capacity'



Appropriate Person

Considerations	Must		Must NOT
<p>Who is appropriate to support and represent the person?</p> <p>AND</p> <p>Is a family member or friend an appropriate individual?</p>	<p>For Care Act: Be able to facilitate the individual's active involvement with the process</p> <p>AND</p> <p>The person who is supported must agree to the suggested 'appropriate individual'</p>	<p>For IMCA: Be able to be consulted. This could be done by telephone call between professional and appropriate person</p>	<p>Be someone who is already providing care or treatment professionally or paid</p> <p>OR</p> <p>Be someone who is implicated in neglect or abuse</p>

Advocacy & Care Act principles

- **Empowerment**
- People are supported and encouraged to make their own decisions and informed consent. People are involved in the process from the start, and have support throughout. Early referral to advocacy.
- **Prevention**
- It is better to take action before harm occurs. People are able to take action to protect themselves.
- **Proportionality**
- The least intrusive response appropriate to the risk.

Principles Continued...

- **Protection**
- Help and support to report abuse and neglect. Help to engage in all steps of the process.
- **Partnership**
- Services offer local solutions through working closely with their communities.
- **Accountability**
- People understand the role of everyone involved in their life.

Safeguarding

An advocate would typically support the person to:

Understand concerns identified and communicate views



Weigh up pros & cons to consenting / communicate



Understand the process and how they can be involved



Understand how the enquiry will be undertaken

Identify and communicate views about the enquiry



Identify and communicate ways to keep them safe



Understand written information about them (enquiry plan / protection plan)



Raise any concerns

ADVOCACY SCENARIOS- discuss in groups

Should an advocate be involved? What are the issues to consider?

Frank provides a lot of personal care for Elise his wife, who has advanced dementia. She is confused and frightened at times. Their son Jake is present at all meetings, he has refused to admit carers on a number of occasions. He does not let professionals into the house. Jake has his own home but seems to be at his parents house most of the time. He does not let his parents talk to professionals, he claims to express their views for them. A safeguarding alert has been by their neighbour who is worried that Frank and Elsie are being neglected, they have heard shouting in the house, but their neighbour has not seen Frank and Elsie for some time.

Sophie lives alone and has care and support needs. She has carers who visit twice a day who have raised concerns about Sophie's 'friends'. These friends visit and eat food out of the fridge and Sophie lends them money as her friends are homeless. Sophie is very clear that these are her friends and is happy to share with them. She has no family.

Elmo has learning difficulties and lives in residential care. He says one of the workers hurts him at night and he's scared of him. Elmo has a brother who says he wants to know that Elmo is safe but due to work /family commitments he can't always attend meetings.

Dav is a patient on a Ward at a local psychiatric unit, he has said to his advocate that last night a member of staff physically abused him. He said that he did not know the name of the staff member but could point him out on the staff board.

Types of Advocacy- instructed and non instructed

Independent Care Act Advocate

Independent Mental Capacity Advocate (IMCA)

Independent Mental Health Advocate (IMHA)

Independent Domestic Violence Advocate (IDVA)

Independent Sexual Violence Advisors (ISVA)

Independent Complaints Advocacy Service (ICAS)

Community Mental Health Advocacy & other non statutory
advocacy

Other: Relevant Persons Representative (RPR)

Advocacy Services we offer:

Care & Support Advocacy

Care Act Advocacy

IMCA/DoLS

Health Advocacy

IMHA statutory
inpatient/Community

NHS Complaints
General Health Advocacy

Other Advocacy

- **Independent Sexual Violence Advocate (ISVA)** will work closely with the person who has been subject to rape or sexual assault to help them understand the criminal justice system.

Refer by contacting Coventry Rape and Sexual Abuse Centre (CRASAC) helpline on 024 7627 7777 or visit www.crasac.org.uk/crisis-support-and-advocacy

- **Independent Domestic Violence Advocate (IDVA)** work closely with the person to assess the level of risk, discuss protective measures and implement protection plans.

Refer by contacting Coventry Domestic Violence and Abuse Partnership on 0800 035 5309 or visit www.safetotalk.org.uk

Interface with IMCA

The LA/NHS **must** consult the IMCA where

- A decision is being made about either serious medical treatment or long term moves **and**
- The person does not have capacity to make that decision **and**
- There are no family or friends appropriate to consult

The LA/NHS **may** consult an IMCA where the person does not have the capacity to agree to the arrangements for;

- Accommodation reviews, where there are no family or friends able to support and represent the person
- Adult protection proceedings, for victim or alleged perpetrator regardless of family/friend involvement

Interface with IMCA

- If an assessment, care and support plan or review leads to a change in accommodation, an eligible person could receive both types of advocacy.
- People subject to safeguarding concerns (alleged perpetrators who lack capacity can be offered IMCA support).

Case Study

- We were supporting James as his Relevant Persons Representative (RPR). James was in his early 80's and had dementia. He was being cared for in a care homes and there was a standard authorisation in place, authorising the deprivation of his liberty.
- During our work as James's RPR we became concerned that he was not receiving the appropriate level of care. We visited James on a number of occasions and would frequently find him wearing soiled clothes. Over a relatively short period, James began to lose weight and he became increasingly upset and unhappy. Our advocate became concerned that James might be being neglected and raised this as a safeguarding concern.
- James was eligible for ongoing support from an RPR, but was also eligible for support from an advocate under the Care Act for any Safeguarding Concerns.
- Principles of the Care Act is to provide continuity.

Working with an Advocate

- 1. Make the referral for advocacy at the earliest possible opportunity.** This will give the advocate time to build up a rapport with the person and build up a clear understanding of that person's wishes and views around the decisions to be made.
- 2. Don't force arbitrary timescales on the process.** The person at the heart of the decisions needs time to understand the information, explore options and express themselves as well as possible no matter how complex their needs.
- 3. Support the person.** Explore communication needs and provide the person with questions to be covered in an assessment or review in an accessible format in advance of the process.

Working with an Advocate cont...

5. **Understand that the person should remain at the centre of the process at all times.**
6. **Keep in mind the role of the advocate.** Do not expect advocates to give opinions or make decisions. Share info as if they're the person at the heart of the decision.

Making a referral

Response times

Care Act: Initial contact with the client within 5 days, and meeting with client within 10 working days or within 5 days for Safeguarding referrals.

IMCA: Acknowledgement within 48 hours and meeting planned within 10 working days.

Delays:

If your referral form is incomplete, this can cause a delay.

In particular, it is essential to provide the name and contact details of the social worker.

And Tick the relevant budget code for Section 67 Care Act Referrals.

Key meetings:

Make the referral early in the process, to enable the person to be fully supported. Then please contact the allocated advocate before booking a meeting you need them to attend as many advocates work part time.

How do I make a referral?

Referral Form: for an up to date copy see website

<http://www.voiceability.org>

Telephone: 0300 222 5947

Enquiries: cwadvocacy@voiceability.org