

York Mind

York Advocacy Hub

Standard Operating Procedures (SOPS)

October 2017 – Final Version

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Background Information

From April 2017 York Mind has been commissioned to deliver a single point of access advocacy service for the City of York. The service is contracted by City of York Council and is called York Advocacy Hub.

The hub will deliver the following advocacy streams;

1. General advocacy (Generic)
2. NHS complaints advocacy
3. Care Act advocacy (CAA)
4. Independent Mental Capacity Advocacy (IMCA)
5. Deprivation of Liberty Safeguards (DoLS), Relevant Person's Representative (RPR)
6. Independent Mental Health Advocacy (IMHA)

Contacts

Email: office@yorkadvocacy.org.uk

Tel. 01904 414357

30 Clarence Street
York
YO31 7DE

Our main hub offices are located at 30 Clarence Street, for details of how to get there and transport links please see www.yorkadvocacy.org.uk We also hold appointments in the community, inpatient and care settings and at York Mind offices in Highcliffe Court.

Service Availability

Our offices are staffed from 9am to 5pm, Monday to Friday, and a voicemail facility will operate outside of these times. Our offices are open throughout the year except for Bank Holidays. Between Christmas and New Year the office will have on call cover only.

This guide will give you information on referral processes, the parameters of advocacy, how we work as a service and the different types of advocacy.

What is Advocacy?

“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services 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”

(A4A The Advocacy Charter)

York Advocacy Hub's services are person-centred and help people to:

- be involved in decision making processes including best interest meetings
- have a say in decisions about their care and treatment
- say what they want

- secure and safeguard their human rights
- represent their wishes and views
- access appropriate services and support
- challenge unfair and discriminatory practices, policies and procedures
- identify unmet need and gaps in service provision
- explore their options and rights without bias to enable them to make informed choices

Advocacy is not crisis, counselling, befriending or advice giving. In carrying out the work above our advocates will explore their client's views and wishes with them, provide information to help them make informed choices, and support our client's development of self-advocacy skills. Our advocates will not give their personal opinion, make decisions for or seek to influence a client's decision-making.

Working under Instruction

Advocates work under instruction which means their work is directed by the client and the client's desired outcome. Where a client has been assessed as lacking capacity they may still be able to instruct their advocate however, if they lack capacity to give a direct instruction the advocate will work under a non-instructed framework to continue to promote the client's rights and well-being.

When working in a non-instructed capacity or where clients have communication difficulties advocates need sufficient time to fully engage with clients to accurately represent their views in any best interest or decision making process.

Consent and Information Sharing

Consent is required for advocates to act on behalf of clients and share information with other parties involved in the enquiry area or decision making process. If a client with capacity refuses to instruct an advocate or does not wish an advocate to be involved we will be unable to provide advocacy.

Where an advocate is working with an individual who lacks capacity they will do so under a non-instructed framework and will follow the principles of the approach they are using. In these circumstances an advocate will be instructed by a third party/decision maker however, the advocate remains independent to the process and will gather the clients views, wishes and opinions in the best way possible. This information will be passed to professionals involved to inform any decisions or best interest meetings.

The advocacy service will not disclose to any third party that a client is accessing our service or share information without direct consent unless as above an individual is deemed to lack capacity to instruct. When a third party including professionals, shares information with an advocate this information is not withheld from the client and the advocate will share any information provided with the client as this supports them to make informed decisions.

York Mind has organisational confidentiality and safeguarding policies and follows these when considering disclosing and sharing information where consent has not been given.

Advocacy Principles

Our service adheres to the key principles contained within the Advocacy Charter that underpin independent advocacy. There are 10 key principles:

1. Clarity of Purpose

2. Independence
3. Putting People First
4. Empowerment
5. Equal Opportunity
6. Accountability
7. Accessibility
8. Supporting Advocates
9. Confidentiality
10. Complaints

Independence – we are independent from statutory organisations, service providers, funders and commissioners including other services within York Mind. This ensures that the wishes and feelings of the person receiving advocacy are represented and are not inhibited by conflicts of interest or partiality.

Putting People First – advocates work is directed by the person they are advocating for. Advocacy supports people to make their own informed choices, including helping them think about any risks and consequences that may result from their decision. Advocates do not withhold information.

Confidentiality – we recognise the importance of confidentiality as central to enabling people to feel they have a safe space to share their story. Our written confidentiality policy is discussed with clients at the beginning of our work including circumstances where confidentiality may be breached.

Empowerment – we seek to continually develop our service in line with the people who use it including taking into account the advocacy support they want. The ultimate goal of advocacy is to promote and support self-advocacy so that a person is able to speak up for themselves.

For further information on the advocacy charter visit www.yorkadvocacy.org.uk

York Advocacy Hub also operates within an advocacy Quality Performance Mark (QPM) and advocates are qualified and trained holding the Independent Advocacy Qualification (IAQ) and associated specialist modules for statutory advocacy.

Referral Routes and Service Access

Each advocacy service has established access criteria and this may be determined by legislation for statutory advocacy and additional need in NHS and generic advocacy service streams. See appendix A for an overview of each type of advocacy and access criteria.

All referrals to York Advocacy Hub should be made using the single referral form (see Appendix B), which is designed to help us determine what type of advocacy support is required. Referrers should:

- complete the required sections of the referral form including any planned meetings
- ensure all referrals are sent securely, using an encrypted email system or password protected document
- contact the hub if you are unsure which advocacy stream is most appropriate for the person you are referring

- submit referrals at the point you identify someone requires advocacy support to ensure advocacy can commence in advance of meetings and decisions
- provide supplementary information with the referral, such as decision-specific capacity assessments, care plans or assessment notes.

Allocation Process

York Advocacy Hub triages, prioritises and allocates referrals in-line with established legislation, criteria and agreed timescales. (Appendix C & D).

Once a referral has been received we will:

- acknowledge receipt with the person making the referral within **two** days
- contact the person making the referral if further information is required or needs clarifying
- notify the person making the referral if there is a waiting period prior to allocation
- allocate the referral to a named advocate
- once allocated the named advocate will contact either the person requesting / named as requiring advocacy or the referrer/decision maker in cases where capacity has been assessed as lacking and a third party has submitted the referral

Please note: Incomplete referral forms will result in delays in allocation which may affect timescales other professionals are working to.

For advocacy involvement to be meaningful and support people's statutory rights, it is important that all referrals are made with sufficient time for the advocate to engage with the person requiring advocacy prior to meetings and decisions being made. Delays in responding to communication from the hub or advocate will extend the advocacy process.

Out of Area Referrals

As part of our contract with CYC, York Advocacy Hub will be open to advocacy referrals for individual's resident within the City of York boundary.

In addition, we will be open to RPR referrals and advocacy referrals under the Care Act for clients ordinarily resident in York but currently residing up to 25 miles outside of York. Should a referral be required outside of this area the referrer should contact us to discuss a spot purchase arrangement where we or our partners may be able to support the client.

Concerns and Complaints

York Advocacy Hub aims to provide the highest quality service, and maintain a commitment to dealing positively and fairly with concerns and complaints from clients, professionals and other stakeholders. We believe this is best achieved by implementing a combination of preventative measures, robust complaints procedures and processes and maintaining a flexible and responsive approach to conflicts when they occur.

Any complaint or concern regarding referrals, allocation timescales, working approaches or advocates working as part of the Advocacy Hub should be directed to York Mind and the advocacy hub manager.

We have found that a key component of preventing complaints is to work proactively to manage expectations around what advocacy is and isn't, what an advocate can and can't do

and the scope and limitations of the service. To this end we will continue to seek opportunities to engage in dialogue with referring partners to provide training and literature, address individual concerns, answer queries and discuss any operational issues.

Appendix A – Types of Advocacy and Access Criteria

Generic Advocacy

We provide one-to-one issue based advocacy for people aged over 18 who are resident in the City of York and have additional needs which impact on their ability to self-advocate, such as a mental health problem, a learning disability or a physical impairment. We also provide a wider information and signposting service to assist people to connect with services which can help them, and will look to develop further self-advocacy support options for people who do not meet the criteria for our one-to-one service.

Self-referrals can be made to our generic service, as well as third party referrals. Consent from the individual concerned will be established before any work is carried out on third party referrals.

Where capacity allows and no waiting list is in place, we may also take referrals for clients ordinarily resident in another Local Authority but temporarily resident in an inpatient setting in York, for homeless people in York with no fixed abode, and for clients in transition back into York (e.g. a young adult still under cared-for status and funded by CYC who is ordinarily resident out of area but moving back to York).

NHS Complaints Advocacy

This service supports residents of York who wish to complain about NHS-funded services they have received, either in their own right or on behalf of a child, family member, or carer. Consent from the individual concerned will be established before any work is carried out on third party referrals.

The Advocacy Hub provides practical support and information on local and national NHS complaints procedures, and will also assist with the preparation of complaints, support at local resolution meetings and help clients with correspondence.

Care Act Advocate (CAA)

Referrals for Care Act advocacy should be made by social care professionals who are assessing or reviewing care or conducting a safeguarding process for an individual who they judge as having substantial difficulty being involved in the process and where there is no other appropriate person to support them to be involved.

Eligibility for access to a Care Act advocate is set out in the Care Act and summarised below. Referrals for Care Act Advocacy should be made by the Local Authority where the person is ordinarily resident.

A family member or friend may be inappropriate due to being unwilling or unable to support the client be involved in the social care process, or because the client objects to their being involved. Where there is a dispute between the Local Authority and family members, and both parties feel an independent advocate would be of benefit a referral can be made.

A person is judged as having substantial difficulty in being involved in the social care process if it seems this substantial difficulty prevents them from one or more of the following;

- understand information relevant to the process
- retain this information
- weigh this information as part of being involved in the process
- use this information as part of being involved in the process

- communicate their views about the process

The Care Act advocate will support the person to be involved in the social care processes and decisions arising from them, and will represent the person's views and wishes as far as they can ascertain them. Where the latter is not possible, advocates will adopt a non-instructed approach to measure whether the person's human rights and previously stated views and wishes have been taken into account, as well as whether the principles of the Care Act have been followed.

Care Act advocates should be given access to relevant information about the client, and involved where appropriate in a timely manner by professionals. Advocates may raise concerns or complaints as instructed by their client, which should be considered and responded to by the Local Authority in line with Care Act guidance.

Independent Mental Capacity Advocate (IMCA)

Eligibility for access to an IMCA is set out in the Mental Capacity Act. Referrals for IMCAs should be made by the decision makers involved; i.e. by professionals in the area the person is currently resident, rather than ordinarily resident.

IMCA referrals must be made for persons aged 16 and over for whom York health and social care professionals are considering a 'best interests' decision regarding the following, due to the person having been formally assessed as lacking capacity to make the decision themselves;

- serious medical treatment
- long term change in accommodation

IMCAs may also be appointed for initial Care Reviews and for safeguarding issues (for the latter the family and friends remit below does not apply). Support for ongoing Care Reviews could then be provided by a Care Act Advocate.

A person is judged as lacking capacity if they have a mental impairment which prevents them from doing one or more of the following;

- understand information relevant to the decision
- retain this information
- weigh this information as part of making a decision
- use this information as part of making a decision
- communicate their decision

In conducting a capacity assessment, the decision maker should ensure they have used any relevant communication aids and employed the principles of the Mental Capacity Act.

An IMCA should be instructed for the above where there is no other appropriate individual for the decision maker to consult with. A family member or friend may be inappropriate due to being unwilling or unable to support the client be involved in the social care process, or because the client objects to their being involved. Where there is a dispute between the Local Authority and family members, and it is believed an independent advocate would be of benefit a referral should still be made.

An IMCA will provide a report for the decision maker, to aid their decision making, and will support the client to be as involved as possible in the decision.

Deprivation of Liberty Safeguards

An IMCA should also be instructed where a Deprivation of Liberty Safeguards authorisation has been requested (sections 39A, 39C, 39D of the amended Mental Capacity Act 2005).

39A IMCA

39A IMCAs should be instructed if an urgent Deprivation of Liberty Authorisation has been given or a request for a standard authorisation has been made and no one is available to consult other than those providing care in a professional (paid) capacity. The 39A IMCA will support the relevant Person during the assessment process, consult with assessors and submit a report to the Supervisory Body regarding their findings. They should be instructed by the Supervisory Body as soon as it received an application from the Managing Authority.

39C IMCA

39C IMCAs should be instructed when there is a gap in the appointment of an unpaid Relevant Person's Representative (RPR). 39C IMCAs have the right to make submissions to the Supervisory Body on the question of whether a qualifying requirement should be reviewed, or to give information or make submissions to any assessor carrying out a review assessment. The involvement of the 39C IMCA will end as soon as a new RPR is appointed.

39D IMCA

Both the relevant person and the unpaid RPR have a statutory right to the services of a 39D IMCA. A 39D IMCA should be instructed to support an unpaid RPR in their role if:

- they request such support
- the Supervisory Body believes they need support to carry out the RPR role
- the Supervisory Body believes that the unpaid RPR will not exercise the relevant person's rights of review or appeal

The 39D IMCA will assist the unpaid RPR to understand the RPR role, attend meetings, deal with professionals involved and, if needed, support the RPR to challenge the DoLS in the Court of Protection. A 39D IMCA can be requested at any stage during the term of the authorisation.

Relevant Person's Representative

When a DoLS authorisation is granted a referral for a professional RPR should be made if there is no one suitable or available to undertake the RPR role. The RPR will visit the person regularly, ensure that the DoLS continues to be appropriate and the relevant criteria and any conditions attached to the DoL continue to be met. The RPR will be in a good position to identify any other areas of concern which should be addressed including issues not directly related to the DoLS but which have a bearing on the circumstances of the person's care. The professional RPR will:

- maintain regular contact with the deprived person and provide support which is independent of all others involved
- support and represent the person in all matters relating to the DoL including any meetings which may be convened
- ensure that the relevant person is supported to understand and exercise their right of review, complaint and challenge
- if necessary challenge the DoLS in the Court of Protection.

Independent Mental Health Advocate (IMHA)

As set out in Mental Health Act, people are eligible for an IMHA if they are:

- detained under the Mental Health Act 1983 (excluding people detained under certain short-term sections);
- conditionally discharged restricted patients;
- subject to guardianship;
- subject to Community Treatment Orders (CTOs).

IMHAs will ensure that a client's rights, when detained under a section of the Mental Health Act, are upheld. When a client has given consent, IMHAs will provide information, support clients at meetings, consult with other professionals on behalf of a client and ensure that a client's views are heard and acted upon. They may provide information on issues such as health and medical treatment. They can also signpost to other services such as benefit support, housing or employment.

People who are being considered for treatment requiring consent and/or a second opinion, such as ECT treatment, may also qualify for independent mental health advocate assistance.

Advocacy may be provided in inpatient settings or in the community.

Appendix B – Referral Form and Guidelines

This referral form is for all types of advocacy. All referrers must complete all fields in section 1 and then depending on the advocacy required please complete other relevant sections. Incomplete forms may result in delays in allocating an advocate. Email referrals securely to office@yorkadvocacy.org.uk

Advocacy Required (please select)	Generic	IMCA	Care Act	IMHA	NHS Complaints	Unsure
	sec 1	sec 1 & 2	sec 1 & 3	sec 1 & 4	sec 1	sec 1

How did you hear about this service?	
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Section 1: Referral Information

Referrer Details:	
Name:	
Role / Job Title:	
Place of work (ward / unit - inc address):	
Phone Number:	
Email Address:	

Client Details:	
Name:	
Home Address:	Current Address / ward / unit (if different):
Postcode:	Postcode:
Home tel number:	Current tel number:
Can we leave a message?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth (DD/MM/YY):	Gender
Has consent been given by the client for this referral? If no please provide details why:	

Friends/family and/or emergency contact:
Is there anyone (e.g. friend/relative) who can actively support the person's involvement in the decision(s) being made or who we need to consult with or name as an emergency contact?

If you have answered **yes** above, please provide contact details for the person(s) including their relationship to the person requiring advocacy and the role they will undertake e.g. emergency contact:

Is there anyone who has been ruled out of being consulted or supporting the person? If **yes**, please provide details of who and the reason:

Are there any risk issues pertaining to the client (or family/friends). Please provide details (e.g. harm to self, criminal convictions). If none please put N/A

Reason for advocacy referral? (Please include a summary of the advocacy issue/decision being made, upcoming meeting dates, deadlines, priority areas etc)

Primary Need of person being referred (please tick):			
Learning Disability		Older Person	
Physical Impairment		Acquired Brain Injury	
Mental Health Needs		Dementia	
Carer		Autistic Spectrum Disorder	
Sensory Impairment		Long term health condition	
Other (please state):			
What is the client's primary method of communication (e.g. verbal, gestures) Do they have any additional communication needs? (e.g. BSL, English as second language, Makaton)			

Ethnicity of client (please tick):			
White (British)		Asian/Asian British (Indian)	
White (Irish)		Asian/Asian British (Pakistani)	

White (Other)		Asian/Asian British (Other)	
Black/Black British (African)		Mixed: White/Black African	
Black/Black British (Caribbean)		Mixed: White/Black Caribbean	
Black/Black British (Other)		Mixed: White/Asian	
Asian/Asian British (Chinese)		Mixed: Other	
Asian/Asian British (Bangladeshi)		Other Ethnic Group	
Other (please state)		Prefer not to say	

Section 2: Independent Mental Capacity Advocacy (IMCA)

What is the reason for this referral?			
Best Interest Decision		Serious Medical Treatment	
Paid Relevant Persons Representative (RPR)		Change of Accommodation	
Deprivation of Liberty Safeguards (DoLS)		Support at Meetings (social care/health)	
Other (Please state):			

Please indicate the Serious Medical Treatment you are considering:			
Cancer treatment		Hip / Leg operation	
Major amputation		Do not attempt resuscitation (DNAR)	
Electro-convulsive therapy (ECT)		Medical investigation	
Artificial Nutrition and Hydration (ANH)		Dental work	
Major surgery (e.g. open heart, neurosurgery)		Termination of pregnancy	
Treatment that may lead to loss of hearing or sight including treatment for cataracts		Potential future medical treatment or investigation	
Will the proposed procedure involve a General Anaesthetic (GA)?			Yes No
Other treatment (Please state):			

Is the person currently an inpatient?	Yes	No	Hospital	
Ward		Ward direct tel:		
Have you assessed the person as lacking capacity in relation to the referral issue? (due to an impairment or disturbance in the functioning of the brain which means the person cannot understand, retain or weigh up information, or communicate their wishes or feelings)				Yes No
If Yes , when was this assessment carried out (DDMMYY) (Please include a copy with this referral)				
Deprivation of Liberty Safeguards (DoLS):				
Has a DoLS application been made for the person?				Yes No
Does the person have a Relevant Person's Representative? (RPR) If so please give details of this person:				

Decision Maker Details (if referrer, leave blank):

Name:	
Role / Job Title:	
Place of work (inc address):	
Phone Number	
Email Address:	

Section 3: Care Act Advocacy Referrals (CAA)

Does the person requiring advocacy have substantial difficulty in engaging with, or understanding the referral issue? (For e.g. difficulty understanding, retaining, using/ weighing up information or communicating their wishes and feelings)	Yes / No	Please provide details
Is the person requiring advocacy going through a social care process? (for e.g. safeguarding, assessment of need, care review/planning, carers assessment)		
Does the person requiring advocacy have an appropriate person to support them as identified in section 1?		

Section 4: Independent Mental Health Advocacy (IMHA)

Is the person:	Yes / No	Details
Detained under a section of the Mental Health Act 1983? <i>(Please state which section and start date of section)</i>		
A conditionally discharged restricted patient?		
Subject to a community treatment order? (CTO)		
Subject to a guardianship order?		
Under 18 and being considered for ECT (electroconvulsive therapy) or a section 58a treatment?		

Additional Contacts:	
Name of Responsible Clinician	
Name of Nearest Relative	
Relationship of Nearest Relative to the person	

Referral Form Guidelines

Please read these guidelines to assist you in completing the Advocacy referral form for all types of advocacy provided through York Advocacy Hub.

Incomplete forms will require following up with the person who has completed it and this may create a delay in allocating an advocate and commencing advocacy work.

Advocacy type: There are different types of advocacy which sit under different legislation and include statutory and non-statutory. Please select the type of advocacy required which include Generic, NHS Complaints, Care Act (CCA), Independent Mental Capacity (IMCA) and Independent Mental Health Advocacy (IMHA). For further information on the types of advocacy you can refer to the Standard Operating Procedures (SOPS).

Section 1: All referrers or individuals requiring advocacy must complete all the fields in section 1. This is the minimum information required to accurately determine how we can best support the person requiring advocacy.

1. Referrers details are required so we can follow up if further information is required
2. Client details refers to the person requiring advocacy. Inaccurate contact details will result in a delay in commencing work and/or gaining instruction from the client
3. Consent is required where a person has capacity to authorise an advocate to be instructed on their behalf. Advocates cannot be retained where a client with capacity has not given consent for the referral. Should a client say they do not want an advocate an advocate will not be allocated. Where an individual lacks capacity to instruct consent to act is provided by the referrer/decision maker.
4. Individuals can often be supported by family or friends to advocate on their behalf. Where an appropriate person has been requested or identified please include their details. If a person is not considered appropriate please state why
5. Information about risks is required as advocates often lone work and we need to ensure the safety of both staff and clients by managing any risks disclosed
6. Reason for the advocacy referral needs to clearly state what the advocacy issue or barrier that is preventing the client from being involved and having a say in decisions being made. It is not sufficient to say the person requires 'support'. It's important to include any needs, meeting dates or priority issues which help when processing and allocating referrals.
7. Primary need enables us to offer an appropriate level of support based on the client's needs
8. Information on the client's ethnicity helps us to assess the diversity or otherwise of the range of people accessing the service.

Any supporting documents such as capacity assessments, care plans etc should accompany the referral form. Any delays in receiving or accessing relevant documents will result in delays in advocacy work starting and progressing.

Section 2: This section needs to be completed in addition to section 1, if you are referring someone who is eligible under the Mental Capacity Act 2005 (MCA) who requires an Independent Mental Capacity Advocate (IMCA). Please complete all the relevant fields.

Section 3: This section needs to be completed in addition to section 1, if you are referring someone who is eligible under the Care Act 2014 (CA) who requires a Care Act Advocate (CAA). Please complete all the relevant fields.

Section 4: This section needs to be completed in addition to section 1, if you are referring someone who is a qualifying patient detained under the Mental Health Act 1983 (MHA) who requires an Independent Mental Health Advocate (IMHA). Please complete all the relevant fields.

Returning the referral form: Referral forms can be emailed via secure email to office@yorkadvocacy.org.uk If you do not have a secure email system you can password protect the form and send the password in a separate follow-up email.

Referral Process: Once received the referral form will be checked and entered onto our secure database system. Any incomplete forms will need to be follow-up and this will delay allocating an advocate.

Once the information has been checked the case will be allocated to a named advocate. Please be aware that allocating means that the named advocate will then plan in a time to meet the client to gain consent and instruction, where they have capacity, and contact other relevant professionals.

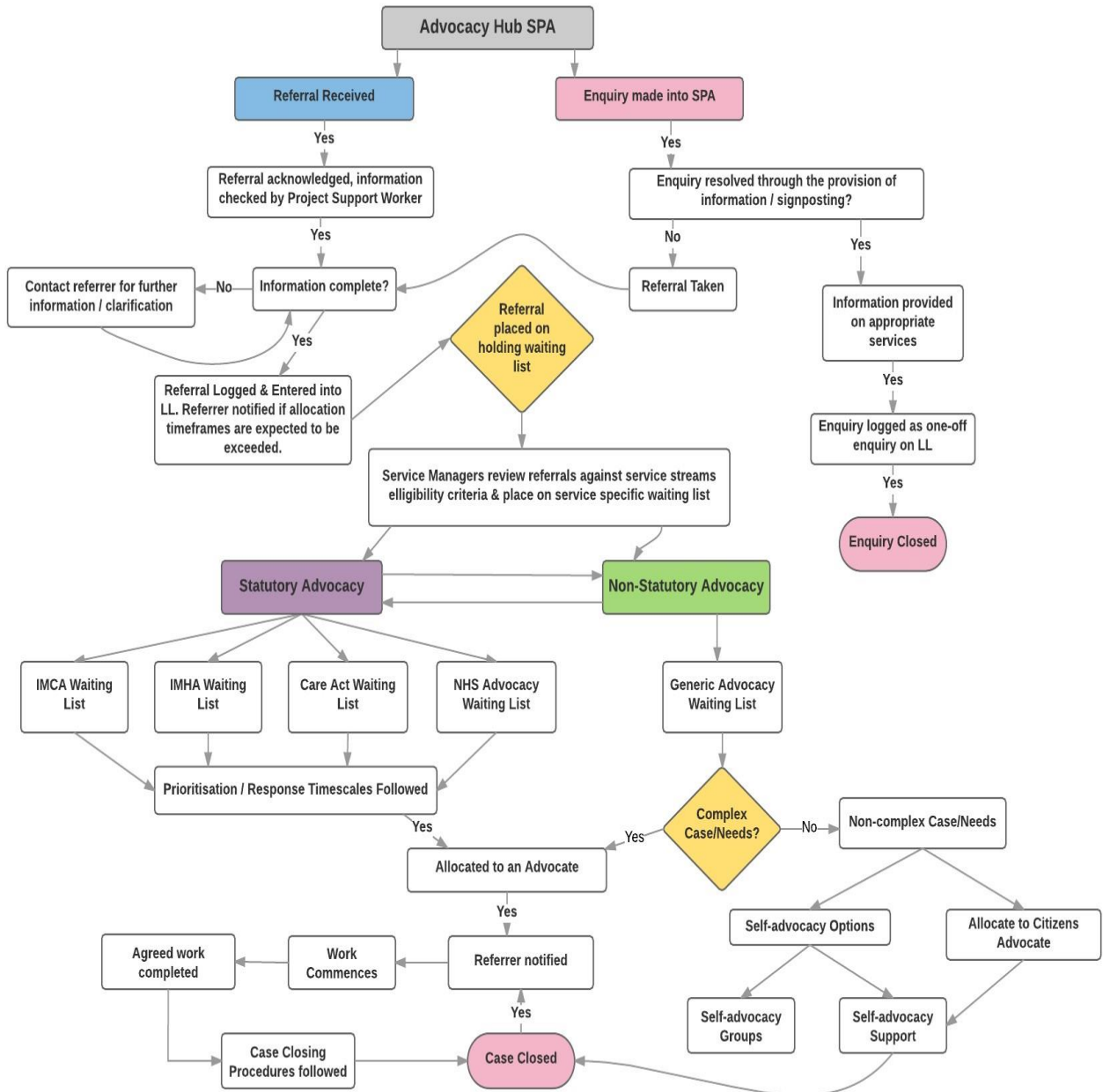
Referrals received where dates for Best Interests or other meetings have been set to occur in a short timescale may result in a request to reschedule the planned meeting to enable the advocate to be present. Where meeting dates have still to be arranged please ensure you consult with the named advocate when arranging these dates to ensure they are available along with other professionals.

Advocacy work: Advocacy supports a person's statutory rights and their involvement in decision making processes. For advocacy to be meaningful time is required to ascertain the person's wishes, views and opinions and where capacity is lacking those of family, friends and other professionals. This information is then used to ensure the person has a say. Referrals that do not allow sufficient time for this to take place don't support the advocacy principles under which we work.

Allocation Timescales: Appendix D details both the eligibility criteria and allocation timescales.

Appendix C – Triaging and Allocation Process

YORK ADVOCACY HUB SINGLE POINT OF ACCESS PROCESS



Appendix D - Advocacy Eligibility Criteria and Allocation Timeframes

Advocacy Required	Eligibility Criteria	Advocate is Allocated and Referrer Informed	
We aim to allocate referrals within the timescales indicated below and will discuss timescales for allocation with referrers.			
Generic	Persons ordinarily resident in York, over 18, with additional need impacting on their ability to advocate for self.	As soon as possible, subject to whether a waiting list is in place.	
NHS Complaints Advocacy	Persons ordinarily resident in York wishing to complain about NHS care and treatment received.	As soon as possible, subject to whether a waiting list is in place.	
Care Act Advocacy	Persons for whom York local authority is engaged in care assessment, planning or safeguarding processes, and who are in York or up to 25 miles outside of York's boundary, and who have substantial difficulty in being involved in these processes, with no appropriate person available to help them be involved.	Assessment / review of needs	Within 5 working days
		Safeguarding / discharge from hospital	Within 3 working days
Independent Mental Capacity Advocacy	<p>IMCA referrals must be made for persons aged 16 and over for whom York Health and Social Care professionals are considering a 'best interests' decision regarding the following, due to the person having been formally assessed as lacking capacity to make the decision themselves and who have neither family nor friends who are appropriate to be consulted</p> <ul style="list-style-type: none"> • serious medical treatment • long term change in accommodation <p>IMCA referrals may also be made for cases involving</p> <ul style="list-style-type: none"> • Adult Safeguarding • Care reviews (for BIM following initial change of accommodation) this will normally be taken by the original IMCA and arranged at the time the CoA decision is made <p>An IMCA should also be instructed in certain circumstances where a Deprivation of Liberty Safeguards authorisation has been requested (sections 39A, 39C, 39D of the amended Mental Capacity Act 2005).</p> <p>When a DOLs is granted, a professional RPR referral should be made where there is no one else appropriate or willing to undertake this role. RPR referrals can be made in this instance for people who are in York or up to 25 miles outside of York's boundary.</p>	changes of accommodation / serious medical treatment /Safeguarding	Within 2 working days
		DoLS 39A Urgent	Within 2 working days
		DoLS 39A	Within 3 working days
		DOLS 39C	Within 10 working days
		DOLS 39D	Within 10 working days
		RPR	Within 10 working days
Independent Mental Health Advocacy	Persons who are detained under the Mental Health Act 1983 (excluding people detained under certain short-term sections); conditionally discharged restricted patients; patients subject to guardianship; patients subject to CTOs.	Within 7 working days	