UT COMPLIANCE

A TRADING NAME OF UNIQUE TENDERS LIMITED

POLICY DOCUMENT

Advocacy and Support Policy

UT Compliance

DOMICILIARY CARE

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CONFIDENTIAL DOCUMENT

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1. Scope

1.1 Purpose

This Advocacy and Support Policy establishes the framework for ensuring all service users at have the support they need to express their views, exercise their rights, and make informed decisions about their care. The policy outlines how we recognise advocacy needs, facilitate access to independent advocacy services where required, and ensure every individual's voice is heard and respected throughout their care journey. This policy aligns with the Care Act 2014 statutory advocacy duties, NICE Guideline NG227 on Advocacy Services, the Mental Capacity Act 2005, and CQC Fundamental Standards.

1.2 Application

This policy applies to all individuals involved in providing or supporting domiciliary care services at , including:

- All employees, including care workers, supervisors, and management who engage with service users
- Agency staff and temporary workers providing care
- Volunteers who interact with service users
- Contractors and third-party providers involved in care delivery
- Service users, their families, carers, and existing advocates

1.3 Services Covered

This policy applies to all aspects of domiciliary care where advocacy support may be beneficial:

- Care and support assessments and reassessments
- Care and support planning and reviews
- Decisions about personal care and daily living support
- Health and medical decisions requiring informed consent
- Safeguarding enquiries and protection planning
- Complaints and concerns processes
- Decisions about accommodation or changes to living arrangements

1.4 Types of Advocacy

This policy recognises different types of advocacy that may support service users:

- Statutory Independent Advocacy: Advocacy provided under legal duties in the Care Act 2014, Mental Capacity Act 2005, and Mental Health Act 1983
- Independent Mental Capacity Advocate (IMCA): For people who lack capacity for specific decisions and have no appropriate person to support them
- Independent Mental Health Advocate (IMHA): For qualifying patients under the Mental Health Act

- Care Act Advocate: For people with substantial difficulty being involved in care and support processes
- Non-Statutory/General Advocacy: Advocacy beyond legal requirements that benefits the individual
- Peer Advocacy: Support from people with lived experience of similar situations
- Self-Advocacy: Supporting individuals to speak up for themselves

1.5 Policy Ownership and Review

This policy is owned by the Registered Manager () who has overall accountability for ensuring advocacy practices comply with legal, regulatory, and best practice requirements. The policy is reviewed annually or following significant legislative changes, regulatory updates, or organisational learning.

2. Legal and Regulatory Framework

operates within a comprehensive legal framework governing advocacy and support:

Legislation/Regulation	Requirements
Care Act 2014 (Sections 67-68)	Creates statutory duty to provide independent advocacy when a person has substantial difficulty being involved in care and support processes and has no appropriate person to support them. Applies to needs assessments, care planning, reviews, and safeguarding enquiries.
Care and Support (Independent Advocacy Support) (No. 2) Regulations 2014	Sets out the statutory role, functions and requirements of an advocate under the Care Act duty. Extends circumstances requiring advocacy to include hospital stays of 28+ days or care home stays of 8+ weeks.
Mental Capacity Act 2005	Establishes duty to instruct an Independent Mental Capacity Advocate (IMCA) for people lacking capacity who have no appropriate person to support them, for decisions about serious medical treatment, long-term accommodation changes, and safeguarding.
Mental Health Act 1983 (as amended)	Establishes right to Independent Mental Health Advocate (IMHA) for qualifying patients detained under the Act, subject to community treatment orders, or conditionally discharged.
Health and Social Care Act 2008	Establishes standards for safe, person-centred care, ensuring service users have access to support in expressing their views and making decisions about their care.
CQC Regulation 9 (Person-Centred Care)	Requires care to reflect individual needs and preferences, including access to advocacy to support decision-making and involvement in care planning.
CQC Regulation 10 (Dignity and Respect)	Mandates that service users are treated with dignity and respect, supported to express their views and make autonomous decisions about their care.
CQC Regulation 11 (Need for Consent)	Requires informed consent before care is provided, with advocates supporting those who need assistance to understand information and make decisions.
CQC Regulation 13 (Safeguarding)	Requires protection from abuse and improper treatment. Advocacy provides additional safeguarding by supporting individuals to speak up about concerns.

Equality Act 2010	Protects individuals from discrimination and requires reasonable adjustments to ensure fair access to advocacy and support services regardless of protected characteristics.
Human Rights Act 1998	Article 8 (right to private and family life) supports autonomy in care decisions. Article 6 (right to fair hearing) relates to involvement in decisions about care.
UK GDPR and Data Protection Act 2018	Governs secure handling of personal information shared during advocacy processes. Requires appropriate consent for sharing information with advocates.
NICE Guideline NG227 (Advocacy Services)	National guidance on commissioning and delivering effective advocacy services. Covers statutory and non-statutory advocacy, improving access, training, and quality standards.

3. Definitions of Key Terms

The following terms are used throughout this policy:

Term	Definition
Advocacy	Support to help someone express their needs and wishes, weigh up and make decisions about options available to them, and have their voice heard. An advocate acts in the person's best interests to ensure their rights are upheld.
Independent Advocate	A trained professional whose sole engagement is to support the person and help ensure their voice, needs and preferences are heard. Independent from the care provider and decision-makers.
Independent Mental Capacity Advocate (IMCA)	A statutory advocate for people who lack capacity to make specific decisions and have no appropriate person to support them. Appointed for decisions about serious medical treatment, accommodation changes, and safeguarding.
Independent Mental Health Advocate (IMHA)	A statutory advocate for qualifying patients under the Mental Health Act 1983, helping them understand and exercise their rights.
Care Act Advocate	An independent advocate appointed under the Care Act 2014 to support someone with substantial difficulty being involved in assessment, care planning, review, or safeguarding processes.
Substantial Difficulty	Under the Care Act, difficulty in one or more of: understanding relevant information, retaining information, using or weighing information, or communicating views. Not the same as lacking capacity.
Appropriate Person	Someone (not a professional carer) willing and able to support the person's involvement in processes. If no appropriate person exists, an independent advocate must be provided.
Instructed Advocacy	Advocacy where the person can direct the advocate about what they want. The advocate follows the person's instructions even if they disagree.
Non-Instructed Advocacy	Advocacy for people who cannot communicate their views in a way that can be understood. The advocate works to represent the person's likely wishes, feelings, and best interests.

Self-Advocacy	When a person speaks up for themselves to express their own views, make their own decisions, and represent their own interests.
Peer Advocacy	Advocacy support from someone with lived experience of similar circumstances, disability, or situation.
Mental Capacity	The ability to make a specific decision at a specific time. A person lacks capacity if they cannot understand, retain, use or weigh information, or communicate their decision.
Best Interests	Decisions made for someone who lacks capacity must be in their best interests, considering their past and present wishes, beliefs, values, and consulting relevant people.
Person-Centred Care	An approach to care that respects and responds to the individual's preferences, needs, and values, ensuring the person's voice guides all care decisions.
Safeguarding Enquiry	An investigation under Section 42 of the Care Act 2014 when there is reasonable cause to suspect abuse or neglect of an adult at risk.

4. Policy Statement

4.1 Commitment

is committed to ensuring every service user has the support they need to express their views, exercise their rights, and make informed decisions about their care. We believe advocacy is fundamental to person-centred care and safeguarding. We will ensure service users know about advocacy, can access it easily, and receive it as early as possible when needed.

4.2 Core Principles

adheres to the following principles aligned with NICE Guideline NG227:

- Voice and Choice: Every person has the right to express their views, have their voice heard, and make decisions about their care
- Independence: Advocacy must be independent from care providers and decision-makers to genuinely represent the person's interests
- Empowerment: Advocacy aims to empower people to speak for themselves where possible, building self-advocacy skills
- Accessibility: Information about advocacy is provided in accessible formats and advocacy services are easy to access
- Timeliness: Advocacy is offered early enough for the person to benefit fully
- Confidentiality: Information shared with advocates is kept confidential within legal limits
- Equality: All service users have equal access to advocacy regardless of their characteristics or circumstances
- Person-Led: The person's wishes, feelings, and desired outcomes guide the advocacy support provided

4.3 Service User Rights

Service users have the right to:

- Be informed about their right to advocacy and how to access it
- Have an independent advocate when entitled under statute
- Choose whether to accept or decline advocacy support
- Have the same advocate throughout their journey where possible
- Have their confidentiality respected
- Be supported to express their own views and make their own decisions
- Provide feedback about advocacy services

5. Roles and Responsibilities

Clear allocation of responsibilities ensures effective advocacy support:

Role	Responsibilities
All Staff	Understand principles of advocacy and when it may be needed. Identify situations where advocacy would benefit the service user. Inform service users about their right to advocacy. Support referrals to advocacy services. Work collaboratively with advocates. Complete mandatory advocacy awareness training.
Registered Manager ()	Overall accountability for advocacy policy implementation. Ensure staff are trained in advocacy principles and referral processes. Maintain relationships with local advocacy providers. Ensure information about advocacy is accessible. Monitor quality of advocacy arrangements. Report to CQC as required.
Duty Manager	Day-to-day operational support for advocacy processes. Approve and process advocacy referrals. Coordinate with advocacy providers. Support staff in identifying advocacy needs. Ensure advocates have appropriate access to service users.
Care Coordinators	Assess advocacy needs during care planning and reviews. Make referrals to advocacy services when required. Document advocacy involvement in care plans. Liaise with advocates to ensure coordinated support. Support service users to engage with their advocate.
Safeguarding Lead ()	Ensure advocacy is considered in all safeguarding enquiries. Make IMCA referrals where person lacks capacity and has no appropriate person. Coordinate with advocates during safeguarding processes. Ensure advocates are informed of outcomes.
Data Protection Officer ()	Ensure advocacy records are handled in compliance with data protection law. Advise on appropriate information sharing with advocates. Oversee secure storage of advocacy-related documentation.
Health and Safety Officer ()	Ensure safe environment for advocacy meetings. Assess any health and safety considerations for advocate visits.

6. Procedures

6.1 Identifying Advocacy Needs

Staff should be alert to situations where advocacy may benefit a service user:

1. At Assessment: Consider advocacy needs from the first contact. Does the person have substantial difficulty understanding, retaining, using information, or communicating views?
2. Appropriate Person Check: Is there a family member, friend, or other appropriate person who can support the individual? An appropriate person must not be a paid carer and must be willing and able to facilitate involvement.
3. Capacity Considerations: If there are concerns about capacity for specific decisions, consider whether an IMCA referral is needed.
4. Safeguarding Situations: Always consider advocacy needs in safeguarding enquiries.
5. Ongoing Review: Reassess advocacy needs when circumstances change, health deteriorates, or new decisions are required.

6.2 Understanding Statutory Advocacy Duties

Staff must understand when statutory advocacy must be provided:

Care Act Advocacy – Required when:

- The person has substantial difficulty being involved in assessment, care planning, review, or safeguarding
- There is no appropriate person to support them

IMCA – Required when:

- The person lacks capacity for a specific decision about serious medical treatment or long-term accommodation
- There is no appropriate person to consult
- May also be used in safeguarding and care reviews (discretionary)

6.3 Making Advocacy Referrals

When advocacy is needed:

- Consent: Where the person has capacity, seek their consent for the referral. Explain what advocacy involves and how it can help.
- Complete Referral: Use the Advocacy Referral Form (Appendix A) providing all relevant information about the person and their needs.
- Timely Referral: Make referrals as early as possible so the person has time to benefit from advocacy support before key meetings or decisions.
- Document: Record the referral in the service user's care plan, including reason for referral and outcome.
- Follow Up: If the advocacy provider does not respond promptly, follow up to ensure the referral is actioned.

6.4 Working with Advocates

When an advocate is involved:

- Facilitate Access: Allow the advocate to meet the service user in private. Provide reasonable facilities for meetings.
- Share Information: With appropriate consent, share relevant information with the advocate so they can represent the person effectively.
- Include in Meetings: Invite the advocate to relevant meetings and care planning discussions.
- Consider Representations: Give proper consideration to any representations or concerns raised by the advocate.
- Respond to Challenges: If the advocate challenges a decision, respond constructively and provide clear reasons for decisions.
- Maintain Confidentiality: Respect the confidential nature of the advocate's discussions with the service user.

6.5 Supporting Self-Advocacy

Staff should support service users to speak for themselves by using clear, accessible communication, allowing adequate time for discussions, providing information in appropriate formats, encouraging and enabling the person to express their views, creating safe spaces for difficult conversations, and connecting service users with peer advocacy and self-advocacy groups where appropriate.

6.6 Information About Advocacy

ensures information about advocacy is available to all service users by providing written information in accessible formats, displaying information about local advocacy services, explaining advocacy during care planning and reviews, offering the information repeatedly as needs change, and providing information to family members and carers.

7. Training and Development

7.1 Initial Training

All new staff receive mandatory induction training covering:

- What advocacy is and why it matters
- Different types of advocacy (statutory and non-statutory)
- Legal framework including Care Act and Mental Capacity Act duties
- Recognising when advocacy may be needed
- How to make advocacy referrals
- Working effectively with advocates
- Supporting self-advocacy

7.2 Ongoing Training

Staff receive ongoing development including annual refresher training on advocacy, communication skills workshops, updates on changes to legislation or guidance, and reflective practice sessions to share learning from advocacy experiences.

7.3 Competency Assessment

Competency is assessed through observation of practice in identifying and responding to advocacy needs, review of referral documentation, supervision discussions, and feedback from advocates and service users.

8. Monitoring and Review

8.1 Monitoring Framework

monitors advocacy implementation through:

- Audits of care plans to assess whether advocacy needs have been identified and addressed
- Review of advocacy referrals (timeliness, appropriateness, outcomes)
- Feedback from service users and families about advocacy experiences
- Feedback from advocacy providers
- Analysis of incidents where advocacy needs were not met

8.2 Quality Indicators

Key performance indicators include:

- Percentage of service users informed about advocacy
- Number of advocacy referrals made
- Timeliness of referrals (before key meetings/decisions)
- Service user satisfaction with advocacy support
- Staff training completion rates

8.3 Policy Review

This policy is reviewed annually by the Registered Manager, considering audit findings, feedback from service users and advocacy providers, staff feedback and training evaluations, legislative and guidance changes, and incidents or complaints related to advocacy. Lessons learned are incorporated into policy updates and training.

9. Reporting Concerns

9.1 Staff Duty to Report

Staff must report any concerns about advocacy implementation, including situations where someone entitled to statutory advocacy is not receiving it, difficulty accessing advocacy services, advocates not being included in key meetings or decisions, and service user preferences not being respected.

9.2 Reporting Channels

Concerns should be reported to the Duty Manager or Registered Manager (). Anonymous reporting is available for those who prefer it. External reporting to CQC is available if internal concerns are not addressed.

9.3 Whistleblowing Protection

Staff who raise concerns about advocacy practices in good faith are protected under the Public Interest Disclosure Act 1998. No staff member will suffer detriment for raising genuine concerns.

10. Related Policies

This policy should be read in conjunction with:

- Mental Capacity and Best Interests Policy
- Consent Policy
- Safeguarding Adults Policy
- Person-Centred Care Policy
- Accessible Information and Communication Policy
- Complaints Policy
- Data Protection and Privacy Policy
- Equality, Diversity and Human Rights Policy
- Deprivation of Liberty Safeguards / Liberty Protection Safeguards Policy

Document Control

Policy Title	Advocacy and Support Policy
Version	2.0
Policy Owner	Registered Manager ()

Approved By	

Appendix A: Advocacy Referral Form

ADVOCACY REFERRAL FORM

SECTION 1: SERVICE USER DETAILS	
Name:	
Date of Birth:	
Address:	
Contact Number:	
Preferred Communication:	

SECTION 2: TYPE OF ADVOCACY REQUIRED	
Tick the type of advocacy required:	
? Care Act Advocate (substantial difficulty)	? IMCA (lacks capacity, no appropriate person)
? IMHA (Mental Health Act patient)	? NHS Complaints Advocacy
? General/Non-statutory Advocacy	? Other (specify below)

SECTION 3: REASON FOR REFERRAL	
What process is advocacy needed for? (tick all that apply):	
? Needs Assessment	? Care/Support Planning
? Care Plan Review	? Safeguarding Enquiry
? Accommodation Decision	? Medical Treatment Decision
? Complaint/Concern	? Other (specify below)
Describe the substantial difficulty the person has:	

SECTION 4: APPROPRIATE PERSON CHECK
Is there an appropriate person who can support the individual? ? Yes ? No
If No, explain why (no family/friends, person declines their involvement, conflict of interest, etc.):

SECTION 5: MENTAL CAPACITY (for IMCA referrals)
Has capacity been assessed for the specific decision? ? Yes ? No ? N/A
Does the person lack capacity for this decision? ? Yes ? No ? N/A

SECTION 6: CONSENT
Has the person consented to this referral? ? Yes ? No (lacks capacity) ? Unable to obtain

SECTION 7: URGENCY AND KEY DATES	
Date of key meeting/decision:	
Urgency:	? Urgent ? Standard

SECTION 8: REFERRER DETAILS			
Name:		**Job Title:**	
Contact Number:		**Email:**	
Date:		**Signature:**	

FOR OFFICE USE – REFERRAL OUTCOME		
Referral sent to:		
Date sent:		
Advocate assigned:		

Policy Approval & Review

APPROVED BY	SIGNATURE
	No signature on file
REVIEW DATE	NEXT REVIEW DATE
1 January 1970	**17 February 2027**