



your voice your rights your choice

Hammersmith & Fulham: Key information for referring teams and other agencies



Our vision is a world in which
every person has a voice



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Welcome

Dear all

As the new provider of Hammersmith and Fulham's statutory advocacy service from 1 April 2020, I'd like to reach out to introduce ourselves to you.

This pack tells you about The Advocacy Project: who we are and what we do. It gives you important information about **how to refer someone for advocacy**. Critically it talks about **how we will continue to deliver advocacy during the COVID-19 public health crisis**. There's some background information we also hope you'll find helpful.

As a specialist provider of advocacy and user involvement for the last 25 years, we're incredibly proud of the difference we make to people's lives. We look forward to working with you in Hammersmith & Fulham – leaving no stone unturned in our joint efforts to make sure residents can speak up about issues that matter to them. We'll support them to uphold their rights and make meaningful choices about what happens in their lives.

You'll see we're proud of our vibrant, positive working culture and our commitment to staff development and training. We try hard to create an environment in which staff do their best work: staff who feel engaged and supported will go the extra mile, enabling residents to advocate for themselves and others. You'll also see we're proud of our strong governance: we recognise the relationship between governance and impact.

I look forward to working with you.

Judith Davey
Chief Executive Officer



Key contacts for referrers and other agencies

Dedicated services

Phone: 020 8106 1500

Hammersmith and Fulham mini site: www.advocacyproject.org.uk/H-F

Email: H-F@advocacyproject.org.uk

Integrated services

Referral forms:

www.advocacyproject.org.uk/advocacy-referrals

Appointment booking:

www.advocacyproject.org.uk/appointment-booking

Safeguarding support:

www.advocacyproject.org.uk/safeline

Carers support:

www.advocacyproject.org.uk/supportline

The Advocacy Project website:

www.advocacyproject.org.uk

COVID-19 special provisions

To comply with Government advice and mitigate against the spread of COVID-19, The Advocacy Project has implemented social distancing.

This means that until further notice, **advocates will not conduct face-to-face meetings unless there is absolutely no alternative and a risk assessment has concluded that risks do not outweigh the benefits.**

We will continue to deliver advocacy during the pandemic using largely digital means. Our team is fully equipped to do this.

Hammersmith & Fulham statutory advocacy service

We'll deliver a combined statutory advocacy service in partnership with Healthwatch Central West London (CWL) via a “unified front door” from 1 April 2020.

The Advocacy Project will deliver advocacy under the

- › **Mental Health Act (IMHA)**
- › **Mental Capacity Act (IMCA)**
- › **Care Act (ICAA)**
- › **NHS Complaints advocacy (IHCA)**, delivered by Healthwatch CWL under our management.

Eligibility criteria are in Appendix A below. Our “**unified front door**” will make it easy to access the service needed, with everyone working to the same contract terms, the same KPIs and the same standards and procedures.

Our service will be **person-centred, flexible and responsive** – promoting empowerment, wellbeing, self-advocacy, dignity, privacy and independence. It will be tailored to meet individual communication needs and the Accessible Information Standard.

All staff will have mobile technology so they can work flexibly from local venues or from home. **For the duration of the COVID-19 pandemic, we will deliver advocacy remotely using this technology, including video conferencing, wherever possible.** Once the pandemic is over we will continue to work effectively within hospitals, care homes, in the prison, and in the community.

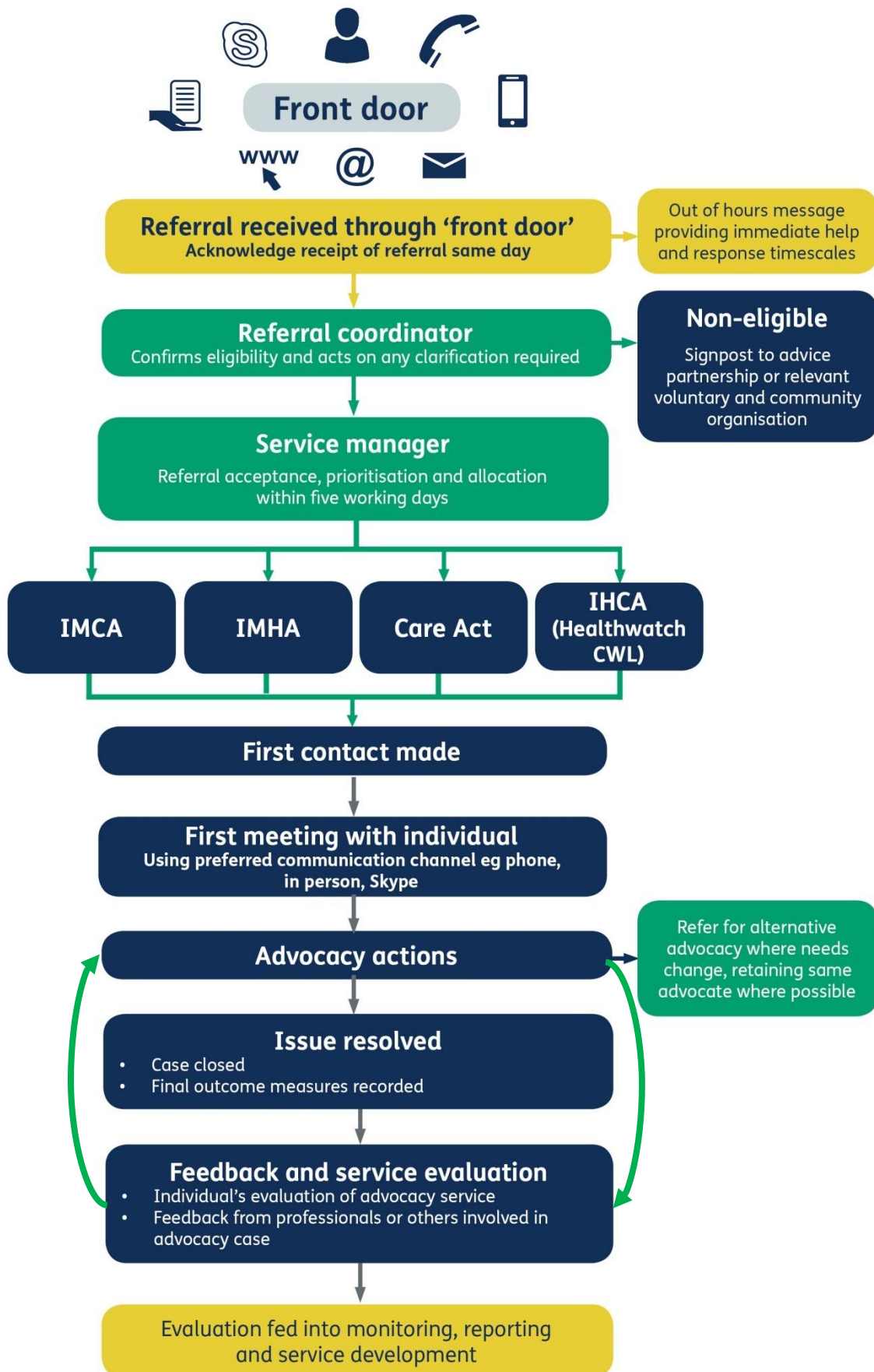
Our user led committee will enable us to continuously improve by sharing feedback and ideas from service users, as well as engaging in a coproduced evaluation of our services.

We'll support all advocates to **develop their strengths and knowledge**, making sure everyone in the team is fully trained in statutory advocacy modules, multi-skilled, and able to give a seamless service across different advocacy disciplines. We already work in the borough and have done for many years; we'll now also have a local office base and prioritise the recruitment of local people into the service.

We have a bespoke Case Management System (CMS), making case management simple so it's easy for staff to allocate referrals quickly, manage appointments, and keep accurate up-to-date case notes.

We're proud of our approach to social value and look forward to working with LBH&F to achieve the desired outcomes.

Referral process



About The Advocacy Project

We help marginalised and vulnerable people make effective choices about what happens in their lives. We also support them to speak up and help improve important services we all need.

We want to make sure people across all age and care groups – including learning disability and mental health – can:

- › voice their concerns
- › understand their rights
- › make effective choices about what happens in their lives.

We do this through advocacy services which support people individually, and user involvement projects that help organisations improve the services they offer.

Excellence

We're very proud the quality of our work is being recognised more widely. In recent times we've been awarded flagship contracts – including Great Ormond Street Hospital, mental health advocacy at Broadmoor Hospital, and working with NHS England to make sure the people who use services have a real say about how they are designed. We've been selected as the provider of safeguarding training for Royal Botanical Gardens (Kew) and are training their staff and volunteers both in the UK and overseas.

We've been accredited with the Advocacy Quality Performance Mark (QPM) for 10 years. All our work conforms to the [national advocacy code of practice](#). In November 2019 we won the **National Advocacy Award for Equality & Diversity**.

Safeguarding

We're proud of our safeguarding expertise. Our safeguarding practice is led by a highly knowledgeable senior team, and all our staff are fully trained. Because we experience safeguarding from a variety of angles – from raising safeguarding alerts ourselves, to training other organisations, and advocating for individuals as they go through a safeguarding process – we're in a valuable position to contribute to the development of best practice in the sector. We're often invited to speak on safeguarding and share reflections in the national media. **We run safeguarding training and consultancy for other organisations including Royal Botanical Gardens (Kew) where we are training their staff and volunteers both in the UK and overseas.**

Our vision

A world in which every person has a voice

Our mission

To enable every person to have their voice heard, uphold their rights and make choices

What people say about The Advocacy Project

“The independent, flexible, adaptive way you work ensures many and different service users get involved.”

**Kiran McRobert,
Gordon Hospital**

“I am very impressed with The Advocacy Project’s efficiency, willingness to help and quick response to queries and referrals.”

Social worker

“When people who use services are involved in this way, services improve and the people involved gain confidence and skills.”

Staff survey

“Ten out of ten for The Advocacy Project. Their staff development programme is exceptionally strong.”

**Kate Mercer,
of Kate Mercer Training**

“An exceptionally high standard of advocacy. I would thoroughly recommend them.”

**Dawn Harwood, West London
NHS Trust**

An external review concluded that:

“...advocates have excellent support and training to undertake their roles” and advocates find the “lectures, internal training, team meetings and case review meetings extremely helpful”

The review also stated “managers are always accessible and there was a great deal of knowledge and experience across the teams”.

“We are opening doors by giving people a voice and showing them there is support out there.”

Adam Antonio, Trustee

“Thoughtful, reflective, committed approach to advocacy: upholding people’s rights and ensuring people are heard.”

Gail Petty, QPM Assessor

96%

of our staff say “In my service we deliver good service and best value”

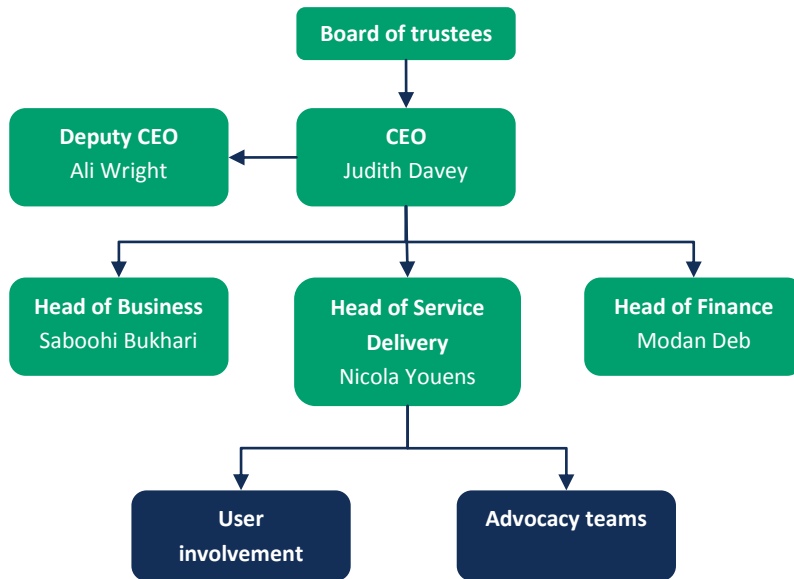
96%

of our staff say “People in my team cooperate to get things done”

100%

of our staff say “My work gives me a sense of achievement”

Who's who



Senior Leadership Team



Modan Deb, Judith Davey, Saboohi Bukhari



Ali Wright, Nicola Youens

Board of trustees

We believe good governance is about genuinely holding ourselves to account for making a positive difference to the people we work with. We're proud of our board's diversity as it reflects the communities we work in. One third of the board are service users and half have lived experience of the issues on which we work. The expertise our board provide through lived and professional experience means we're properly informed to make the right decisions about what we do.



Claire Starza Allen, Michael Hagan, Gemma Bull, Jacqui McKinlay, Roger Skipp



Adam Antonio, Satish Mathur, Judith Davey, Dele Olajide, Jonathan Ellis

Appendix 1 – Eligibility

IMCA

Independent Mental Capacity Advocacy was introduced as part of the Mental Capacity Act 2005. This gives people who have an impairment, injury or a disability which results in them being unable to make a specific decision for themselves, the right to receive independent support and representation.

Your local council, or the NHS decision maker **must** refer you if you have no ‘appropriate’ family/friends who can be consulted and you have been assessed as lacking the capacity to make a decision about:

- › any serious medical treatments
- › a move to a hospital that would be for more than 28 days
- › a move to a care home that would be for more than 8 weeks
- › your safety or care which is likely to result in you being deprived of your liberty

In addition, your local council, or the NHS decision maker **may** refer you if you lack capacity to make a decision about either:

- › a care review (if you have no ‘appropriate’ family / friends)
- › a safeguarding referral (whether you are the victim or alleged perpetrator, regardless of whether you have family / friends)

RPR

The Mental Capacity Act (MCA) 2005 states that once a standard authorisation under the Deprivation of Liberty Safeguards (DoLs) has been approved the supervisory body (NHS body or local authority) must appoint a relevant person’s representative (RPR) as soon as possible and practical to represent the person who has been deprived of their liberty. The role of the RPR is to maintain contact with the relevant person, and to represent and support the relevant person in all matters relating to the deprivation of liberty safeguards. Including, if appropriate, triggering a review, using an organisation’s complaints procedure on the person’s behalf or making an application to the Court of Protection.

The RPR has an important role in the deprivation of liberty process. They represent the relevant person and provide support that is independent of the commissioners and providers of the services they are receiving. Once an authorisation is approved, the managing authority (hospital or care home) must make sure the relevant person and their representative understand:

- › the effect of the authorisation
- › their right to request a review
- › the formal and informal complaints procedures that are available to them
- › their right to make an application to the Court of Protection to seek variation or termination of the authorisation
- › their right, where the relevant person does not have a paid ‘professional’ representative, to request the support of an Independent Mental Capacity Advocate (IMCA)

RPRs must have regular, face-to-face contact with the person being deprived of their liberty, to make sure their interests are being safeguarded. This means the hospital or care home where the person is staying (the managing authority) should allow you to visit them at reasonable times. As the RPR, your name should be recorded in the person’s health and social care records. If you have insufficient contact with the relevant person for whatever reason, they may not have full opportunities to have their case reviewed or to appeal against their deprivation of liberty to the Court of Protection.

IMHA

IMHAs work with a specific group of qualifying patients. These people are all entitled to speak with an IMHA by law. Legislation requires mental health service staff to inform them of their right to an IMHA.

People who are eligible to use IMHA services in England are;

- › people held under the Mental Health Act 1983 amended in 2007 (even if on leave of absence from the hospital), but excluding people who are held under certain short-term sections (4, 5, 135, 136)
- › conditionally discharged restricted patients
- › people subject to guardianship
- › people subject to supervised community treatment orders (CTOs).

Other patients, who are informal, are eligible for IMHA services if they are being considered for section 57 or section 58A treatment (ie treatments needing consent and a second opinion). This includes people under the age of 18 who are being considered for electroconvulsive therapy (ECT).

IMHAs typically support individuals to:

- › understand their rights under the Mental Health Act
- › request a review of their section and access a mental health tribunal
- › raise concerns about their experience and/or care in hospital
- › find out information about their treatment
- › prepare for and attend meetings
- › be fully involved in their care planning
- › find out whether any conditions or restrictions apply to them
- › speak up at ward rounds or care reviews

Care Act Advocacy

Care Act advocates can support adults who need care and support, carers, and children who are moving to adult care services. If the council is making decisions about your care and support they must consider whether you would have ‘substantial difficulty’ being involved. Substantial difficulty would be if you have problems with one or more of these:

- › understanding information about the decisions
- › remembering information
- › using the information to be involved in the decisions
- › being able to tell people your views, wishes and feeling

The council then considers whether you have an ‘appropriate individual’ to support you. This is someone the council agree will be available and able to support you. It can be a family member/friend and must be someone you want to support you. It can’t be someone who is paid to look after you.

If the council decide you would have substantial difficulty being involved and do not have an appropriate individual to support you, then you have the right to a Care Act advocate. An advocate can support you to:

- › understand what is happening
- › understand your choices and make your own decisions
- › tell others what you want and about your views and feelings
- › make sure you get your rights
- › make sure plans say what you need them to say

Decisions might have been made about you that you’re not happy with. Your advocate can help you write a report about things you don’t like. The advocate will write the report for you if you can’t..