



University  
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# **INDEPENDENT SPECIALIST ADVOCACY IN ENGLAND AND WALES: RECOMMENDATIONS FOR GOOD PRACTICE**

**Core standards**

**By**

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**[www.doh.gov.uk/metalhealth/advocacy](http://www.doh.gov.uk/metalhealth/advocacy)**

# CORE STANDARDS FOR INDEPENDENT SPECIALIST ADVOCACY

## 1 The standards

These core standards for specialist advocacy recognise the relationship advocacy services have with:

- service users
- service providers
- their commissioners.

Therefore the standards address the roles and responsibilities required of each party to ensure a quality specialist advocacy service is delivered to service users.

## 2 Specialist advocacy

- Specialist advocacy should deliver a professional advocacy service to individual service users who are subject to, or at risk of detention or compulsion under, mental health legislation.
- The service should be reactive in that it should respond to requests for the service, and proactive in so far as it should make itself known to service users and undertake outreach work where appropriate to enable advocates to become better known and trusted.

## 3 The service principles

- **Independent** – The service should be free from influence from the providers of health or social care, and advocates should have no conflicts of interest.
- **Empowering** – Advocates should always support the service user to be heard. This means that the first thing advocates need to do is to listen. Advocates should then either support service users to speak for themselves, or (if the service user is not able to do this) represent the service user's views as if they were their own. The ultimate goal of specialist advocacy should be to enable service users to grow towards advocating for themselves wherever possible.
- **Inclusive** – The service should recognise the diversity of eligible service users and ensure no-one is prevented from accessing the service because of a difference in language, culture, disability or capacity.
- **Impartial** - Advocates should not judge service users. When a service user is seriously mentally ill, an advocate may be the only person s/he sees who is not responsible for assessing, treating and monitoring his/her illness/condition. This means that advocates should listen to and hear the service user's report as their truth and therefore valid.

- **Confidential** – All discussions between a service user and an advocate should be treated confidentially. Confidentiality should only be broken when a service user threatens harm to him/herself or others.
- **Free** – The service will be free of charge.

#### **4 Accessing the service**

- The service should be easy to access both physically and in the language used. It should publicise its working hours and how it can be contacted.
- Specialist advocacy services need not be available 24 hours a day but should provide some flexibility in working hours, extending into evening and weekend working where appropriate.
- Advocates should introduce themselves to all service users subject to the Mental Health Act within 3 working days of compulsion taking effect or following renewal, or sooner if requested.
- Advocates should maintain regular contact with all service users subject to the powers of the Mental Health Act.

#### **5 Delivering advocacy**

- Advocates should follow the code of practice agreed for specialist advocacy.
- Advocacy should not make up for gaps in mental health service provision or compensate for poor quality services.
- Advocates should offer focused support to service users, providing help with specific issues and encouraging users to move on to advocate for themselves.
- Advocates should respond to requests from the Commission for Mental Health to visit service users who have contacted the Commission and keep the Commission informed of action taken.

#### **6 Keeping records**

- Advocates should be required to keep brief accurate records of their interaction with service users.
- Records should be securely stored to ensure the confidentiality of the advocacy relationship.
- Service users should have access to their records at all times.

- Records are required to be stored for 7 years after the last contact with a service user for public liability insurance purposes, but should then be destroyed.
- Specialist advocacy services should comply with the requirements of the Data Protection Act 1998.

## **7 Policies and procedures**

- Specialist advocacy services should develop the following policies:
  - Equal opportunities
  - Confidentiality
  - Health and Safety
  - Safety of staff
  - Staff recruitment and selection
  - Staff supervision and support
  - Training
  - Monitoring, review and evaluation
- The following procedures or protocols should also be developed:
  - Advocacy service engagement protocol
  - Complaints procedure
  - Grievance and disciplinary procedures
  - Access to advocacy records
  - Service prioritisation procedure.

## **8 Staffing of specialist advocacy services**

- Appropriately recruited and trained staff should be employed as agreed in the contract, under terms and conditions agreed with the commissioner.
- Services should endeavour to employ a staff team that reflects the gender and ethnic make-up of the service users for whom advocacy is being provided.
- People with experience of using services should be strongly encouraged to apply.
- Staff should be properly supported and supervised:
  - Advocates should be required to attend regular group supervision where more than 1 advocate is employed
  - Individual management and personal supervision should be provided regularly for all staff.
  - Proper supervision, of which external supervision is one option, should be available for advocacy managers.
  - External supervision should be available for other members of staff if needed.
  - Staff appraisal should be provided annually.

- Advocates should be expected to participate in regional and national advocacy networks in order to share experiences, exchange information and pool training.

## **9 Training and networking**

- Advocates should be given a programme of induction training when they join a service.
- Within 6 months, advocates should be expected to successfully complete an accredited training course on specialist advocacy.
- Advocates should receive on-going training including updates on mental health policy and practice.
- Advocates should attend regional and national advocacy network events as agreed.

## **10 Governance and accountability**

- Independent specialist advocacy services should be properly constituted with the necessary governing documents. This will be either a constitution or a memorandum and articles of association.
- Where services are provided by a voluntary or not-for-profit organisation, they should have a management committee which:
  - is duly elected according to the governing documents
  - has a substantial representation of service users, and may be made up of a majority of individuals who have or have had experience of services
  - should oversee the sound financial management of the advocacy service.
  - should ensure the organisation adheres to charity and company law.
- The service should report annually.

## **11 Involving service users**

Service users should be centrally involved in the advocacy service. This may be in a range of ways such as: being paid members of staff; volunteers; advisors; trainers; members of the management committee; evaluators; and/or members of user groups.

## **12 Monitoring and review**

- The service should collect anonymous monitoring data on the advocacy activities, process and outcomes as required by the commissioners (and the Commission for Mental Health).
- The service should be expected to obtain feedback on the quality of the advocacy service from service users.

- An annual review should be published. The annual report should be made available for service users and health and social care staff working in the services where the advocacy service operates.
- The service should arrange regular external evaluation, with significant input from service users.
- The service should provide information for the Commission for Mental Health as required.

### **13 Feedback and signalling**

- Specialist advocacy services should have a named manager from the provider agency to act as a link person with whom advocates can meet quarterly. The purpose of the meetings should be to report progress and any issues of concern to both sides.
- The services should also have agreed mechanisms to communicate collective, significant or recurrent matters of concern to service providers and commissioners.
- Advocacy services should be expected to signal to both commissioners and service providers matters of serious concern to which they are alerted through the delivery of advocacy. These situations may also be reported to the Commission for Mental Health and the Commission for Health Improvement.

### **14 Responsibilities of service providers**

- All staff should be informed and trained on the principles of advocacy.
- Staff should inform service users of their right to access advocacy support and how this can be done. Staff and advocates should work together to develop good quality, user-friendly, information about advocacy.
- In hospitals, where appropriate, a free telephone line should be available for service users to access an advocate.
- Advocates should be given suitable facilities to enable them to work effectively in hospitals.
- Staff should enable advocates to see service users as soon as possible after they become subject to the Mental Health Act.
- Staff should ensure advocates have access to service users' notes and files if service users requests this.
- Staff should ensure advocates can attend meetings at the request of

service users whose care and treatment will be discussed. The advocate should be informed even if a meeting is called at short notice.

## **15 Responsibilities of advocacy commissioners**

- Commissioners should ensure that adequate funding is secured for the specialist advocacy service, and appropriate service providers are appointed.
- Commissioners should agree a service level agreement with the service providers, and support the start up of the service as appropriate.
- Commissioners should actively monitor the contract for specialist advocacy, holding regular meetings with the manager of the service and scrutinising the monitoring information.
- Commissioners should support advocacy services which signal concerns about the quality of a health or social care provider service and help them to achieve a satisfactory outcome.



### **Seeking your views: key questions**

Do you agree with the core standards for specialist advocacy services? Is there anything you would like to add or remove?