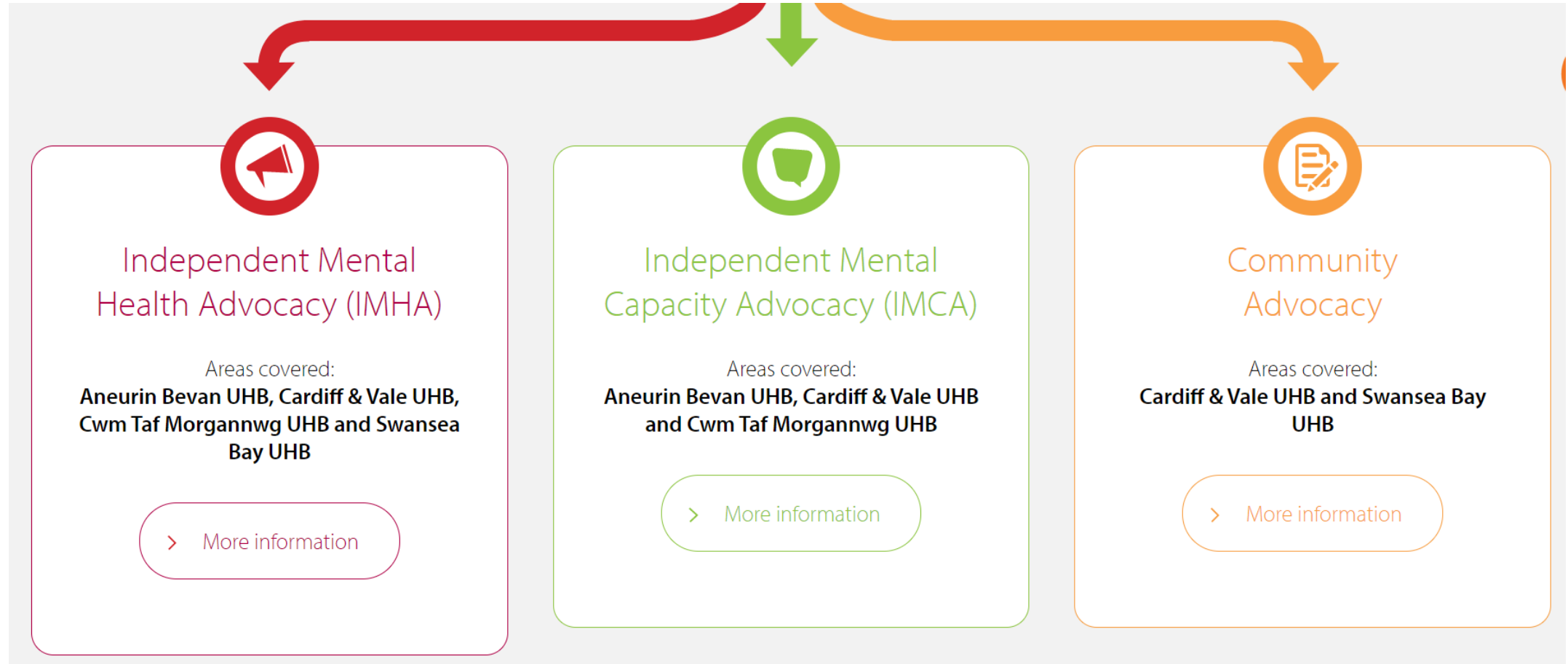


# ECAY6003: Advocacy & Independence

P Morgan

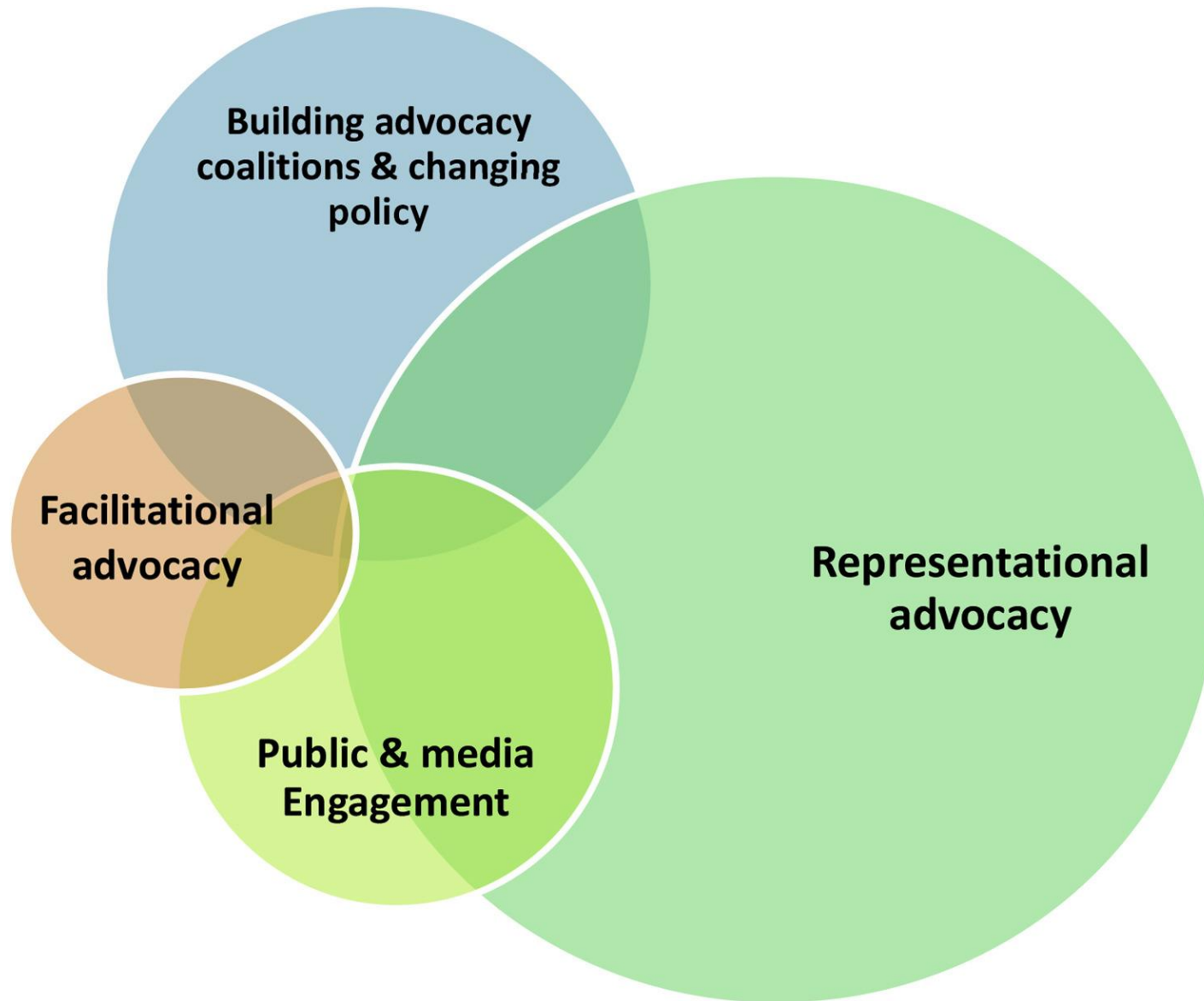
November 2021

# Defining Independence in Advocacy



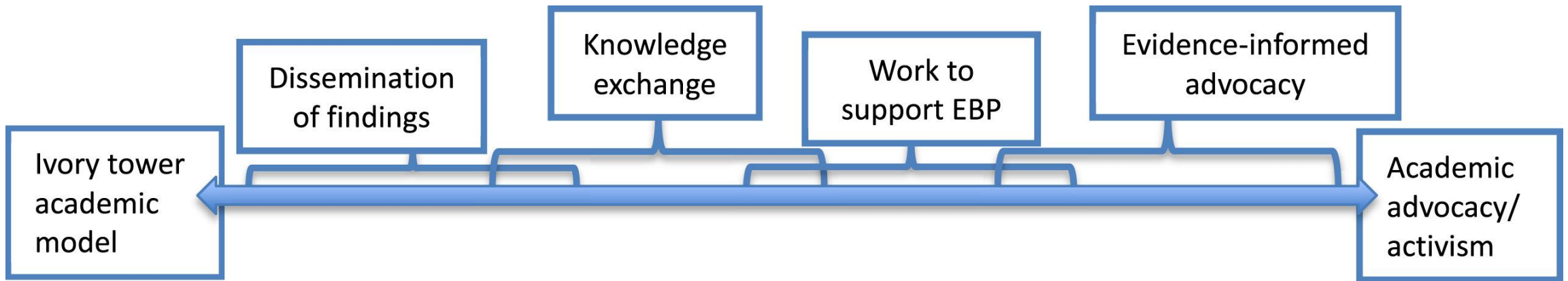
# Research: Advocacy in Public Health

- Consider and Critically Evaluate
- Three Models of Independence evaluation in Advocacy Provision
- Question:
  - Do they support the opinion that true independence exists?
  - Do they support the opinion that true independence is designed into systems of care and support i.e. legislation?
  - Do they support the opinion that true independence is sustainable within current Health & Social Care frameworks?



- Selecting media-friendly, policy-relevant topics/winnable issues
- Building consortia for influence





# Control and Intent

- Proviso/Qualification of Service Limits, Availability and focus:

*‘Although we would like our advocacy to be available to as many people as possible, our services have certain limits which prevent us from working with all those who may want or need an advocate’.*

*(Advocacy Support Cymru, 2021)*

# Qualifying for Advocacy Services

- Statutory Rights Based Advocacy
- Providers funded and guided by contract for provision
- Linked to Government Funding
- Controlled by Service Contract Agreement
- Tender bid Process
- Balanced against:
- 'Professionals need to be aware of an individuals' right to advocacy for those eligible within their care'.
- Rights under the Mental Health Act 1983 and the Mental Capacity Act 2005.

# IMCA (as an example)

Consider then....

- Safeguarding (individuals who lack capacity)
- Statutory Rights for those
  - Lacking capacity
  - “unbefriended” - Mental Capacity Act Advocacy Service (IMCA)
  - Specific Decision for themselves
  - Rights based ‘independent support and representation.

And critically examine if this is actually independence in provision?

# Capacity, Decisions and Support

- Referral
  - Care Review
  - Adult Protection
- IMCA evaluate if:
  - Principles of the Mental Capacity Act are being applied
  - Acting in a person's best interests
  - Least restrictive option for the person
- IMCA
  - Can Challenge decisions made (Capacity/Best Interests met)

# Mental Health Act 1983 (2007 amended)

- Every Health Board in England & Wales makes IMHA available...
  - To qualifying patients
  - Who qualify for the service
- IMHA Role is Defined in Legislation
  - Treatment and Care of people with mental illness
  - Acting to
    - Visit and Interview
    - Obtain other professionals views (about the patient/client/resident-PCR)
    - Inspect PCR records (certain conditions)
    - Telephone contact with IMHA by CPR

# Responsible Persons

- Defined in Law
- Qualifying Patients
  - Eligibility for services (or not!)
  - Legal Duty (E.G. Nurse – not the advocate!)
    - Orally and in writing
    - Copy to nearest relative
    - Support contact with IMHA
    - Record/observe actions of CPR
    - If services are declined

# IMHA, Capacity and Instruction

- Instruction less complicated with confirmation capacity
- CPR - Lacking Capacity to 'Instruct'
- IMHA can provide Non-Instructed Advocacy
  - Communicate CPR wishes (as interpreted or best interests)
  - Represent Rights (past wishes noted)
  - IMHA makes Best Interests Recommendations

# Triggers for IMHA Non-Instructed Approach

Critically review the following 'triggers' in light of COVID related changes in decision making process (one doctor and not two)

- Patient Unsettled, trying to leave and or refusing to engage
- No change for CPR over a prolonged period
- Mental Health worsening
- Change in treatment
- Family conflicts or disagreements

## References

Smith, K.E. & Stewart. E.A. (2017) Academic advocacy in public health: Disciplinary 'duty' or political 'propaganda'. *Social Science & Medicine*, Vol. 189. Sept. 2017, pp 35-43.

Advocacy Support Cymru (2021) Empowering People to Speak out. Available at <https://www.ascymru.org.uk/>  
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