

Shropshire Peer Counselling & Advocacy Service (PCAS)

Policy: Non-Instructed Advocacy

General Policy

The non-instructed Advocacy Policy should be seen as additional and complementary to other Advocacy working policies/statements.

Non-instructed advocacy clients are referred to PCAS through the normal open criteria referral process, usually by friends, family and care workers indicating that the client requires non-instructed advocacy by ticking the appropriate box on the referral form. The client is then assessed under the prioritization of need framework and appointed an appropriate advocate. PCAS will never discriminate against a client that requires non-instructed advocacy.

PCAS will clearly promote Non-Instructed advocacy through its website and printed materials in the hope of reaching hard to reach people who cannot request advocacy help for themselves.

An Advocate will:

- work creatively and resourcefully to enable any effective communication with their client to take place (through pictures, writing, facial expressions, hand gestures, nodding or shaking of head, body language changes) and will be guided in communication with those who know the client well.
- If the client lacks capacity the advocate will use The Mental Capacity Act 2005 to inform their Non-Instructed Advocacy work and work in the client's best interest. The Advocate will work with identified issues such as Safeguarding, Managing of finances, Care issues. The advocate will only share information that is relevant e.g. the client's previous wishes if known, likes, wants, views, values, preferences, feelings and beliefs with other professional's involved in making the best interest decision after the advocate has had time to get to know the client and discussed with relevant key carers/staff and build a picture of their preferences and lifestyle including their cultural background. Ensuring the client's human rights are respected and upheld at all times.
- Constantly attempt to gain consent from the client where practical, paying close attention to body language, eye responses etc, some clients may be opposed to verbal forms of communication, in instances like this the client may wish to indicate consent by a simple thumbs up/down movement or head movements, clients should be reassured that this is an acceptable form of communication.
- Only access client records when it has been deemed in the best interests of the client and is necessary to the issues faced, in strict adherence to the confidentiality policy and GDPR. This decision can only be reached after meeting with the PCAS manager and discussing. Client records shall not be shared with any third party unless consent can be established, except in the case of safeguarding and whistleblowing issues. Client access to their own records will be reviewed on a case by case basis in their best interests.
- treat each issue separately - it may be possible to obtain views and opinions on some issues but not others; advocates should always seek to be led by the views, opinions and communication of their client where possible
- regularly review partnership to ascertain whether any communication is possible

- check that the advocacy client's lack of communication is not a positive statement that they do not want to express a view
- where appropriate explore the use of non-instructive advocacy tools
- inform service providers when using non-instructed advocacy tools
- explain to service providers the difference between advocacy and non-instructive advocacy
- ask questions which are relevant to the issue, based on principles for an ordinary life, in the context of the client's situation and the advocacy issue
- use background knowledge, observation and any previously expressed preferences to inform the questions to be asked
- only use information which is clear and unambiguous to inform questions
- make it clear to those involved whether questions are being raised on the basis of common life principles or their client's previous expressed preferences and/or directives
- ensure that questions are directed to the person most relevant to the issue
- ensure that questions are put forward in the forum most relevant to the person and the issue
- never express their own opinion when asking questions
- never express the opinion of a third party when asking questions
- never express their own views or preferences when asking further questions which may have been promoted from the responses from providers
- be mindful of working within the Mental Capacity Act (see Mental Health & Stress policy) at all times with reference to the Code of Practice
- find ways to keep their client at the centre of the advocacy process
- remain objective and non-judgmental, avoiding making any assumptions about their client and their life
- focus on the rights and entitlements of their client, raising issues on their behalf where rights or entitlements are not being upheld
- be vigilant and proactive about their client's safety and freedom from all forms of neglect and abuse
- Advocates are to use the non-instructed advocacy Practice Guide in all their work under NIA.

Date this policy came into effect	Date approved by Board of Trustees
04/03/2020	04/03/2020
Next Review Date	04/03/2022
Name or position of person responsible for this policy	Steve Wilcox