**Advocacy referral quiz – trainer’s sheet**

**Introduction**

Local authorities **must** arrange for the provision of an independent professional advocate when a person can only overcome the barrier(s) to participate fully in the assessment, care and support planning, review and safeguarding processes with assistance from an appropriate individual, but there is no appropriate individual available**.**

Therefore remind people that eligibility for advocacy is created by Section 6 (2) –   
that people are supported to participate in decisions about their life.

The barriers to participation are defined in the Code of Practice as follows:

55. Local authorities **must** in partnership with each individual, consider whether that individual is likely to experience barriers to participate fully in determining their well-being outcomes and reach a conclusion on their needs for advocacy support.

Key barriers will include issues and situations that will impair individuals’ ability to:

* Understand relevant information
* Retain information
* Use or weigh information
* Communicate their views, wishes and feelings

**Task**

Tell participants that they will be discussing whether a group of scenarios should lead to a referral to advocacy or not. Make sure that people have a copy of the Referral Quiz Sheet and read through the scenarios.

Give people 10 minutes to go through the quiz on their own, then ask them to get into small groups for 15 minutes and ask them to talk through the scenarios they found trickiest.

Read through all scenarios with the whole group using information from the answer sheet, which provides information on specific referral scenarios. The correct response to some of the scenarios is debatable, however, the default position should be **“when in doubt refer/ask the advocacy provider”**.

**Supporting information**

The Trainer Guidance Sheet will give you deeper background information for considering whether advocacy may be required by the Act.

## **Advocacy referral exercise – trainer’s sheet**

The Social Services and Well-being (Wales) Act 2014 Part 10 Code of Practice (Advocacy) gives guidance on when local authorities must arrange for the provision of an independent professional advocate to support their participation in decisions about their life.

From what you have learned on the course so far, try to decide if this applies in the following situations:

1. Ryan is a 35-year-old man with learning disabilities. He is about to be assessed to establish his care and support needs. He has no family and few friends. Communication with him can be difficult sometimes.

**This situation is eligible for advocacy support as it relates to exercising one of the functions of the Act, there is a barrier to his participation, and he has no-one appropriate to support him in this regard. It is not his learning disability that provides the reason for support, but the communication issue. Would it be helpful to note it is about ensuring he has voice and control?**

1. Darcie is a 55-year-old woman who has some minor cognitive difficulties following a head injury. She can express herself clearly but gets flustered in care planning meetings and sometimes forgets points she meant to raise.

**Ideally the care and support staff would arrange meetings in such a way as to minimise the impact of Darcie becoming anxious. However if her anxiety meant that she was not able to truly participate in the meetings it may be appropriate to refer to advocacy. (Though ‘may’ could become ‘must’, is it clear that Darcie can’t articulate her views, wishes and feelings?)**

1. Mollie is a 70-year-old woman with problems in dressing, washing and cooking for herself. She has been in hospital for two months and is soon to be discharged. She can express herself very well but doesn’t feel confident in her knowledge of her options for support at home.

**This is unlikely to be an appropriate referral to advocacy. Although the situation of discharge from hospital can be eligible for advocacy support, Mollie does not appear to have any barriers to participation other than a lack of information. She should be provided with this. An advocacy referral would only occur if there is a problem in accessing, understanding or making use of this information.**

1. William has a history of schizophrenia. Difficult interactions with doctors in   
   the past mean that he often gets anxious before medical appointments. He   
   is about to go to a cardiology appointment in hospital for a heart operation where he wants to challenge the treatment options he has been given.

**The meeting for which William wants support does not relate to a care and support need. It is ineligible for support from an advocate via the Act. It may be suitable for advocacy support from another form of advocacy, but there is no legal right to this and advocacy may not be available for this case in your area. Check with the local provider of advocacy.**

1. You have been working with Blake for some time. You believe he was able to participate effectively when his needs were assessed, and a care plan has already been drawn up and agreed. Blake now starts to raise some concerns about how the plan is going. He is finding this difficult. He has a brother who is happy to be involved, but Blake does not want him to know the details of his needs or support.

**This would be an eligible case for advocacy. Blake can decide who he does and doesn’t want to represent him. Having decided that he does not want his brother to be involved, Blake may be entitled to the support of an Independent Professional Advocate if there is a significant barrier to his participation in challenging the support plan. The fact that this was not the case when the care plan was being drawn up is irrelevant.**

1. Megan lives in a nursing home and has no surviving family or friends. She has severe cognitive impairments. After several bouts of physical ill health it is recommended that she undergo tests to diagnose cancer. She has been assessed as not having the capacity to make this decision.

**Megan would not be entitled to advocacy under the Act as this relates to a serious medical treatment decision. If there was no-one whom it was deemed appropriate to consult, the decision maker would be legally obliged to make a referral to an Independent Mental Capacity Advocate (IMCA) by the Mental Capacity Act.**

1. Olivia is living in her own home with no eligible care or support needs. She is subject to a Community Treatment Order under the Mental Health Act and wants support to review the level of medication and side effects.

**The absence of care and support needs and the nature of the decision mean this is not appropriate under the Act. However, as someone**

**subject to the compulsory powers of the Mental Health Act, Olivia is entitled to the support of an Independent Mental Health Advocate (IMHA).**

1. Alice is about to be the subject of a safeguarding review and it is likely that protective measures will need to be put in place to reduce the risks she faces. Her sister says she will make sure that Alice is represented in the meetings, and Alice is okay with this.

**Alice has the right to determine who supports her and her sister is willing to do this. As long as Alice’s sister is capable of facilitating her participation in decisions and she is suitable to do so, Alice’s wishes should be respected.**

1. Max is a 19-year-old man with profound learning difficulties who has been living with his parents. You are helping explore how best to meet his needs in the future. His mother has identified support that seems to meet his needs and you agree with her suggestions.

**This is a situation in which it is important to refer to advocacy. The question is not whether his mother is making appropriate or positive suggestions, it is whether Max is fully participating in decisions about his life. If his mother has already come up with the solutions it is questionable whether this is the case. Max should be supported by an Independent Professional Advocate to maximise his ability to consider options.**

1. Piotr is 70 years old and has just come to the attention of the local authority as having care and support needs. He has very limited English. He is about to be given information about his options and it is thought he might need support to access this.

**This is more likely to be a case where there is a need for translation   
or interpreting services rather than advocacy. If Piotr can understand, remember, weigh and communicate the options when they are presented in his native language then there is no need for an advocate. If this is not the case then advocacy should be considered.**

## **Trainer guidance sheet – advocacy referral**

The Part 10 Code of Practice illustrates when advocacy may be appropriate, its role and how it should be commissioned. However, the key detail in the legislation relating to advocacy is Section 6 – **Other Overarching Duties: General**. Subsection 2 sets out that when someone is exercising functions under the Act they must:

(a) in so far as is reasonably practicable, ascertain and have regard to the individual’s views, wishes and feelings,

(b) have regard to the importance of promoting and respecting the dignity of the individual,

(c) have regard to the characteristics, culture and beliefs of the individual (including, for example, language), and

(d) have regard to the importance of providing appropriate support to enable the individual to participate in decisions that affect him or her to the extent that is appropriate in the circumstances, particularly where the individual’s ability to communicate is limited for any reason.

Subsection 3 states that the person exercising the function must have regard to:

(3)… (a) the importance of beginning with the presumption that the adult is best placed to judge the adult’s well-being, and

(b) the importance of promoting the adult’s independence where possible.

These subsections establish the obligation to maximise someone’s participation in decisions relating to them and places that person in control of the definition of well-being in their life.

The Part 10 Code of Practice (Advocacy) highlights two areas where well-being outcomes can be promoted:

**Well-being** – I know and understand what care, support and opportunities are available to me and I get the help I need, when I need it, in the way I want it

**Securing rights and entitlements** – My rights are respected, I have voice and control, I am involved in making decisions that affect my life, my individual circumstances are considered, I can speak for myself or have someone who can do it for me, and I get care through the Welsh language if I need it

adding that…

37. Advocacy services are fundamental to supporting people to engage actively and participate in the development of their own well-being outcomes.

A good rule of thumb on whether a particular situation falls within the remit of advocacy support comes from the appendix on the role of the advocate, which can be summarised as:

* Assisting a person to understand the relevant processes
* Assisting a person to communicate their views, wishes and feelings
* Assisting a person to understand how their needs can be met
* Assisting the person to make decisions about their care and support arrangements
* Assisting the person to understand their rights under the Act
* Assisting a person to challenge a decision or process made by the local authority; and where a person cannot challenge the decision even with assistance, then to challenge it on their behalf