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Section 1. Referral & Assessment

Purpose

The purpose of this document is to ensure that there is a procedure in place for the management of referrals received by the Camden and Islington Integrated Advocacy Service (**CIAS**). The procedure details the assessment of client need to access support within the contractual requirements of Camden and Islington Integrated Advocacy Service's:

- Statutory Independent Mental Capacity Advocacy (**IMCA**)
- Statutory Deprivation of Liberty Standards** (**DoLS**)
- Co-ordination of Paid Relevant Person Representatives (**PRPR**)
- Court of Protection 1.2 Representative
- Statutory Independent Mental Health Advocacy (**IMHA**)
- Statutory Independent Care and Support Advocacy / Advocacy under the Care Act (**ICSA**)
- Statutory Independent Health Complaints Advocacy (**IHCAS**)
- Non-statutory Advocacy

** Provision of advocacy under the Liberty of Protection and Safeguards (**LPS**) when formally introduced to replace DoLS

This procedure is to ensure that the referral and assessment processes are transparent and accountable, with decision-making and role responsibilities clearly identified.

Scope

This procedure applies to all staff and volunteers of the CIAS and outlines their responsibilities in relation to collection and collation of referrals made to the Service. This document also applies to those who wish to refer to, or use, the CIAS.

Principles and purpose of advocacy / the CIAS

“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.”

- Advocacy should be seamless for people who qualify so that they can benefit from the support of one advocate for their whole experience of treatment and/or care and/or safeguarding work.
- Advocacy is issue/decision specific.
- The CIAS will encourage empowerment of the individual and the development of self-advocacy skills.
- The CIAS will ensure that it is independent from all service providers.
- The CIAS will not provide befriending, ongoing peer support, counselling, advice, legal representation, or any other form of intervention, which creates dependency.

- Where the client lacks capacity to instruct the advocate, the advocate will work in a non-instructed way using a variety of approaches to inform recommendations in line with Rethink's Non-Instructed Advocacy Policy, including Human Rights, Watching Brief and Witness/observer approaches, upholding client interests to ensure all options for obtaining instruction have been considered.
- Advocates will use supported decision-making and gather information from involved professionals, relatives, friends to understand non-verbal communication, past/present preferences, advance statements, protected characteristics.
- Advocacy will be person-led, ensuring that clients' thoughts/wishes sit at the centre of delivery and tailoring individual journeys to achieve individual outcomes, e.g., considering location of family support networks in move-on accommodation decisions.
- Advocacy will be culturally appropriate and equipped to challenge discrimination.
- Advocacy will address the needs of people and communities who find services difficult to engage and don't get services, particularly protected groups
- Advocacy will ensure reasonable adjustments are made to service delivery so that people with disabilities can easily access services, including but not limited to people with long term conditions, mental health needs, learning disabilities, mobility needs, language support needs and neuro-diverse groups

General Eligibility Criteria

To be eligible for support from the CIAS, clients must be '**ordinary residents of Camden or Islington**' (i.e., living in Camden/Islington, or placed by a Camden/Islington social work team in specialist accommodation outside of Camden/Islington)

Clients must be over 18 years old or over 16 years for IMCA/IMHA referrals.

For details regarding the eligibility criteria for each type of advocacy, please see Section 2.

General Procedure for Referrals

The referral form for the CIAS can be accessed via the [Rethink Advocacy London Hub website](#) or by contacting the service direct. All referrals must be sent through on this form to be processed. To discuss a potential referral, the team can be contacted on 0300 790 0559.

All referrals should be sent securely to the service email at candi@rethink.org, in line with the London Borough of Camden's and the London Borough of Islington's policy, to ensure utmost client confidentiality.

Due to the different nature of referrals that the CIAS can receive, the referral route for each is detailed separately below.

The CIAS is not an emergency services, and is not required to operate 24 hours per day. The CIAS has an out of hours voicemail, and messages will be responded to promptly within opening hours the next day or following the weekend. All referrals will be acknowledged within one working day.

Allocation of Referrals

All referrals are triaged by the Referral Hub and where necessary the Referral Hub will seek advice from local supervising advocates/managers on eligibility criteria.

Allocating referrals will be the responsibility of the CIAS supervising advocates and where necessary the Contract Manager.

IMHA referrals will be allocated to the named member of staff for the relevant ward.

IMCA and ICSA referrals will be allocated to members of staff with the appropriate qualifications, depending on their caseload and location.

The CIAS will provide a consistent advocate for clients and carers particularly where clients have previously received advocacy support.

Non-statutory advocacy referrals will be allocated to Community Advocacy Workers, Community partners or volunteers (including peer advocates) most suited to support the client. Where it may be more appropriate for the client, a case may be allocated to a paid advocate for continuity of support.

CIAS has a clear non-statutory advocacy pathway to ensure the client is offered access to advocacy support which most meets their needs, this could include direct advocacy support and/or the offer of self-help tools, self-advocacy workshops/sessions, signposting to other appropriate organisations. **(See Appendix 1 – Non-statutory Advocacy Pathway)**

Referrals can be accepted from Camden and Islington Council staff, Camden and Islington NHS Foundation Trust (C&I) staff, NHS Hospital Foundation Trusts located in each borough, General Practitioners, Community mental health teams (CMHTs), Voluntary Community Sectors organisations (VCS), partnership organisations, friends, family and self-referrals.

Referrals to the CIAS will be processed in accordance with the agreed CIAS timescales. **(see Appendix 2 – Local Operating Procedure timescales).**

The CIAS will carry out an independent assessment of referrals on a case-by-case basis depending on the complexity of the case and the urgency of the specific decision.

The CIAS will keep referrals to the service under continuous review to identify approaches which aim to minimise and, in most cases, eliminate waiting lists, including identifying specialist services appropriate to deliver advocacy direct to their clients.

The CIAS will ensure communication with referrers by being pro-active and transparent in updating referrers on the status of the referral, when a case has been allocated and to whom and if any delays can be expected. Communication for non-eligible referrals will include clarity on the reason for ineligibility and suggestions for alternative sources of support locally.

All referrals will be uploaded on Rethink's Information Management System at point of referral.

Non-Eligible Referrals

If the referral is not appropriate the Referral Hub will contact the referrer and/or the individual to inform them of the reasons for this and to signpost them to an appropriate organisation, where relevant.

Assessment of Risk

Any potential risks posed to the advocate's safety must be disclosed on the referral form.

Identified risks will be discussed with the Contract Manager and controls put into place via a Risk Management Plan if necessary.

If the referrer becomes aware of any changes to the risk assessment then they must inform the Contract Manager/supervising advocate immediately

Prioritising Referrals

Priority will be given to statutory referrals. Therefore IMCA, IMHA, ICSA, IHCA and Paid Relevant Person's Representative referrals will take priority over non-statutory referrals.

Each referral will be considered individually and in line with agreed ICIAS Timescales as detailed in Appendix 1.

Section 2. Service Specific Eligibility Criteria and Referral / Reporting Information

Independent Mental Capacity Advocacy (IMCA)

The role of the IMCA is to help people gain a voice and ensure their rights are protected in decisions made about them and to ensure the requirements of the Mental Capacity act 2005 is being followed.

IMCA Eligibility Criteria

The service will provide IMCAs to all individual staying at the time of instruction within the London Boroughs of Camden and Islington regardless of the persons ordinary residence/funding authority.

If a person moves to a different authority once the IMCA has been instructed and before the decisions is made, the service will continue to provide the IMCA unless:

- the IMCA service where the person is newly resident is instructed, or
- the person has moved a significant distance away

Only in exceptional circumstances, will the CIAS provide a Section 39A IMCA to support a Camden or Islington resident located outside of either borough.

A person should be referred to the CIAS for an IMCA if they meet all of the following criteria:

- They are the subject of a decision around serious medical treatment or a change of accommodation or around a care review or a safeguarding investigation or they are subject to a DOLS assessment.
- They have been assessed (under the key principles of the MCA 2005) as lacking the capacity to make that decision.
- They are aged 16 years or over.
- There is nobody else who the decision-maker considers willing and suitable to be consulted on the decision.

IMCA Referral Information

An IMCA referral will require an up-to-date decision specific capacity assessment to accompany the referral. Non-receipt of this assessment would not delay provision of advocacy at the referral stage, where any delay of advocacy could be detrimental to the client.

Referrals made without an assessment would be considered on an case by case basis and in discussion and agreement with the referrer. The IMCA can request a second capacity assessment if necessary.

The receipt of a Referral Form will constitute consent to the referral, therefore an Authority to Process and Disclose form will not be required in these cases. It is expected that the decision maker must consider the issue of consent before making a referral

Where the IMCA is requested to attend a Best Interests meeting, the referrer will need to give the CIIAS sufficient notice in order that the advocate is able to meet the client and other members of their support/family network. Where it is not possible for an IMCA to attend the Best Interest meeting due to timescales, the meeting will need to consider the submitted report in the IMCA's absence.

The referrer must inform the IMCA of the decision made at the Best Interest meeting in writing (email acceptable) within 5 working days of the decision being made.

IMCAs will where appropriate act as Litigation Friend for clients at Court of Protection proceedings.

IMCA Reporting Requirements

The Mental Capacity Act 2005 states that an IMCA **must** prepare a report for the authorised person who instructed them, in line with 10.20 of the MCA Code of Practice. The IMCA report is required to be sent to the decision maker prior to the decision-making process. Reporting timescales are outlined in Appendix 1.

In order to complete a report, the advocate will need time to meet the client, ascertain their views and views of others, examine relevant records, attend meetings and communicate with the decision maker. The decision maker needs to consider this when requesting an IMCA.

Except in extreme emergency situations, requests for an IMCA should be made at least three working weeks before a decision needs to be made to allow the case to be allocated and the IMCA to carry out their role to ensure the report will best represent the client's views.

Deprivation of Liberty Safeguard (DoLS) Referrals

The Deprivation of Liberty Safeguards introduced further roles for IMCAs. DoLS 39A IMCAs only deal with issues relating to deprivation of liberty applications/authorisations.

DoLS Eligibility Criteria

The relevant person must be 18 years or over. In these cases the IMCA is there to ensure that decisions made are the least restrictive and in the relevant person's best interests.

DoLS Referral Information

DoLS 39A referrals will require the sharing of the following DoLS forms:

- Form 1 – Request for Standard Authorisation and Urgent Authorisation

- Form 2 – Request for a Further Standard Authorisation
- Form 11 – IMCA referral

DoLS Reporting Requirements

Not applicable.

Paid Relevant Person's Representative (RPR)

The role of the RPR is to maintain contact with the relevant person and represent them in all matters relating to the Deprivation of Liberty (DoLS).

RPR Eligibility Criteria

The Supervisory body must appoint a RPR for every person to whom they give a standard authorisation for Deprivation of Liberty.

Where DoLS is authorised by Camden for a relevant person the CIAS will provide the PRPR in any area outside of Camden.

Where DoLS is authorised by Islington for a relevant person, the CIAS will provide the RPR within the boundary of the M25.

The CIAS will seek to subcontract local advocacy providers when the relevant person is located outside The Greater London boundary

RPR Referral Information

RPR referrals will require the sharing of the following DoLS forms:

- Form 3 – Best Interests Assessor
- Form 4 – DoLS Mental Health Assessor
- Form 5 – DoLS authorisation
- The IMCA report
- Appointment of a Representative authorisation
- Any other relevant information applicable

RPR Reporting requirements

The RPR will submit their report in accordance with the timescales outlined in Appendix1.

Court of Protection 1.2 Representative

The role of the 1.2 Representative is to consider from the client's perspective and in their best interests whether they agree or do not agree that the Court should authorise the package of care and support.

The role of the 1.2 Representative will be to weigh the pros and cons of the package of care and support, comparing it with other available options and (if appropriate) proposing changes to the applicant authority.

The 1.2 Representative will inform the court about what the client has said about and their attitude to the package of care and support. The 1.2 Representative will also inform the court of any objection to the package of care or any objection to any restrictions placed on the client by the package of care and support.

Court of Protection 1.2 Representative Eligibility Criteria and Referral Information

Referrals can only be received from Camden Council and Islington Council Adult Social Care.

Court of Protection 1.2 Representative Reporting Requirements

The 1.2 Representative will carry out a minimum of four visits per year (where the need arises the frequency will increase) to check that the package of care and support is being properly implemented and consider whether it needs to be changed because the client's condition has changed, or for any other reason. When requested the 1.2 Representative will present their findings to the Court usually by sending a report.

Independent Mental Health Advocacy (IMHA)

The role of the IMHA is to provide a statutory safeguard to qualifying patients to help them to understand and exercise their rights with regard to their care and treatment under the Mental Health Act (1983).

IMHA Eligibility Criteria

The service will make an IMHA available to all qualifying patients across psychiatric intensive care units in Camden and Islington and also other sites where the Camden and Islington NHS Foundation Trust has purchased a psychiatric bed for a Camden or Islington patient.

An IMHA may also support qualifying and non-qualifying patients in a range of ways to ensure that they can participate in the decisions that are made about their care and treatment.

To be eligible for an IMHA the individual (qualifying patient), must meet one of the following criteria:

- Detained or liable to be detained under the Mental Health Act (1983)
- Subject to a Community Treatment Order (CTO) (S.17A)
- Subject to Guardianship (S.7) or a Guardianship Order S.37)
- A conditionally discharged restricted patient.
- An informal patient but (S.57) medical treatment is being proposed
- Under 18 and being considered for ECT/S.58A treatment.

Individuals subject to Sections 4, 5(2), 5(4), 135 or 136 are not eligible for IMHA Services.

An IMHA will also provide an equivalent service to non-qualifying patients with ongoing mental health needs who are experiencing crisis in their mental health in the following circumstances:

- They are aged over 16
- They have been admitted into an Islington or Camden psychiatric bed
- They are voluntary and receiving treatment of their own free will

IMHA Referral information

There is a statutory duty on the IMHA to respond to referrals where it is made by the patient's nearest relative, an Approved Mental Health Professional (AMHP) or the patient's Responsible Clinician.

It is ultimately the responsibility of the Hospital Managers to inform qualifying patients of their statutory right to an IMHA. However, CIAS IMHAs will have identified wards and approach clients regularly and the service will maintain a proactive approach to seeking referrals by providing clear information and guidance for patients about how to refer themselves to the services.

Community IMHA cases will be assigned to trained IMHAs.

CIAS IMHAs will ensure that they are able to prioritise their caseload in a demonstrably transparent way, as well as ensure that patients are being seen based on their need and not that of the CIAS or the unit. Factors that can influence the prioritisation of patients may be new admissions, ward rounds, complaints, and where there is a need to deliver non-instructed advocacy.

Where advocacy support is required to appeal a Section 2 of the Mental Health Act, this must be done within the first 14 calendar days of the section and would take priority over a Section 3 referral. Factors that may be less of a priority may include Tribunals where the patient is represented by a mental health solicitor.

IMHA Reporting Requirements

There is no statutory reporting requirement for the IMHA.

Independent Care and Support Advocacy - Care Act Advocacy (ICSA)

The role of the Care Act advocate is to provide support under the Care Act (2014) for people who are likely to have substantial difficulty in being fully involved in Local Authority processes, and where there is no one appropriate and/or available to represent their views and support their involvement in decisions being made about them.

ICSA Eligibility Criteria

To be eligible for an ICSA, clients will need to be ordinarily resident in Camden and Islington and their carers who meet the following criteria:

The person must have “substantial difficulty” in one or more of the following areas:

- Understanding relevant information
- Retaining information
- Using or weighing up information
- Communicating their views, wishes or feelings

They will not have anyone “appropriate to consult”:

- Statutory guidance to the Care Act makes it clear that an individual is not appropriate to consult if they have a professional/paid role with the person, the person does not want to be supported by them, they are unable or unavailable to support the person’s involvement, or the individual is implicated in a safeguarding review.
- This role is to facilitate the person’s involvement, not just be consulted about it.

There is a duty to provide Care Act Advocacy in the following circumstances:

- Needs Assessment under section 9 of the Care Act 2014
- Carers assessment under section 10
- Preparation of Care and Support Plan under section 25
- Review of Care and Support Plan under section 27
- Safeguarding under section 68

ICSA Referral Information

The CIAS may also accept referrals for an ICSA even in cases where the eligibility criteria have not been met. In these circumstances the referrer will be required to clearly articulate why an ICSA advocate is required and that they have the authority to instruct.

Situations may include:

- Where an appropriate person has been identified subsequent to the appointment of an Advocate but Camden and/or Islington, the client or carer, the appropriate person and the advocate all agree that the continued input of the advocate would be beneficial.

- Where Camden and/or Islington have agreed that an advocate be provided to support a client or carer to be involved in the joint assessment process for access to NHS Continuing Healthcare.
- Where the result of an assessment or care planning process might result in placement in NHS-funded provision in either a hospital for a period exceeding four weeks or in a care home for a period of eight weeks or more and the local authority believes that it would be in the best interests of the individual to arrange an advocate.
- Where there is a disagreement, relating to the individual, between the local authority and the appropriate person whose role it would be to facilitate the individual's involvement and Camden and/or Islington and the appropriate person agree that the involvement of an independent advocate would be beneficial to the individual.
- There may also be some cases where Camden and/or Islington consider(s) that a person needs the support of both a family member and an advocate, i.e., because the family member can provide a lot of information but not enough support to act effectively as an advocate, or because while there is a close relationship, there may be a conflict of interest with the relative.

The CIAS will only accept referrals from Camden and Islington or, for example, the following organisations to which the Councils have delegated key care and support processes to:

- Islington Carers' Hub
- Camden Carers
- Camden and Islington Foundation Trust
- Local NHS Acute Healthcare Trusts
- Prison Healthcare Providers

The CIAS will ensure that in the process of taking a referral that it confirms that the referrer is authorised to instruct the CIAS to appoint an ICSEA.

In the case of referrals from Camden and/or Islington, an authorised person will be:

- A social worker, professional with delegated authority from Adult Social Care or occupational therapist employed by the Council.

In the case of referrals from Islington Carers' Hub or Camden Carers, an authorised person will be:

- A trusted assessor that is employed or volunteers for the Islington Carer's Hub or Camden Carers, that have been verified by these services.

In the case of referrals from Camden and Islington NHS Foundation Trust, an authorised person will be:

- A social worker or occupational therapist employed by the Councils or Camden and Islington NHS Foundation Trust making a referral in respect of a Camden and Islington patient or the carer of a Camden and Islington patient.

In the case of referrals from local NHS Acute Healthcare Trusts an authorised person will be:

- A social worker or occupational therapist employed by the Council, Whittington Health NHS Trust, University College Hospital Foundation Trust or any other NHS Acute Hospital Trust making a referral in respect of a Camden and Islington patient or the carer of a Camden and Islington patient.

In the case of referrals from prisoners, an authorised person will be:

- A social worker or occupational therapist employed by Islington Council.
- A prison officer who is part of the Equalities Team in either prison or a prison healthcare provider staff member. In the case of referrals from prison staff the provider should take extra care verifying the referred service user will meet the Service's eligibility criteria.
- In order for an advocate to effectively support someone in the process, referrers should make the referral for the support of an advocate with advance notice before an arranged meeting date, this allows the advocate time to get to know the client, and understand their views to input into the care planning process.
- Following the completion of a new/revised Care Plan, the referrer must send the advocate a copy of the new or revised care plan within 5 working days of the care plan being completed in order that the advocate can confirm the clients views have been taken into account so they can close the piece of work.

ISCA Reporting Requirements

There is no statutory requirement for the advocate to provide a report.

Independent Health Complaints Advocacy Service (IHCAS)

The role of the IHCAS advocate is to support any patients, service users, residents, their family, carer or representative with a complaint or grievance related to any aspect of healthcare as described in the Health and Social Care Act 2012, including that which falls under the remit of the Health Service Ombudsman, such as complaints about poor treatment or service provided through health services in England.

IHCAS Eligibility criteria

The CIAS will accept referrals from or on behalf of Camden and Islington residents, if:

- The person receiving NHS treatment is a child that the resident is responsible for, and who is unable to make a complaint themselves.

- The person receiving NHS treatment has died.
- The person receiving NHS treatment is unable to make a complaint themselves due to physical, learning, sensory or mental disability

IHCAS Referral Information

The CIAS will accept referrals from Camden and Islington residents.

The CIAS will also support residents' complaints when they concern health and social care services (and not one service in particular). The Service will support the client through the appropriate complaints processes. This may result in the Service supporting a client through to the Local Government Ombudsman (for a social care service complaint).

The CIAS will, where appropriate, refer to specialist services such as medico-legal advice, bereavement support, mental health support, etc to provide ongoing support.

IHCAS Reporting Requirements

There is no statutory requirement for the advocate to provide a report.

Non-statutory Advocacy

The role of the non-statutory advocate is to work with service users to achieve their advocacy goals and, wherever possible, to empower people to act for themselves.

Non-statutory Advocacy Eligibility Criteria

Access to non-statutory advocacy will be prioritised to those people with a substantial difficulty which prevents them from self-advocating in key processes in their life where they may be left without the support to have their voice heard and to secure their rights. It is anticipated that the majority of demand for the service will be from, or for, people with a learning disability.

Person has a "substantial difficulty" in any of the following tasks:

- understanding relevant information
- retaining information
- using or weighing up the information (as part of being involved in the key process)
- communicating their views, wishes and feelings

This could be due to a range of diagnoses, e.g., a learning disability or difficulty, dementia, autism, a sensory impairment.

The person is aged 18 years or older, or the person is aged 16 or 17 and likely to have a continuing need for the service beyond the age of 18.

The person is ordinarily resident in Camden or Islington.

Person does not have anyone else appropriate who could act as an advocate for them, e.g. family or friend, or another Camden or Islington service.

Non-statutory Advocacy Referral Information

The CIAS may provide non-statutory advocacy if there is a decision being made, or a health, care or other issue that affects the person's well-being. For example:

- Caring for someone, whether as an unpaid carer or a parent, including for people who have a child who is not in their care.
- Making first contact with adult social care (What Matters conversations 1 and 2)
- Raising a complaint or concern about a social care service/provider
- Access to housing and escalating any issues with their housing
- Accessing or engaging with other support or services, e.g., GP, mental health services, leisure
- Benefits issues – including support for tribunals
- Employment issues – include tribunals and disciplinaries
- Supporting parents to understand Child Protection cases where relevant. **(See Appendix 3 - Supporting Parents involved in Child Protection cases)**
- Understanding correspondence received from another service, including statutory services (e.g., charging-based correspondence)

Support for these clients is likely to be met through volunteer advocacy provision but could be subcontracted to a partner organisation if more appropriate for the individual.

Referrals can be made by the person themselves or by a professional, e.g., social care practitioner.

Non-statutory Advocacy Reporting Requirements

There is no requirement for the advocate to provide a report.

Section 3. Documents

Related Rethink Mental illness Policies and Procedures:

- Non-instructed Advocacy Policy
- Incident Reporting and Management Policy
- Adult and Children's Safeguarding policies
- Quality & Performance Process QPM
- Recruitment & Selection Policy
- Managing and Supporting Performance Policy
- Data Protection and Management Policy
- Complaints policy
- Conflict of Interest Policy
- Whistleblowing Policy

CIAS Documents:

- Contract Service Specification
- Non-statutory Advocacy eligibility Camden
- Non-statutory Advocacy eligibility Islington
- Non-statutory Advocacy Pathway (**Appendix 1**)
- Local Operating Procedure timescales (**Appendix 2**)
- Supporting Parents involved in Child Protection Cases (**Appendix 3**)
- Report Templates
- Referral Form

Review of CIAS Local Operating Procedure:

- The CIAS Local Operating Procedure will be reviewed in October 2023

Authorised By

Catherine Mercer
Head of Advocacy