

# MindOut LGBTQ Mental Health Service

## Advocacy Engagement Policy

### 1. Purpose

The purpose of this policy is to set out how MindOut advocates engage with staff, local authorities, partner organisations and all other statutory and voluntary organisations and agencies.

MindOut's Advocacy Service Information for Organisations, Services and Professionals leaflet must be made available to all agencies involved with any advocacy client. This will ensure that there is a shared understanding of the advocate's role. The advocate should also aim to convey this information verbally if possible to give external agencies the opportunity to ask questions if needed.

Advocates should refer to the following MindOut policies when considering engagement with external agencies:

- Confidentiality Policy
- Data Protection Policy
- Safeguarding Adults and Children at Risk
- Mental Capacity Policy
- MindOut's Advocacy Code of Practice
- Non-instructed Advocacy Policy

### 2. Engagement protocol when working with external agencies/professions

2.1. MindOut advocates should ensure that they:

- Are directed by the client (unless the partnership is non-instructed)
- Work within the Advocacy Code of Practice
- Make a safeguarding alert if an adult or child is deemed to be at risk
- Undertake appropriate training and supervision
- Ensure that any information shared between the advocate and other professions is shared with the client
- Consider seeking the opinion of other professional when providing non-instructed advocacy, always with the consent of the client.

# MindOut LGBTQ Mental Health Service

## Advocacy Engagement Policy

2.2. Everybody involved in supporting a client needs to be committed to including the individual in the process. Involving the person's advocate is one method for ensuring this happens. This is a key principle of the Mental Capacity Act is a statutory requirement. When the above does not happen, the advocate should inform their line manager.

2.4. MindOut advocates will work within the principles of advocacy as defined by the Advocacy Charter including:

- Confidentiality
- Independence
- Empowerment
- Putting people first
- Clarity of purpose
- Equal opportunity
- Accountability
- Accessibility
- Supporting advocates
- Complaints

2.5. Engagement guidelines for MindOut advocates

- Advocates should be free to act according to the wishes and needs of clients they are working with. They should not be threatened, compromised or harassed whilst carrying out their duties within agreed boundaries set out in the Advocates' Code of Practice. Any such issues should be reported to the line manager.
- Advocates should maintain the independence of the service from all professions/external agencies also working with a client. Advocates must not get drawn into discussions about their clients unless discussing something on behalf of the client.
- Advocates will inform clients of the role and responsibilities of an advocate, advocacy principles and action planning guidelines before commencing work together.
- Advocates are instructed by the client.
- All information relevant to the client received by the advocate through other professionals/external agencies will be shared with the client.
- MindOut's Director is responsible for ensuring that the engagement protocols are discussed and agreed with local commissioners and providers.

# MindOut LGBTQ Mental Health Service

## Advocacy Engagement Policy

### 3. Conflict of Interest

3.1. All staff should take appropriate steps to avoid conflicts of interest occurring in their work with clients. Where a conflict of interest does arise this should be discussed with the line manager.

Conflicts of interest include but are not limited to:

- Breaches of confidentiality
- Abuse of trust
- Personal gain
- Divided loyalty (e.g. providing personal care and advocacy to the same person)
- Competing priorities (e.g. seeking preferential treatment for a friend or family member.)

3.2. If a MindOut advocate becomes aware of issues that relate to more than one client, or that are raised by groups of clients, they should share this information with their line manager who will advise them on what action to take.

### 4. Complaints

4.1 Clients are to be made aware of the complaints procedure during their initial assessment verbally and in writing, providing them with the 'Advocacy: information for clients' leaflet. This leaflet covers confidentiality, complaints, equality & diversity, recording, independence and referrals. Complaints, either formal or informal, against MindOut's advocacy service will be referred in the first instance to the line manager who will investigate the complaint using MindOut's complaints procedure.

The nature, investigation and learning from the incident will then be discussed during individual staff supervision and if appropriate advocacy team meetings.

4.2 Advocates involved in the complaints procedure or any other incident will be supported by their line manager. The line manager will regularly update advocates of changes made to policies, procedures, protocols and guidelines. Should any advocate become the subject of serious concern about their conduct whilst working with a client, disciplinary procedures will be followed.

# MindOut LGBTQ Mental Health Service

## Advocacy Engagement Policy

### 5. Confidentiality and information sharing

5.1 MindOut staff should inform clients of confidentiality and its limitations upon first contact with the service, verbally as well as providing them with the 'Advocacy: information for clients' leaflet. The advocate may need to explain confidentially more than once if they suspect the client does not understand it fully.

Only in the following exceptional circumstances will the advocate consider breaching client confidentiality:

- Intent to harm self or others, including danger to life
- Intent to commit a crime
- Any information relating to an offence which the advocate has reason to believe has not previously been disclosed
- Safeguarding issues
- Acts of terrorism

5.2 Whenever contact is made with external agencies on behalf of the client advocates must make professionals aware of MindOut's policies and procedures for sharing Information.

The Data Protection Act (1998) requires that the impact of disclosing information on the client and any third parties is always taken into consideration. Any information shared must be proportionate to the need and level of risk. Only information that is relevant to the situation should be shared with those who need it. Information should be accurate and up to date and must clearly distinguish between fact and opinion.

In an emergency situation it may not be appropriate to seek consent for information sharing if this could cause delays and therefore harm to a client or others.

### 6. Dispute resolution between agencies, partners and other statutory bodies

6.1 In the event of disputes arising between MindOut and external agencies, partners or other statutory bodies a meeting will be arranged between the relevant parties as soon as is practical. Both parties should endeavour to resolve the dispute as amicably as possible. If the issues are not resolved at the first meeting, then the parties should agree to either refer the dispute to more senior members of each organisation, or refer to independent mediation.

Any mediation should be conducted in the strictest confidence. Any agreement reached should be recorded in writing and be signed by both organisations. The costs of mediation and any expenses incurred shall be shared equally between the

# **MindOut LGBTQ Mental Health Service**

## **Advocacy Engagement Policy**

parties. Any resolution between agencies must not compromise independence, for example, resolutions which would influence the advocates' ability to be directed solely by the client.

6.2 If advocates and statutory agencies are in disagreement regarding a client, for example where the advocate views the client is at risk but the other professional does not agree, the issue will be discussed with the line manager. A safeguarding alert will be made, overriding other agencies opinions if risk to an adult or child is identified.