



# Advocacy Policy

Kernow Positive  
Support

SPECIALISED HIV  
INFORMATION,  
SUPPORT,  
RESPIRE &  
RETREAT

POLICY  
DOCUMENT 2017

Revised 2018

## WHAT IS ADVOCACY?

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services needed.

## WHO TO INFLUENCE?

Advocacy actions are usually directed at decision makers who hold the power to implement the change required. Examples: in matters relating to Housing, Health, Social Care, Education, Employment, and Immigration.

## WHAT IS IT FOR?

To ensure the person's voice is heard.

To secure services which the person requires.

To secure rights to which the person is entitled to.

## AIMS AND OBJECTIVES

To work in partnership with the people we support to ensure all people who use KPS obtain their full range of human and civil rights; promoting social inclusion, equality, and social justice.

To provide advocacy services in a culturally sensitive and non-discriminating manner.

## IDENTIFIED CLIENT GROUP

People infected or affected by HIV living in Cornwall.

## TYPES OF ADVOCACY

Independent Advocacy (KPS is not connected to any other service provider).

To promote a person's cause, act as a representative, foster self-advocacy.

It is aimed at those people who need short-term support and information; to enable them to have choice and control of their particular situation.

### Self-Advocacy

People who can speak up for themselves. This is promoted by providing support and encouragement to enable the person to feel confident enough to speak for themselves.

### Instructed Advocacy

In instructed advocacy the client has the capacity to explain to the advocate their situation; the advocate can respond by giving information that will empower the client to arrive at the best course of action to resolve that situation.

In self-advocacy and instructed advocacy, intervention will only be at the client's request and only according to the clients' agenda.

### Non-Instructed Advocacy

This is for people who lack the capacity to instruct. This starts with the same premise as self-advocacy, which is to communicate with the person, using a variety of methods, to ascertain their values and beliefs; to allow the advocate to forward a view that is as close to what the client would say if they had capacity. This will also include reviewing case notes, and consulting with formal and informal caregivers to build up a picture of the person.

## OPERATIONAL POLICY

The advocacy service will be subject to frequent review, therefore the Operational Policy is intended to be flexible.

Advocacy services will be offered to support any person who uses KPS, in pursuit of their rights or the expression of dissatisfaction with their treatment and/or living conditions, which affects their entitlements and wellbeing.

Advocates will agree goal(s) with the client on which they will work. When goals have been achieved the case(s) will be reviewed and any further goals identified. This method helps the client to prioritise issues.

Representation e.g. writing letters or making phone calls will again only be at the client's

request and the advocate will ensure the client is in control by checking or dictating contents, and that she/he is kept fully informed.

The advocate will always be led by what the client perceives as her/his own interests and not what others might perceive to be in that person's 'best' interest. It is the advocate's main task to ensure that the client has sufficient information and support to make an informed choice.

Advocates will not respond to requests from staff, relatives or any other third party without the client's consent.

Where the client is unable to communicate, advocacy can only ensure courses of action or decisions that are not detrimental to the client's best interest.

KPS advocates are not responsible for decisions made about the care of the client.

## **BOUNDARIES**

The role of the advocate needs to be clearly defined to both those who use KPS.

When the responsibility for dealing with the issue is identified as being within the duties of a statutory professional, whether in hospital or the community, the client should be referred where possible to the appropriate person. The advocate will offer support if required.

Advocates do have a responsibility to make clients aware of the different options/services available, enabling the client to make an informed choice.

The choice however, must remain with the client and cannot be made by the advocate.

Every effort is made for KPS offices to be manned during office hours; answerphones are used on the office phone and mobile phones where messages should be left if no one is available and an advocate will get back to the caller as soon as possible, usually within the next working day.

Appointments will be made to suit the client, but KPS is not generally able to offer evening appointments.

## **RELATIONSHIPS WITH CLIENTS**

KPS is involved in providing services for a wide range of people. Some of these people are likely to be 'vulnerable adults' who are covered by

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

More details are contained in the KPS Safeguarding Policy

## **DBS CHECKS**

All KPS employees will be subject to a Police DBS check for their suitability to work with vulnerable people (POVA guidelines)

No employee will work as a KPS advocate with any member of his or her family, or anyone they have a close relationship with.

Giving and receiving of money / gifts

Advocates are unable to accept any gift or gratuity from a service user of the charity whether by way of goods, services, extraordinary discounts.

Advocates will not lend money to clients.

Advocates will not hold clients' valuables, money or personal possessions.

## **RECORD KEEPING**

Contact sheets for each client are kept to record the minimum amount of information necessary for effectiveness. Information includes, for statistical purposes: -

age range, gender, ethnicity, faith/religion, disability, sexual orientation

Written information held by advocates is for monitoring progress and information.

The client has access and ownership to any records relating to their case.

All records and files held by KPS both paper and electronic concerning HIV + clients, primary carer clients are kept securely locked or password protected. KPS is

registered under the Data Protection Act 1998, which now includes written information as well as data held on computer.

Clients will be asked to sign that they consent to this information being held confidentially for the purposes of the work.

Client files can be accessed by the client and are the property of the client

Client records are archived for seven years before being shredded.

## **OUTCOMES**

Clients leaving the service will be given a Client Outcomes Survey at the end of the quarter in which their goals were achieved.

The aim of the survey is to find out how helpful the KPS Advocacy Service has been to clients, how the advocacy intervention affected the client, and to highlight any areas where our service can be improved. Completion of this survey is anonymous. KPS is open to all members of the community, who have or are affected by HIV, or care for someone who has HIV.

KPS is aware of the discrimination that people with HIV are subjected to and aims to promote a better understanding of these issues to the wider community and actively combat discrimination when it occurs, or is suspected.

KPS will not discriminate against employees, members or clients on account of their gender, race, ethnic origin, marital status, and sexuality, creed, disability, age, politics or personal belief.

KPS aims to respond positively to the specialist needs of individuals and recognises that actively combating such discrimination can help empower those living with HIV to live a full and rewarding life.

## **CONFIDENTIALITY**

Kernow Positive Support is committed to maintaining high standards of confidentiality in all aspects of its work. Breaches of confidentiality may jeopardise the wellbeing of other members or the organisation as a whole. KPS has a collective responsibility to ensure that confidentiality is maintained. Every member has a responsibility both to individual members and to the organisation as a whole.

In all but defined cases the ultimate reference point for deciding who should be informed of a piece of confidential information is the individual to whom it pertains. It is important, however, that where consent is given it is informed consent. It is essential to share with the person concerned why there is a need to share information. Once consent has been obtained, it is the responsibility of the person passing on any information to ensure that disclosure is agreed with the person it concerns. Disclosure of confidential information will require written authorisation. Exceptions to confidentiality the only exceptions to complete confidentiality, and this would be only on very rare occasions are when:

- The member describes a situation which raises serious or immediate concerns about the safety of a child or vulnerable adult;
- The member is in immediate danger, e.g. suicidal;
- The member discloses information about an alleged crime or discloses information that an alleged crime is going to happen.

In the case of vulnerable adults who do not have the capacity to make an informed choice in relation to confidentiality, the sharing of information is usually considered legitimate if it is intended to safeguard the vulnerable adult's well-being.

Disclosure will be by the advocate to the KPS Chief executive, who will then contact the relevant Adult Protection Person or seek advice from the Police. If a criminal act has been committed the Police have an overriding duty to investigate.

## **COMPLAINTS PROCEDURE**

If at any time a client is unhappy with how the advocate is working on their behalf, they should discuss this with the advocate and, if necessary, renegotiate the goals. If a client remains concerned, KPS has a procedure which clients need to follow; in the event of making a complaint they should contact the KPS Responsible Trustee by phoning 01208 264866 who can take up any issues of concern.

### **ADVOCATES' MISSION STATEMENT**

As a KPS advocate I will work independently on your behalf.

I will arrange an appointment to give you time to explain what you want help with

I will work to achieve jointly agreed goal(s)

That might include:

- Supporting you in speaking up for yourself
- Seeing that you get the information that you need, to make informed choices
- Attending meetings or drafting letters with you
- Helping you to assert your rights

At all times, I will:

- Avoid doing anything that harms you or other people or breaks the law
- Fight any discrimination and unfair treatment
- Refuse to tell anyone your business without your permission to do so,  
UNLESS there is serious risk to yourself or others, in which case I will explain to you who I need to tell and why.