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**Types of Independent Advocacy delivered in Rochdale Borough**

**Independent Care Act Advocate (ICAA)**

* There is a legal Duty for Social and Health Care Practitioners to refer to the ICAA.
* For a person who has substantial Difficulty in understanding their Care needs. A Legal Instruction or otherwise known as a Referral is required from the person making the care arrangements for the Person.
* The decisions will need to be about a Care Review, Care Assessment, Care & Support need, Transition from Children’s to Adult Services, and the criteria also supports Prisoners who need a package of care.
* The case will be closed when a decision has been made. Any further decisions will require a further Legal Instruction from the specific relevant Decision Maker.

**NHS Complaints Advocacy (NHS ICA)**

* Self-referral from persons who live in the Rochdale Borough.
* The NHS ICA will aid the person to write letters to promote the callers Complain to the appropriate source.
* The NHS ICA will support the caller to follow the process if the person wishes to Self-Advocate.
* The NHS ICA will close the case when an outcome has been achieved, the caller wishes to take their own complaint forward, or if the case is followed up by the NHS Ombudsman.

**Independent Mental Capacity Advocate (IMCA)**

* Adult Social Care and Medical Practitioners are able to refer to the service. This is called a Legal Instruction.
* The IMCA can be involved when the person has undergone a Stage 2 Mental Capacity Assessment and has been informed that no family are able to be involved in the specific decision that needs to be made on behalf of the person.
* For decisions with regard to; a permanent Change of Accommodation, a Serious Medical Treatment, an Assessment for a Deprivation of Liberty Safeguard, known as a 39a, and a 39d role which is to support a family member, who is acting as the Relevant Persons Representative.
* The IMCA will represent the person’s rights alongside what wishes, values and feelings the person may have with regard to to the specific decision.
* The IMCA will attend the Best Interest Meeting and will identify from information gathered what is the most restrictive option for the person at the centre of the decision. The outcome of the meeting will be based on the 5 Best Interest Principles of the Mental Capacity Act and will be chaired by the Decision Maker.
* More than one option must be discussed at the Best Interest Meeting. Risks and Benefits will be discussed by the Multi-Disciplinary Team, for each of the options raised.
* The IMCA will provide a written report with their findings and submit ‘Considerations’ for the Decision Maker. The Considerations will inform the final decision.
* The case will be closed when a decision is made by the Decision Maker. Any further decisions needed will require a further Legal Instruction/Referral to the Advocacy Hub.

**Independent Mental Health Advocate (IMHA)**

* When a patient is placed under the Mental Health Act the Mental Health Law Office will refer the patient to the IMHA Service.
* The IMHA will support the patient on their Ward Round, and after discharge if a Community Treatment Order is in place.
* The IMHA will support the patient to understand their rights within the MHA.
* The case will close with agreement from the patient and upon discharge.

**Paid Relevant Persons Representative (PRPR)**

* A referral will be sent by the office of the Supervisory Body to the Advocacy Hub
* The Relevant Person (RP) at the centre of the Deprivation of Liberty Safeguards authorisation will be represented by a family member who will act as an RPR or a Paid RPR from the Advocacy Hub.
* The PRPR will contact the RP at agreed periods to review the ‘Conditions’ of the DoLS authorisation.