

Tameside Metropolitan Borough Council

Communities, Children's, Adults and Health Services

Tender Submission Form

Provision of an Independent Mental Capacity Advocacy Service

NAME OF ORGANISATION

Together Working for Wellbeing

Tender submission prepared by:

Name:



Position held: Head of Business Development

Organisation: Together Working for Wellbeing

Date: 13/11/2014

Contract Price

The maximum first year budget available for this service is £90,000. Submissions below the maximum budget will score higher than those equal to the maximum cost. Under the Council's Procurement Standing Orders any submissions received over £90,000 will be considered non-compliant.

Please note however that it is the Commissioners intention to review the budget available for the first year of this contract, post-award and following consultation with the successful advocacy provider. This will allow the commissioners to take into account how the Supreme Court ruling relating to DoLs has, over the intervening 6+ months, effected the demand for IMCA's and to budget accordingly.

Year 1 contract price (Exclusive of VAT)
<p>£89,019</p> <p>(Please note this includes an estimated allowance for potential redundancy in relation to TUPE).</p>

Hourly rate/spot purchase price
<p>██████</p>

Quality

Please do not answer questions by referring to other documents or to specific paragraphs within other documents and do not attach any other documentation produced by or on behalf of your organisation, unless these are specifically requested.

There are no word counts ascribed to your responses, but word guides are included. Please be mindful of these when responding. Evaluation panel members will have up to five other submissions to read and consider in addition to yours. It is important to keep your answers as focused as possible, whilst at the same time including sufficient detail to enable us to evaluate your tender application.

	<p>Please provide a brief overview of your organisation. This section will not be evaluated, but is your opportunity to tell us about your organisation with particular reference to the delivery of this service. We are interested in:</p> <ul style="list-style-type: none">• Your values and motivation• How your organisation is constituted• A brief history• Your achievements as you see them <p>Guideline 500 words</p>
<p>Response:</p> <p>Together Working for Wellbeing is the UK's oldest community mental health charity, founded by Rev. Henry Hawkins in 1879. Originally named the 'After Care Association for Poor and Friendless Female Convalescents on Leaving Asylums for the Insane', the founding purpose was to support women leaving asylums to find accommodation and regain a life back in the community.</p> <p>Since then, Together have grown to become trusted experts in supporting people with mental health needs, providing a range of different services across the country and working with more than 4,000 service users each month. Our range of services include residential care and support, supported accommodation, floating support, community based support, criminal justice and advocacy.</p> <p>Together have been delivering outcomes-focused independent advocacy services since 1996, supporting individuals to have their voices heard and to be involved in decisions about their care, treatment, future support and aspirations. Following the introduction of the Mental Capacity Act 2005 we began delivering IMCA services, providing independent and objective non-instructed advocacy to individuals unable to make specific decisions for themselves. We now provide high quality IMCA and DOLS services to over 10 local authorities in England, safeguarding more than 1.7 million people. During 2012-2013 we supported 430 individuals in:</p> <ul style="list-style-type: none">• Halton, Knowsley, Warrington and St Helens IMCA Service,• Kirklees and Wakefield IMCA Service,	

- Redcar and Cleveland IMCA Service,
- South Essex IMCA Service.

Our approach to advocacy is person-centred; listening to our service users and working with them to promote their best interests and to facilitate empowerment. We encourage clients to gradually build their skills and confidence to advocate for themselves. We believe that service users are the experts for their own care and our advocacy services promote this by ensuring that people who lack the capacity to make decisions are supported to have a voice.

We have a strong reputation in advocacy and we carry out our services to the latest best practice guidelines. In January 2013, Together were awarded the Quality Performance Mark including IMCA specific review, by Action for Advocacy. Feedback emphasised our commitment, ethos and values:

'It is clear that the organisation's desire to provide independent advocacy is rooted in its belief in the dignity and respect which should be accorded to all individuals... Advocacy principles were well understood throughout the organisation'.

As a provider of IMCA services since it was established, Together have developed a consistent and expert service which is evidenced through our service data, contact reporting, feedback from decision makers and low turnover of staff. We are committed to delivering high quality IMCA to our services users and we seek to continuously improve and develop services from feedback given from both professionals and the individuals we support.

Word Count: 444

1.	<p>Performance management information across the three boroughs consistently highlights that IMCA's are least engaged in adult protection cases despite being the only befriended area of involvement of IMCAs.</p> <p>Why do you think this is and how would you go about addressing this?</p> <p>We will be taking into consideration amongst other things:</p> <ul style="list-style-type: none"> • Reference to, and consideration of, SCIE Guide 32 • An example(s) of where you have encountered and addressed this in your practice <p>Guideline 500 words</p>
<p>Response:</p> <p>Together's experience of providing IMCA since its implementation means we have a sound understanding of the factors which may determine how readily IMCAs are instructed for adult protection cases, and experience of addressing this successfully.</p>	

Reasons

Firstly, there has to be a culture of inclusive joint-working within the safeguarding team. By having this attitude, it is more likely that a discretionary involvement of IMCA is considered.

Involvement of IMCA is also more likely if social workers already have a close working relationship with the IMCA service, including that gained from other types of IMCA instructions.

Thirdly, there may be a lack of awareness of best practice guides, such as SCIE Guide 32, which gives clear guidance about when to refer to IMCA services for safeguarding cases.

The MCA regulations and SCIE Guide 32 recommend that each Local Authority has its own policy/process for determining when to refer to the IMCA service for safeguarding cases. However, in practice this may not be referred to unless it is incorporated into the overall safeguarding process for the local authority.

Equally, there may be cases where referrers *are* following SCIE Guide 32 in ensuring that where a person already has an advocate, an IMCA need not be instructed.

Addressing the issue

The IMCA service can improve the likelihood of these discretionary referrals through:

Partnership working

- Our IMCA services offer a helpful, collaborative approach to working alongside social work and health professionals. This engenders trust and ensures the IMCA service is valued.
- Our project managers establish relationships with key stakeholders including meeting regularly with safeguarding managers and their teams.
- Wherever possible our IMCA staff will be members of the local Safeguarding Board. This ensures that IMCA is considered in the wider safeguarding process as well as on an individual case basis, that we are involved in reviews and changes to local policies/procedures, and that services are continuously improved.

Proactive awareness-raising

- We take every opportunity to raise awareness of the role of IMCA in safeguarding cases. This includes targeted networking/promotion and demonstrating the benefits of involving IMCAs in safeguarding cases.
- We aim to link in with planned training for health and social care staff, for example to give presentations or to distribute information/leaflets to attendees, e.g. Tameside's basic/application to practice MCA training courses.

Example

Our IMCA service manager contacted the lead safeguarding adults coordinator of the council about safeguarding training. Through this conversation, and due to their long-standing positive working relationship, the coordinator spontaneously invited Together to attend the next Incident Management Officer (IMO) Forum. The forum allowed us to remind essential referrers about instructing IMCA for safeguarding cases and also gave the IMCA a clearer understanding of the priorities/challenges facing IMOs. IMCA instructions for safeguarding cases increased as a result and we continue to attend the forum regularly.

Safeguarding referrals for our Halton, Knowsley, Warrington and St. Helens IMCA service represent 19% of total referrals, in comparison to the 16% in Tameside, Oldham and Stockport. This is on target to be significantly higher for 2014/15.

Word Count: 500

2.	<p>What challenges do you envisage encountering in the expansion of the IMCA role to incorporate that of Litigation Friend? How will you address them?</p> <p>We will be taking into consideration amongst other things:</p> <ul style="list-style-type: none">• What you understand the role to involve• An example(s) of where you have encountered and addressed this in your practice <p>Guideline 500 words</p>
<p>Response:</p> <p>Our [REDACTED], and our IMCA staff have been closely consulted in the drafting of a soon-to-be-published national guide on the role of Litigation Friend written by barrister Alex Ruck Keene and commissioned by the NHS.</p> <p>Together has experience acting as Litigation Friend in several cases. [REDACTED]</p> <p>[REDACTED]</p> <p>Another example is a case involving a dispute between [REDACTED]</p> <p>[REDACTED]</p> <p>As demonstrated above, the extent of work and relative importance of the Litigation Friend role is largely determined by the nature of the case.</p> <p>Alex Ruck Keene, and other lawyers who have provided training to Together IMCAs strongly support the idea of IMCAs being Litigation Friends. An IMCA adopting the role addresses unjust delay and lack of support from the Official Solicitor, who see themselves as 'Litigation Friend of last resort'. It is a natural extension of the IMCA's role and is critical in facilitating an effective legal challenge.</p>	

However there are practical issues to be considered:

- The role can be very time-consuming. The [REDACTED] case above took over 156 working hours.
- Detailed policies will be required to determine to which cases an IMCA should agree to being a Litigation Friend e.g. cases where they have instruction/no instruction/cases in which the IMCA is challenging/not challenging etc.
- IMCAs will require training.
- The IMCA service will need flexible working practices in order to incorporate this role into the service.
- Commissioners will need to factor the cost of this additional element into contracts, or allow for a spot purchase arrangement.

Our IMCAs have already received training for this role which we will be able to extend to any untrained staff should we be successful in this tender.

Partnership working with commissioners, MCA leads and other key stakeholders will be required to establish local policies/priorities for the Litigation Friend role and ensure awareness amongst local authority and health professionals.

Our experience in providing IMCA services, and our involvement in the development of the national guide ensures we are well placed to further develop this aspect of the service in Tameside, Oldham and Stockport.

Word Count: 500

3.	<p>What training provision – both in-house and external - do you have in place to ensure the continuous professional development of your workforce?</p> <p>Guideline 500 words</p>
<p>Response:</p> <p>Together are committed to the continuous professional development of our staff, ensuring that we maintain a highly skilled and motivated workforce delivering quality advocacy services to our service users.</p> <p>All new staff and volunteers undergo a formal induction to introduce them to the values and beliefs of Together, as well as covering subjects in health & safety, safeguarding, communication skills, mental health first aid, record keeping, data protection and more.</p> <p>All of our staff work through a Personal Development Plan, which will identify gaps in knowledge and provide a plan for improvement. These plans are monitored and updated regularly in monthly supervisions and annual appraisals with line managers to support the professional development of our staff.</p>	

Together staff and volunteers working in the IMCA and DOLS Service will be qualified as follows:

- Advocates will be qualified with QCF Independent Advocacy, core units and IMCA and DOLS specialist units.
- The Project Coordinator will complete the Advocacy Management unit of the NVQ Level 3 qualification and Action for Advocacy's certificate in 'Managing Excellence in Advocacy'.
- Peer advocates and volunteers will complete the City and Guilds National Advocacy Qualification Level 2 Award in Independent Advocacy (free of charge).

Advocates will not undertake DOLS roles until they have received training for unit 310 of the advocacy qualification. They must also have acted as an IMCA for at least 3 months or worked on at least 3 cases.

In addition to identifying training and professional development in staff supervisions, we will use our analysis of service performance, Annual National Advocacy Conference and bi-annual advocacy forums to identify further key areas for knowledge and skills development. We ensure that Together staff access the appropriate identified training (whether in-house or sourced externally), improving our practice and ensuring that all advocates work to the same high standards and display the same high level of skills.

Key skills and knowledge training requirements for our staff include, but are not limited to, the following:

- Good practice in safeguarding adults – accessed locally to understand local practice as well as internally through Together's learning and development team.
- Knowledge and working practice of the Mental Health Act (1983/2007) and its code of practice (section 130).
- Knowledge of the Mental Capacity Act (2005) and its code of practice, and Deprivation of Liberty Safeguards.
- Awareness and understanding of mental health diagnoses.
- Understanding of specific cultural and ethnic issues.
- Knowledge and understanding of the practice of A4A's Advocacy Charter.
- Communication skills - appropriate to the individual, including written and oral form.
- Skills in establishing effective working relations with others including liaising and negotiating with health and social professionals.
- Effective record keeping and report writing skills.

Examples of previous additional training delivered to our advocacy workforce include:

- Court of Protection Networking & Training delivered by Switalskis Solicitors,
- Cultural Beliefs in Death and Dying delivered by St Michaels Hospice, Harrogate,
- Assisted Suicide Conference delivered by St Michaels Hospice, Harrogate,
- Discharge Planning & CHC,
- Ethics Dilemmas Nutrition & Hydration delivered by NHS Mid Yorks.

Word Count: 495

4.	<p>What will be your approach to awareness raising, across all three boroughs, both immediately post-award/contract commencement and over the intervening year's?</p> <p>We will be taking into consideration amongst other things:</p> <ul style="list-style-type: none"> • Reference to examples of your approach elsewhere • Use of site visits, website, social media etc <p>Guideline 500 words</p>
<p>Response:</p> <p>Post-award/contract commencement, during the implementation process, we will work with commissioners and MCA leads from Tameside, Stockport and Oldham to develop and agree our awareness-raising programme.</p> <p>To obtain the services of an IMCA, people must be referred by Local Authority or Health Service staff. Therefore, it is essential to prioritise awareness-raising to these staff. Across the three boroughs we would expect to target, for example:</p> <ul style="list-style-type: none"> • Tameside General Hospital, including: <ul style="list-style-type: none"> ○ Transfer Team, ○ Ward 45 stroke service (Ladysmith Building), ○ Summers ward, ○ Hague ward, • Tameside Adults Safeguarding Partnership, • Stockport assessment teams, including: <ul style="list-style-type: none"> ○ Access & Crisis Team, ○ RAID, ○ CARA, • SAMCAS (Stockport Safeguarding Adults and MCA Service), • Oldham Care Home Liaison Service, • Oldham Community Services including: <ul style="list-style-type: none"> ○ Stroke Team, ○ Community Matrons, ○ Community Neuro Rehabilitation Team, • Community Mental Health Teams at Haughton House, Redcroft and The Beeches, and older people's CMHTs, • Learning Disability Teams, • Home Treatment Teams, • Care Home Managers, • Best Interest Assessors (BIAs), • DOLS Teams. 	

Throughout the contract period we will continue to raise awareness through:

Training all relevant staff teams about instructing an IMCA. We have a range of training materials tailored for specific audiences, including for example:

- Clinicians,
- Social work teams,
- CHC nurse assessors,
- BIAs,
- Care home managers,
- Police vulnerable persons unit staff.

We provide IMCA training in a variety of ways, including as part of:

- University health and social care courses (Edgehill University and Salford University),
- Local Authority and Health Service staff inductions (Intensive Care professionals),
- Continuous professional development (specialist dentistry professionals).

Wherever possible we would aim to link in with MCA training offered by local NHS Trusts and local authorities.

Our training includes real case studies from the IMCA's own experience which brings the learning to life and helps professionals apply the theory to their own practice. Feedback is invariably excellent.

Targeted awareness-raising. We will target our efforts where there is evidence of low referral rates or a misunderstanding of the IMCA/DOLS role, for example the previously highlighted issue with Safeguarding referrals (Q1).

Networking conducted by our project co-ordinator. We are experienced in working with:

- MCA development/steering groups,
- Safeguarding Adults Boards,
- BIA Forums,
- Mental Health Forums,
- Care Provider Forums,
- CCG Conferences.

IMCAs will also undertake targeted networking with key communities/groups and voluntary organisations across all three boroughs. This is particularly beneficial to the working relationship between unpaid Relevant Person's Representatives (RPRs) and section 39D IMCAs – and would be especially relevant if local commissioners take the decision to instruct an IMCA to support **all** unpaid RPRs.

Ongoing promotion

Referral forms, contacts and further details about our services are available on local webpages on Together's website (example below), and we would aim to have links on relevant pages on the Boroughs' websites, for example MCA/safeguarding pages.

We can put details of the service on Together's Facebook page and Twitter account.

Leaflets, posters and FAQ booklets can be provided both electronically and through proactive dissemination when IMCAs are visiting care homes, hospital wards and health and social care teams during the course of their casework.

Word Count: 500

<p>5.</p>	<p>There is regional disagreement on the issue of the automatic appointment of 39D IMCAs for all un-paid RPRs. If this were to become standard practice it would precipitate a substantial increase on the demand for IMCAs involved in DoLS cases, over and above the increase in demand following the Cheshire West judgment. With the workload continuing to grow, how would your organisation manage an additional increase in demand on top of the continuing growth?</p> <p>We will be taking into consideration amongst other things:</p> <ul style="list-style-type: none">• Understanding of the issue• Contingency plans• Relationship with Commissioners <p>Guideline 500 words</p>
<p>Response:</p> <p>Issue</p> <p>All unpaid-RPRs are entitled to receive support from an IMCA, at any point during the DOLS Authorisation. There are strong arguments on both sides about whether automatic appointment of 39D IMCAs for all unpaid-RPRs is an appropriate policy to adopt. In most cases this will be dependent not least on the number of DOLS Authorisations and unpaid-RPRs there are in each local area.</p> <p>It should be noted that where a 39D is in place for the RPR, the Relevant Person may request a separate s.39E IMCA, which again increases demand.</p>	

Regardless of whether there is a compulsory 39D instruction policy, the Cheshire West judgement will inevitably generate more referrals as the new 'acid test' has widened the eligibility for DOLS. The fact that those under continuous supervision and control who are not free to leave, regardless of their compliance or lack of objection, has resulted in many more vulnerable people requiring DOLS assessments.

For example in one of our IMCA service areas we have seen a 50% increase in DOLS and RPR referrals between the first 6 months in 2013/14 and the same period in 2014/15, following the judgement in March 2014.

Contingency

Together operates a flexible approach to our IMCA services and we have a range of contingencies to support this, including:

- Flexible working hours with guaranteed weekly contracted hours,
- Part-time staff working additional hours,
- Extra capacity from other Together IMCA services, e.g. for 39E IMCAs,
- Managing annual leave cover,
- Project Co-ordinator increasing their own casework, up to approximately 70% casework,
- Increase in IMCA staffing from year 2.

Contingency plans, agreed with commissioners, may include a formal hierarchy of case prioritisation or casework triage which can be utilised when workload is at maximum.

We work proactively and innovatively to mitigate against the potential risk of demand exceeding capacity. For example, in one of our IMCA service areas, we are working with the Supervisory Body (SB) to establish an 'opt-out' approach to 39D IMCA cases.

SCIE Guide 41 recommends that 39D instructions are terminated if no further support appears necessary. In our experience, many unpaid-RPRs need no more support than ensuring they understand their role and rights, and how/when to exercise these rights.

This information is common to all unpaid-RPRs, and therefore initial group sessions could be provided to maximise the IMCA's time. This still enables further individual support where required/requested. This method could also create peer-support for unpaid-RPRs.

Commissioners

In all aspects, a positive relationship with Commissioners is essential. Regular meetings/contact to review current levels of service demand, identify opportunities to plan for increased demand (e.g. where known DOLS review dates will create numerous referrals at once), and establish partnership approaches will be key in ensuring a continued high-quality service which does not dilute the necessary attention needed to appropriately support those deprived of their liberty.

Honest discussion with, and understanding from, Commissioners is essential so that they can trust IMCAs to advocate well whilst prioritising their cases, just as SBs have learnt to prioritise their own assessments.

6.	<p>What challenges might you encounter delivering an advocacy service across three different boroughs? Using examples from your practice, demonstrate how you would address these with regard to Oldham, Stockport and Tameside.</p> <p>Guideline 500 words</p>
<p>Response:</p> <p>Together has been commissioned to provide IMCA services across multiple boroughs/council contracts since 2007. Commissioning guidance suggests this is an effective way to offer value for money and flexibility in delivery and our experience reflects this. Potential challenges can include:</p> <p>Policies/procedures</p> <p>Although commissioning together, we respect and understand that each borough has its own local policies/procedures within which we need to work, including local MCA policies, DOLS processes and safeguarding policies/procedures.</p> <p>During implementation and induction we will ensure sound understanding of all key policies/processes to ensure referral routes are facilitated accordingly and to aid smooth delivery of the service.</p> <p>We will identify key individuals/teams with MCA responsibilities and/or professionals who exhibit a commitment towards and understanding of IMCA and MCA, including, for example Stockport's Safeguarding Adults and MCA Service, Tameside and Oldham's MCA leads.</p> <p>Our IMCAs will attend local networks/forums/boards to keep up-to-date with local MCA practice and share information about the IMCA service, for example Tameside's Mental Health Forum, Stockport's Learning Disability Partnership Board and Oldham's Dementia Partnership.</p> <p>Although local policies/procedures may differ, in order to ensure a high-quality IMCA service it is imperative that we maintain rigorous consistency within our own service practice, processes and protocols regardless of the local authority, hospital or organisation with which we are working.</p> <p>We have experience where there was disagreement within the commissioning group about referring to the IMCA service for discretionary referrals, i.e. Safeguarding and Care Review cases. However, we know that this is not an issue for Tameside, Oldham and Stockport as there is agreement to refer for these cases.</p> <p>Knowledge/understanding</p> <p>Different staff teams within health and social care will invariably have differing levels of knowledge and resources in relation to the MCA, DOLS and IMCA. It is imperative that we work in partnership with key stakeholders to target awareness-raising to optimum effect and to ensure strong links between council and trust provided training and awareness-raising/training provided</p>	

by Together (see Q4).

We have also found that proactive contact with organisations' legal departments can support more efficient working when welfare applications to the Court of Protection, or more commonly, Finance Deputyship applications are required.

Referrals

We know from referral figures provided that there is a fairly even spread of referrals across the three boroughs.

We know from experience that it is important to address both the financial implications and the reasons for the difference, should this arise.

Detailed monitoring will be shared regarding referral numbers and time spent on each case so commissioners can clearly see where their share of the contract funding is being spent.

We would work with commissioners to identify any factors giving rise to this difference, for example any significant change in local services, and a plan to re-align the equity of the service.

Travel time

Our experience providing IMCA services in a number of other contract areas where the geography and spread of services is similar to Tameside, Oldham and Stockport ensures we can apply learning and best-practice from these services to the new contract area. Client visits are organised so that multiple clients are seen in one locality and where possible we combine client visits with awareness-raising/training.

Word Count: 522

7.	<p>Using at least one example for each, demonstrate how your IMCA's have the necessary skills to practice non-instructed advocacy when working with people who:</p> <ul style="list-style-type: none">• Do not have English as their first language• Need specialist communication tools• Communicate through informal methods <p>Guideline 750 words</p>
<p>Response:</p> <p>All Together IMCAs are qualified in QCF Independent Advocacy (core units and IMCA/DoLS specific units) and are trained in non-instructed advocacy. Our Project Co-ordinator ensures that IMCAs reflect on their non-instructed advocacy practice/approach in supervision and our team meetings, advocacy forums and Annual National Advocacy Conference further support shared best practice. Our advocates are able to justify their approach if challenged and at all times remain with the advocacy principles and advocacy charter.</p>	

Together's IMCAs are supported and experienced in providing advocacy support to range of individuals with diverse needs; Older People, Learning Disability, Physical Disability, Mental Health, Acquired Brain Injuries, Substance Misuse, Dementia.

IMCA staff have access to resources to aid communication, including for example an alphabet board upon which service-users spell out what they want to say. This communication method is helpful in asking closed questions and cuts down on the effort the client has to make.

We always tailor our service to the needs of the individual as demonstrated below:

Case 1

[REDACTED]

[REDACTED]

[REDACTED]

This case, and our wider experience demonstrates that although language can be a barrier, more often it is the cultural barrier that is the most prominent, especially as interpreters can significantly aid the language barrier.

Case 2

[REDACTED]

[REDACTED]

Case 3

[REDACTED]

[REDACTED]

Word Count: 750

8.	<p>How will you manage service demand, including ‘gate-keeping’ decisions around the ‘appropriateness’ of referrals and the sign posting on of referrals that do not fit with the IMCA brief?</p> <p>Guideline 500 words</p>
<p>Response:</p> <p>Together operates a flexible approach to managing demand within our IMCA services, including:</p> <ul style="list-style-type: none"> • Flexible working hours with guaranteed weekly contracted hours, • Part-time staff working additional hours, • Extra capacity from other Together IMCA services, • Managing annual leave cover, • Project Co-ordinator increasing their own casework, up to approximately 70% casework, • Increase in IMCA staffing from year 2. <p>We are highly productive. Service bureaucracy is kept to a minimum and systems are streamlined. For example, the use of ‘short’ IMCA report templates are sometimes used for ‘simple’ cases e.g. a straight-forward care review. Our bespoke case database allows IMCAs to effectively manage their cases. From the database and regular supervision, the Project Co-ordinator can assess workloads for each IMCA in terms of case complexity and not simply by number, and allocate cases accordingly.</p> <p>IMCAs work efficiently by using technology such as smart phones to access emails and calendars while working in the community. The Project Co-ordinator may also access individual calendars and emails where necessary to enable smooth team-working e.g. diary management.</p>	

Client visits are organised so that multiple clients can be seen in one locality minimising travel time.

In relation to 'gate-keeping' around the 'appropriateness' of referrals, we clearly understand that IMCAs do not formally 'gate-keep' referrals. We follow the best practice guidance on IMCA Instruction published by Action4Advocacy in 2010. This is incorporated into our Service Engagement Protocol which is agreed with Commissioners. These state that it is not in the IMCA's authority to refuse an instruction. It is for the decision maker to deem a relative or friend as 'inappropriate to consult'. The IMCA will explain what this means and may challenge decisions around inappropriateness in accordance with the MCA Code of Practice. If the referrer insists on proceeding against the IMCA's view or the Code of Practice, then the referrer is reminded to note this formally in writing. The IMCA will also explain the consequences of making an invalid instruction e.g. an IMCA working without valid instruction examining confidential records without appropriate authority, risking conflict from relatives etc.

We also avoid putting up other barriers, for example, we allow anyone to refer even if they are not authorised to instruct. However, we then seek implicit instruction from an authorised decision maker in accordance with local MCA policies. We do not insist on completed capacity assessments before accepting a referral, but do require this as soon as possible. We will even accept a verbal instruction in urgent situations where there is no time to complete a referral form. Again, we require this as soon as possible afterwards.

With inappropriate referrals, where it is clear another service, or even a specific professional may be more appropriate to approach, then the contact details of that service or person will be provided. To facilitate this signposting, the contact details of all statutory and non-statutory advocacy services within the commissioning local authorities and adjacent local authorities are kept. We also hold contact details for MCA leads, DOLS teams, Safeguarding teams and social care teams.

Word Count: 500

9.	<p>Using examples, demonstrate how the advocacy support your IMCA's will provide will be culturally sensitive and relevant across age, gender, religion, race, sexual orientation and disability?</p> <p>Guideline 500 words</p>
<p>Response:</p> <p>Together's mandatory induction includes an introduction to Together, our values and code of conduct as well as Safeguarding, confidentiality, and equality and diversity. Our policies and practice are aligned with the Equality Act (2010) and the nine protected characteristics.</p> <p>Our IMCA's are trained and experienced in providing advocacy support to range of individuals with diverse needs; older people, people with a learning disability, physical disability, mental health needs, acquired brain injuries, dementia and BME groups.</p> <p>In addition to their formal qualifications and induction our IMCA's have attended other relevant</p>	

training, including for example, cultural beliefs in death and dying and cultural competence.

In the first example given in question 7, the [REDACTED] [REDACTED] required the IMCA to be culturally sensitive as well as sensitive to his religious needs.

Although the vast majority of IMCA clients are older people who are over 70 years old, we also have younger clients. The residence-change cases sometimes involve transition between children's and adults' services, usually for a young person with learning disabilities and aged between 17 to 19 years old. Such cases may involve joint working with an advocate from the National Youth Advocacy Service, and emphasise the need for continued age-relevant social and educational activities.

In one complex case, [REDACTED]

In another complex case, [REDACTED]

Word Count: 500

10.

Edward is a 67-year-old man accommodated in a residential home due to his dementia. His care needs are such that he needs staff support and intervention 24 hours a day. He lacks the capacity to consent to his accommodation in the home and so a DoLS authorisation has been sought and granted. The BIA was not able to contact his brother during the initial assessment, despite every reasonable effort being made, and so a paid Representative has been appointed from the IMCA service. Two months into a six month Standard Authorisation, Edward's brother presents at the home when the paid Representative is visiting and demands to know why he hasn't been involved in any of the care planning or decision making about his

	<p>brother. He demands that the paid RPR relinquish their contact with Edward and allow him to take over the supportive role.</p> <p>What issues might the paid Representative seek to address when confronted with this situation?</p> <p>Guideline 500 words</p>
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Response:

The paid RPR should start by explaining his RPR role and why he/she is visiting Edward. This will invariably require a concise explanation of DOLS. The brother wants to know why he hasn't been consulted so far so the paid RPR should provide some feedback regarding the unsuccessful attempts made by the BIA to contact him but also explain that such an omission was not deliberate, and in fact the Mental Capacity Act requires such consultation.

The paid RPR should then clearly explain that they are there under a legal instruction which can only be withdrawn by the appropriate Supervisory Body and that the brother should contact the DOLS team of the local authority to discuss the issue.

The paid RPR should also explain that if the brother becomes the RPR, he is able to ask for the support of a s.39D IMCA and what this entails.

The decision regarding the appointment of both paid and unpaid RPRs sits clearly with the Supervisory Body. However, the paid RPR should make representation to the Supervisory Body about the issue, including posing questions for consideration, for example:

- a) This has taken place two months into the DOLS Authorisation which raises questions over the brother's contact with Edward:
 - i. If he only visits infrequently, this could cause an issue with appointing him as Edward's unpaid RPR as a requirement of the role is to maintain regular contact, which is generally accepted to be at least fortnightly.
 - ii. If he has been visiting more regularly, why was he not made aware of the paid RPR's appointment? And why had the residential home not contacted the Supervisory Body or the paid RPR to let them know?
- b) If the paid RPR is unable to placate or reassure the brother, or if he is hostile towards the paid RPR, then this should be communicated to the Supervisory Body, particularly if they are considering instructing a s.39D IMCA. This is because there may be ensuing friction between the brother (whether or not he becomes the RPR) and the s.39D IMCA which may compromise rapport between family and professionals and therefore possibly not in Edward's best interests.
- c) The paid RPR should remind the Supervisory Body that they should not oppose the requested appointment of RPR by the brother simply on the grounds that he opposes the DOLS (see DOLS Code of Practice paragraph 7.17). The case of *LB Hillingdon v Neary* [2011] EWCOP 1377 would also suggest that the 'opposing' RPR should receive s.39D IMCA support.

Most importantly, the paid RPR should gather Edward's views about his brother and whether

he would be happy or not for him to be his RPR and report their findings back to the Supervisory Body. The RPR may need to visit Edward again separately in order to be able to gather this information in private with Edward. If this information is adequately collected, it has a significant weight on the decision to appoint or not, as recommended by the Code of Practice.

Word Count: 501

<p>11.</p>	<p>Finally, please provide an outline of your organisation's proposed management and staffing structure for the IMCA Service in Oldham, Stockport and Tameside. In particular, please identify:</p> <ul style="list-style-type: none">• The number of IMCA's in your proposed service• Recruitment and relevant safeguarding checks• Management and supervision arrangements <p>Guideline 750 words</p>
<p>Response:</p> <p>Staffing structure</p> <p>Together believes that demand across [REDACTED]</p> <p>[REDACTED]</p> <p>The Project Coordinator will initially work to a ratio of approximately [REDACTED] casework to [REDACTED]% management. This will facilitate comprehensive awareness-raising and introducing Together as the new IMCA provider in all three boroughs as well as targeting low referral areas, for example Safeguarding cases, as well as coordination and management of referrals to the service.</p> <p>The Project Coordinator will be available to provide additional support when the service requires by increasing their frontline hours and reducing the management time within the contract to:</p>	

- Meet timescale requirements of statutory referrals and particularly in relation to urgent cases including 7 day DOLS, urgent Serious Medical Treatment and Safeguarding,
- Cover both planned and unplanned absences of advocates e.g. sickness/annual leave,
- Manage the increased demand in referrals.

This flexibility ensures that we will be able to meet the increased demand on the service over the lifetime of the contract as a result of the Cheshire West ruling, the introduction of the Litigation Friend role and the potential automatic referral for 39D IMCAs for all unpaid RPRs.

Management

Our Operations and Development Manager will support and provide line management to the Project Coordinator throughout the contract.

Alongside their frontline casework, the Project Coordinator will provide line management support to the IMCA staff and carry out other management responsibilities including:

- Awareness-raising and training,
- Coordination and management of referrals,
- Networking and stakeholder relationships,
- Governance,
- Performance management,
- Contract management and reporting,
- Quality assurance.

The Project Coordinator will attend Together's general management training. This will involve training in supervision skills, team leadership and performance management to ensure that Together staff are managed effectively to meet their full potential. They will also complete the Advocacy Management unit of the QCF qualification.

The Project Coordinator will also be required to complete the IMCA and DOLS qualification and keep up-to-date with best practice and professional development. This is to ensure the work can be covered during absences and meet demand.

Supervision

Together are committed to continued professional development and ongoing support of all staff in their role, through proactively identifying opportunities through monthly supervision, annual appraisals and personal development plans.

Together ensure that IMCAs reflect on their non-instructed advocacy practice and approach. Our advocates are able to justify their approach if challenged and at all times remain with the advocacy principles and advocacy charter. The Project Manager ensures that supervision and ongoing support including team meetings, advocacy forums and Together's Annual National Advocacy Conference are provided to all IMCAs within the service.

The evaluation of our IMCA services for our Advocacy Quality Performance Mark and IMCA specific review highlighted that *'Advocacy principles were well understood throughout the*

organisation. Training and supervision are well provided and staff spoke highly of this aspect of the organisation'.

New IMCAs will be mentored by the Project Coordinator through line management support but also have a mentor from a Together advocacy service in a different area. This not only supports an individual's own development but shares best practice across the organisation.

Recruitment

We understand that TUPE will apply to this contract and therefore expect to transfer existing staff to work on this contract.

However, if staff choose not to transfer, or TUPE does not apply, we will recruit to any vacancies in accordance with our Human Resource Policies and Procedures, which include:

- Mandatory application form,
- Competency based interview,
- Full DBS check,
- 2 satisfactory references,
- A health screen.

Applicants are recruited against our IMCA job description and person specification which requires applicants to demonstrate a variety of skills to support them in an IMCA capacity i.e. experience of working with vulnerable adults, ability to/experience of communicating with those who lack capacity including non-verbal methods, an ability to write professional reports, the ability to maintain confidentiality whilst gathering information from a variety of people, the ability to run a flexible, priority-focused workload and the ability to challenge decisions appropriately.

All staff are recruited against the advocacy charter and principles to ensure appropriate attitudes, for example being non-judgemental.

Together's mandatory induction for new employees includes an introduction to Together, our values and code of conduct as well as Safeguarding, record keeping, data protection, confidentiality, and more. All staff complete a 5 month probationary period prior to being confirmed in post.

Word Count: 765 words