



Mind in Haringey

The Advocacy Service Operational Policy

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The Mind in Haringey
Advocacy Service Operational Policy

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The Mind in Haringey **Advocacy Service Operational Policy**

1: Statement of Intent

The Operational Policy provides a framework within which the advocacy service will work in the provision of independent mental health advocacy.

The Operational Policy has been developed through consultation with primary stakeholders and service users.

The Operational Policy should be treated as a working document and is subject to ongoing review to ensure it reflects local diverse needs. We actively encourage feedback and comments and where appropriate would endeavour to incorporate these into the policy. Proposed amendments will be subject to the approval of the Chief Executive Officer and Mind's Board of Trustees.

Staff or volunteers should also be familiar with the policies in Mind in Haringey's policy file. Any queries about the Advocacy Operational Policy or Mind in Haringey's policy file should be directed, in the first instance, to the Advocacy Services Manager.

2: Background

The Advocacy project was established in 1991. After this, funding for the Black and Minority Ethnic Advocacy Project began work in 1995. Both projects offer advocacy to in-patients in St. Ann's Hospital and those who live in the community in Haringey.

3: Definitions

Advocacy

Advocacy, in the context of the service we provide, is the act of supporting mental health service users to enable them to make informed decisions and have their views heard on issues relating to their mental health needs. This involves supporting service users by providing clear information, supporting service users to raise their concerns, and representing service users' views where necessary, in order that they can receive the services or treatments that they are entitled to or believe they need.

Advocacy Models

The advocacy service acknowledges that there are a number of advocacy models. This service uses the following models:

Professional Advocacy – This model is standard practice in many advocacy services based on paid advocates working within a specific area and providing one-to-one support to service users.

Volunteer Advocacy –support from volunteers, some of whom share a common experience with the service user. Within mental health advocacy this

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common experience would be that the volunteer advocate is currently using, or has previously, used mental health services.

In both cases the advocate would be expected to work to similar principles:

- ✓ To only act upon the instruction of the service user; not to speak for anyone other than the client, such as a relative or doctor.
- ✓ To encourage and support self-advocacy by the service user wherever possible.
- ✓ To be clear that the best interest model is not a model that mental health advocates normally work to.
- ✓ To be non-judgemental when working with service users.
- ✓ To maintain independence and not compromise the role of advocacy when engaging with mental health service providers on behalf of service users.
- ✓ To be clear that the advocate is not an expert and will not make judgements about any aspect of a service user's care or treatment but will give the service user clear information and support them in looking at their options and making their own decision.
- ✓ To be committed to providing a service that is accessible and sensitive to the needs of all service users and to have a clear understanding of Mind in Haringey's Equal Opportunities policy.

4: **Philosophy**

The advocacy service is committed to the philosophy and aims of Mind in Haringey. The advocacy service aims to provide a quality rights-based service that is trusted by and accessible to mental health service users in the borough of Haringey. We provide information and support so that service users are able to make informed decisions. We work in partnership with service users to ensure that they are listened to, valued and respected by providers of mental health services.

5: **Aims and Objectives**

- ✓ To provide an independent and confidential service to mental health service users living in the borough of Haringey taking into account and being sensitive to the diversity of the community we work in.
- ✓ To support service users in gaining the confidence to self-advocate in order that they can have their voices heard and are able to take an active part in the decision-making processes regarding their mental health needs.
- ✓ To provide clear and accessible information and guidelines for both service users and service providers on the role of advocacy and the limits of that role.
- ✓ To provide clear information to service users about the options or services available to them.

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- ✓ To support service users in making informed decisions based on a clear understanding of the options open to them.
- ✓ To provide opportunities for service users to be able to actively feedback and have input into the provision of the advocacy service.
- ✓ To provide advocates with a supportive, structured working environment as well as opportunities for professional development in order that they can work effectively and productively.
- ✓ To work within existing advocacy guidelines and be proactive in responding to developments in advocacy practice.
- ✓ To work within the parameters of the Tier 1 contract that the Service currently holds and to supply regular reports to our funders as and when required.

6: Description of Service Provision

The advocacy service is part of Mind in Haringey. The Advocacy Services Manager is responsible to the Chief Executive Officer, who is accountable to the Executive Committee.

The service provides advocacy at St. Ann's Hospital, and to Haringey residents on Avon Ward in the Dennis Scott Unit in Edgware Community Hospital, and in the community. We provide advocacy to Phoenix Wing, Cedars ward and the Victoria Day Unit at St. Ann's Hospital. We provide volunteering opportunities via our volunteer scheme and work on the wards and in the community.

The advocacy service operates between the hours of 9am through to 5pm, Monday to Friday. The hospital advocacy service provides support to inpatients. This can involve attending ward rounds; Care Programme Approach (CPA) meetings, Mental Health Review Tribunals, Managers Hearings, as well as supporting service users with other issues related to their mental health needs.

The community advocacy service provides support to mental health service users living in the borough of Haringey across a range of issues relating to their mental health needs in the community.

The advocacy service has guidelines and policies to enable advocates, service users and service providers to clearly understand the role of advocacy.

Service users can self refer or alternatively can be referred to the service by a third party. The advocacy service will not readily accept a referral unless the service user has been told about the referral and consents to the referral.

All new referrals will be allocated to an individual advocate who will arrange an initial assessment meeting with the service user.

At the initial meeting, the advocate will clearly explain our service including the Confidentiality Policy and our Complaints Procedure.

Having discussed the issues the service user has raised and the options open to them, all assessments will be considered by the Advocacy Team. For those clients

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they agree to take on, the advocate will draw up an action plan with the client, who outlines the issues raised and the course of action the service user wants to follow.

The advocacy service will endeavour to signpost service users on to appropriate additional services if necessary, for example, solicitors, counselling. If the advocacy service is unable to take on a new referral due to full caseloads, we will try to identify alternative advocacy support; however this is not always possible. We do not operate a waiting list.

7: Promoting the Service

The advocacy service will place posters and leaflets with contact details and information about the service in locations accessed by mental health service users. Care will be taken to advertise the service widely, particularly in black, minority, ethnic and refugee (BMER) community groups, to ensure equal opportunity of access in keeping with our Equal Opportunities Policy. In hospital, advocates will make themselves regularly available on the wards and attend community meetings and patients council where possible, so that patients have they opportunity to speak to an advocate informally about what the service offers.

8: Interpreters

Advocates will use Interpreters provided by the NHS trust to work with patients who do not speak English.

The community advocate does not usually have access to interpreters so it is not normally possible for the community service to work with service users who do not speak English. However, where funding is available, the advocate will arrange interpreters as necessary.

9: Boundaries

Advocacy workers will be clear as to the nature of their role in working with service users and be equally aware of the role of other mental health professionals. In the process of supporting service users advocates may find themselves in opposition to other mental health professionals, while this is to be expected due to the nature of the work, advocates will ensure that they treat other mental health professionals with courtesy and respect at all times. Advocates should never cross over the boundaries of advocacy work into another field of work and should work to the principles laid out in Action for Advocacy's Advocacy Charter and Code of Practice.

10: Security

Advocates must know and comply with the security arrangements appropriate to the site they are working on. Advocates will comply with security measures as requested by staff on the wards. Advocates need to make themselves familiar with any alarms or other devices, placed on the wards or in any other location they see service users in.

They will inform a member of the ward staff that they are on the ward when they arrive, and will also let the staff member know which patient they are visiting. It is never appropriate to visit service users in their sleeping areas; a private room on the ward should be requested.

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Advocates working in the community will follow the security procedures in place wherever they go. They must sign in and out of Station House and comply with Mind in Haringey's Health and Safety Policy. Advocates must be familiar with the location of panic alarms and how to operate them. Advocates must also inform the Advocacy Services Manager if they are going off-site to work with a service user and will leave details of where they are going and when they expect to return. This must be done through keeping their outlook diary updated at all times.

The Advocacy Service has the right to refuse to work with any individual who is threatening or abusive. If an advocate is threatened or abused by a service user they should bring this to the attention of the Advocacy Services Manager as soon as possible and no later than 24 hours after the event.

11: Lone Working

Lone working relates to situations where an Advocate is on their own in the office with a client and how they safeguard themselves and also when carrying out work in community based settings.

When Advocates are working on their own in the office they should inform the manager or admin that they are working alone and should give accurate details of their location and when they have finished: there must be access to a telephone and first aid equipment. Advocates should take all reasonable precautions to ensure their own safety, for example sitting close to the door, or within easy reach of alarm systems.

For community based work an Advocate would only see a client in their own home with another Advocate present, or with another professional involved in their care and Treatment, such as their Keyworker, Housing Officer, Care Co-ordinator etc. Advocates do not have risk assessments of clients nor do they know details of their home circumstances, therefore the risk that the client might pose to themselves or others is not known and that is why the above approach is adopted specifically for Advocacy. The first option always would be, when carrying out community based work, to see the client on neutral ground e.g. using a confidential room at a Day Centre.

12: In the event of a service user experiencing a crisis

If a service user makes it known to an Advocate that they are experiencing some form of mental health crisis such as having suicidal thoughts or ideas the Advocate is to encourage them to speak to their Care Co-ordinator or other person who is directly involved in their care and treatment. If the service user does not have a professional such as a Care Co-ordinator working with them then the Advocate is to encourage the service user to make contact with their GP. If the service user states that they find it difficult to seek out support then the Advocate can ask them if they want support e.g. with making a telephone call or being with them when they have their appointment with e.g. their GP. If the service user expresses their intention to e.g. self-harm or commit suicide they are to be encouraged and supported by the Advocate to access help e.g. via Accident and Emergency services.

13: Confidentiality

Principles

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Personal information given to advocates by service users will be treated in confidence and will not be disclosed to third parties without the express consent of the service user. Confidentiality is between the Advocacy Service and the client not just between the client and the advocate. No personal information about present or former staff, board members, trustees or other individuals associated with Mind in Haringey will be disclosed by staff to third parties without the prior approval of the Advocacy Services Manager. There are limits to what information can be kept confidential, however, which are listed below.

Confidentiality

Advocates must not disclose any 'secrets' or other confidential information about Mind in Haringey, its business or about third parties with whom we work. This applies during or after their employment, except as is properly required by their job or law. Any document or items which belong to the Organisation or that contain any confidential information must not be removed from the Organisation's premises at anytime without authorisation from your manager. This material must be returned to the Organisation when requested by your manager and, in any case, when you finish working for the Organisation. If requested by the Organisation, all confidential information and materials that advocates have under their control must be deleted or destroyed.

Informing clients

All service users should be informed that information about them is being recorded on their client file, about the subject of the records taken, why the information is being kept, who is going to use it and who has access to the information. They should also be told about the limits of confidentiality by their advocate at the beginning of their access to the service. When an advocate receives information about a service user from a third party, the service user should be told of the information that has been obtained and from whom it came.

Data Protection

The Data Protection Act 1998 is concerned with the processing of computerised and manual information about living individuals ('personal data') and gives rights of access to the individuals who are the subject of that information. Further, the Act places certain obligations on you (the Organisation's data user) in the way personal information is processed or provided to third parties. Staff must be aware of their duties under the Act. It is our responsibility under the Act to take reasonable steps to ensure that any information that we share is accurate, adequate, relevant, up to date and not excessive.

Protecting confidentiality

At all times, advocates must ensure that all recorded confidential, personal or sensitive information is kept safely and not left in situations where it may be viewed by an unauthorised person. Special care must be taken in making sure that all records both computerised and manual are kept securely overnight.

Examples of steps that must be taken to maintain confidentiality of Service Users and other members of staff include the following:

- Securing confidential information on your computer or data-stick with a password.
- Turn the front pages of sensitive information or documents over on your desk when within the view of a third party.

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- Maintaining a clear desk policy at the end of business each day.
- Storing away all confidential information at the end of the day in a locked cupboard or filing cabinet.
- Marking post as 'Confidential' or 'Private' if it contains data of that nature.

Information Security

Advocates must take the appropriate steps to guard against unauthorised access to, alteration, accidental loss, disclosure or destruction of data. Under no circumstances should you tell your password to anyone else nor should you gain or attempt to gain information stored electronically, which you are unauthorised to access.

Disclosure with consent

Advocates must seek the services user's consent to disclose information to a third party. If possible a client should be present to give their consent to others directly. If this is not possible, however, or if it is necessary to write a letter on behalf of a client, the client's written form of authority should be obtained and a copy presented to the third party.

Limits to confidentiality

1. Where there is a legal requirement by statute or a court order.

Examples include:

- Where you have gained information about terrorist activity you must inform the police under the Prevention of Terrorism Act (1989) and Terrorism Act (2000).
- When asked by the police to give the name and address of drivers who are allegedly guilty of an offence under the Road Traffic Act (1988), you must provide this but not clinical information.

Where a patient detained under the Mental Health Act 1983 informs you of plans to abscond, there is not a legal requirement to breach their confidentiality. However, it would be an offence to withhold information under section 128 of the Act, if this encouraged or helped the patient to escape from hospital without leave, or protected or prevented such a patient from being taken into custody or returned to hospital. If an advocate is in any doubt about the effect of withholding information, the Advocacy Service Manager should be consulted.

2. Where there is an overriding public interest:

- a. To assist the prevention, detection or prosecution of a serious crime where not releasing the data would be likely to significantly harm ('prejudice') any attempt by police to prevent crime or catch a suspect. Examples of serious crime include child abuse, murder, manslaughter or rape.
- b. To prevent death or serious harm to a person or others. Examples include threatening to kill a person, planning suicide.

The use of illicit drugs by hospital patients, while not a 'serious crime', may result in 'serious harm' to the person or others in a clinical setting - as may drinking alcohol or misusing prescribed drugs. If a patient has engaged in such behaviour or discloses an intention to do so, you should not automatically breach confidentiality. The risk of

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harm to the person or others should be considered and the Advocacy Services Manager should be consulted if there is any doubt.

c. To prevent a vulnerable adult from abuse, where not releasing the data would put them at significant risk of harm.

All users of Mind in Haringey services and Community Care Services will be treated as if they are a 'vulnerable adult'. The simple definition of 'abuse' given by DOH guidance document, *No Secrets* (2000), is that it is 'a violation of an individual's human and civil rights by any other person or persons'. Examples of abuse include physical, sexual, psychological, financial or material, neglect and acts of omission, or discrimination. If an advocate suspects abuse or that there is a need to disclose information, the Advocacy Services Manager should be informed immediately and Mind in Haringey's Safeguarding Adults policy and Procedure should be followed, which follows London Borough of Haringey's multi-agency Safeguarding Adults Policy and Procedures.

Disclosure without consent

If you think it is necessary to disclose information to a third party without the client's consent, you must inform the Advocacy Services Manager immediately. No personal information should be disclosed until the Advocacy Services Manager has approved the action. In some circumstances it may be difficult to assess whether there is danger of 'significant' or 'serious' harm to a person or others, for example, which would warrant the disclosure of information. In this case the Advocate should carry out a risk assessment.

If it is decided that the information must be disclosed, the advocate will inform the service user and allow them the opportunity to disclose the information first. If the service user is unwilling to do this, the advocate or Advocacy Services Manager will inform the relevant authorities. The service user will be told what information has been disclosed, how to complain about this action and this will be recorded in their notes. The Advocacy Services Manager will report breaches of confidentiality to the Chief Executive Officer or in her absence to the Trustees of Mind in Haringey in accordance with Mind in Haringey Confidentiality, Access to Information and Safe Storage of Records Policy and Procedure.

Requests for information

Advocates should follow the confidentiality policy if a third party makes requests for personal information about a client. If disclosing the requested information would breach our policy, the third party should be informed of this fact. Advocates should be polite but firm in manner. Mind in Haringey's Confidentiality, Access to Information and Safe Storage of Records Policy and Procedure should be explained to the person and, if they are still unhappy with the decision not to disclose information, they should be informed of our complaint procedure.

14: Attending Meetings with Service Users

If a service user asks an advocate to attend a meeting with them, the advocate, as a matter of courtesy, will inform the person leading the meeting that they will be attending the meeting with the service user.

15: Record Keeping, Filing and Service Evaluation

Purpose

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Record keeping is an essential part of advocacy work. This is necessary to document what work we have done with our clients, so that work can be handed over to other advocates, so that we are accountable to our clients and managers, and so that the quality of our work can be monitored and reported to funders. Reference should be made to Mind in Haringey's Record Keeping Policy.

Principles

An advocate should ensure that their records are factual, accurate, and relevant and kept to the minimum necessary. Opinion, hearsay, speculation, abbreviations and slang should not be included in client records. These records are confidential and should therefore be stored securely.

Access to files

Under the Data Protection Act 1998 a client has the right to see their file or have a copy of the data. We also have an open file policy, which means that clients can freely access their file(s). Advocates should make the client aware of this fact at the beginning of their work. A service user can access or get copies of their file by contacting their advocate or the Advocacy Services Manager at any time. The service user should be given access as soon as possible and no later than 14 days after requesting access. A client's files can also be sent to a third party with the client's written permission. Confidential information should not be sent to third parties without written permission, in case this action is challenged at a later date.

Database/ Manual System

Entries on the database or manual system should be made on the day of client contact or as soon as possible thereafter. Database/ Manual System entry work should not be left any longer than a week. If, for any reason, this work is not done within a week, an advocate should inform the Advocacy Services Manager. All relevant information should be recorded on the database or in the manual system. For clients with whom we have one contact, we should fill out the one-off box. For clients with whom we have more than one contact, we should fill out a casework profile, which includes Client Details, Referral and Client Contact Sheet, and a client code should be assigned.

The following information should be included in the Case Notes:

- Whether you explained advocacy, our provision, confidentiality. If you did not explain this, state why.
- What the client's issues were.
- What information you gave the client.
- What options you made the client aware of.
- What potential consequences you informed the client about.
- What option the client choose and why.
- What actions you or the client will take
- When and where you have arranged to meet or contact the client again.

Every contact made to or on behalf of the client should be recorded, including where there was no reply to a telephone call. The advocate should enter his or her name beside each entry and the length of time spent on each contact. The time spent should be rounded up or down to the nearest 15 minutes.

Paper files

A paper file will be kept for every client for whom we work with on more than one occasion.

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Short term folder:

For clients with whom we meet more than once but from whom we do not get clear instruction, a 'short term file' will be set up. This should include a front cover sheet and any paper work or correspondence that they give us or that we are sent on their behalf. This paper work should be file alphabetically in the 'Short Term File', which is kept in the filing cabinet. Case notes can be printed off and kept in the folder but this is not necessary.

Casework folder:

For clients with whom we meet more than once and from whom get clear instruction, a casework folder should be set up. The file should include a front cover sheet, an action plan, a consent form (if it is necessary to contact a third party without the client present), any correspondence sent to or on behalf of the client, and any other relevant paper work like meeting notes. Case notes can be printed off and kept in the folder but this is not necessary.

A paper file should be set up within one week of beginning the client's work. All correspondence should be kept in the file, even short emails acknowledging meetings, for example - in case our work is challenged at a later date.

Monitoring

The Advocacy Services Manager will audit the database/manual system and files every quarter to ensure that a good standard of record keeping is maintained.

Storage of files

Paper files should be filed alphabetically and stored securely in a designated filing cabinet. This should be locked when not in use and the key kept in a discrete agreed place. Files should not be stored in an advocate's personal draw, as other team members may need to access them. A client's file should not be taken home or off the work premises without the Advocacy Services Manager's permission. All databases should be password protected, advocates should log off when these are not in use, and they should not copy the database or confidential data to portable devices such as CDs or memory sticks.

Closure of files

A client's case should be closed when the work agreed with them has been completed and there is no further work to do. If there is some uncertainty about whether more work maybe needed, the case can be kept open for three months but will be closed at the end of this period if no further work is carried out during this period. The client should be informed when their case is closed and given a letter informing them about access to and the shredding of their file. It should be recorded on the database/manual system that the case is closed (both in the 'case closed' section of the referral tab and in the case notes) and that a closure letter has been given to a client. The case notes do not need to be printed off and added to the paper file. The date of closure should be written on the front of the paper file and this file should then be moved from the casework draw to the archive draw of the filing cabinet. The name and address of the client should then be emailed to the Advocacy Services Manager so that an evaluation form can be sent to them.

Archiving of files

The closed casework files should be filed alphabetically in the archive draw of the filing cabinet. The closed short-term casework files should be stored alphabetically in the Short-Term Casework Folder, which is kept in the archive draw. This archive draw or Short-Term Casework folder may become full. In which case the excess files

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should either be boxed and taken to Schoolway for storage or shredded, if more than seven years old. An archive card should be filled out for each file that is shredded or stored at Station House. A template card showing what data must be included on a card can be found in the front of the Archive Card Box. Once completed, the archive card should be filed alphabetically in this box.

Shredding of files

Our clients' files will be shredded after seven years. When a client's case is closed, his or her advocate should inform the client verbally and in writing that his or her file will be shredded after this period. Files should not be shredded before this period. Files should only be shredded with the agreement of the Advocacy Services Manager. An archive card should be filled out for each file that is shredded stating the date of shredding.

16: Supervision

All staff and volunteers are expected to take part in ongoing individual and or group supervision and attend specific staff forums as directed by the Advocacy Services Manager to support them in role. Further information on supervision is available in Mind in Haringey's Supervision Policy. This is to ensure that:

- Advocates receive support and guidance and have the time and space to raise any concerns or issues that they may have.
- Advocates have the opportunity to reflect on legislation, good practice, and personal development

One-to-one supervision is a two way process which enables learning and provides guidance and support. The supervision sessions will be conducted according to the supervision agreement, which is reviewed regularly. Supervision sessions will take place on a monthly basis for paid advocates and will link into annual appraisals. Supervision will take place on a 4 weekly basis for volunteers.

Group supervision provides a forum for volunteer advocates to share their experiences and provide each other with support by talking through issues and concerns and sharing good practice. A nominated person will facilitate the sessions and an agreement as to how the sessions will proceed will be drawn up at the initial session, this will be regularly reviewed. Group supervision will take place on a monthly basis.

17: Team Meetings

Project Meetings will take place on a 4 weekly basis and provide a forum for the advocacy team to discuss developments both within the project and the wider organisation.

Project meetings will provide a space for the team to comment and feedback to the wider organisation in relation to developments and to discuss how to incorporate organisational directives within the advocacy service. Casework will also be discussed. All advocates will be expected to present a case at the casework meeting.

18: Training

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Mind in Haringey will provide a training package for all advocates. This will include core training, which all advocates will be expected to have taken part in. Additionally, individual training requirements will be identified within supervision to enable advocates to keep up to date with the knowledge and skills needed and to aid professional development. This is also addressed through Annual Appraisals. Reference should also be made to Mind in Haringey Training and Development Policy.

19: Health and Safety

Mind in Haringey will as far as possible provide and maintain a healthy and safe place of work. In turn, advocates must ensure that they do everything that they can to prevent injury to themselves and others. Any incidents that have or may have led to injury must be reported to the Advocacy Services Manager. Advocates must know the fire procedure, location of the accident book, first aid person and first aid box. Advocates will be asked to fill out an emergency contact form in case of emergencies.

All staff or volunteers will be expected to be familiar with and comply with Mind in Haringey's Health and Safety Policy. All staff or volunteers working off-site will be expected to comply with the health and safety policies applicable to that site.

20: Expenses

Staff or volunteers are entitled to claim for all travel and incidental expenses while carrying out their duties for the advocacy service. Claims should be made on the Expenses Claim Form, and receipts attached. We cannot guarantee re-imburement of expenses in the absence of receipts. Any queries should be referred to the Advocacy Services Manager

21: Accepting or giving gifts or money

Clients often appreciate the work of advocates at Mind and do sometimes unexpectedly buy them presents. The generally rule is that advocates do not accept gifts from clients, as this could lead to misunderstandings and clients being taken advantage of. However, advocates are able to accept small gifts, providing that the gift is not money and it is under £10.00 in value. Any gifts given to an advocate must be reported to their line manager. If a client brings in a gift that appears to be worth more than £5.00, the advocate should thank the client for their kind thought but explain that it is the organisation's policy not to accept gift valued over that amount. Advocates may be asked for cigarettes or money by clients but they must not give clients gifts or money. Advocates are also not permitted to buy items from clients. For further information on these issues and related matters, reference should be made to Mind in Haringey's Code of Conduct Policy for Staff and Volunteers.

22: Complaints and Grievance Procedure

Any service user who believes that they have cause to complain about any aspect of the advocacy service should be encouraged to raise their concerns. Advocates should inform service users of the complaint procedure at the start of their casework. If the client raises a concern at any stage, the advocate should give the client information about Mind in Haringey's Complaints Procedure.

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Our complaints procedure is summarised in the A4 Complaints Form, which it is good to give to clients, and is as follows:

SUMMARY OF 3 STEPS

1st STEP

First raise the problem with the person immediately concerned and try, together, to resolve the matter informally; if that is not possible or you feel unable to discuss the problem with the person concerned, then you should ask the head of the house, club or centre that you use for a private meeting because you want to make a complaint.



2nd STEP

If you are dissatisfied with the result of the investigation you can further complain to the Chief Executive Officer of MIND in Haringey. A member of staff will tell you who that person is and how to reach him/her.



3rd STEP

If you are dissatisfied with the Chief Executive Officer's decision you can appeal to a specially convened appeals panel. The decision of the appeal panel will be final.

All advocates should be familiar with Mind in Haringey's Complaints Policy. Advocates should refer to the Grievance policy if they wish to make a complaint. If further clarification is required, they should discuss this with the Advocacy Services Manager or the Chief Executive Officer.