

## **Independent Community Mental Health Advocacy**

To provide an independent accessible free advocacy service for people with mental health conditions. Making a transition from inpatient mental health services to living independently in the community.

Our advocates will enable those who are vulnerable or need help to make informed decisions and secure the rights and services they are entitled to. Advocates will work in partnership with the people they support and take their side.

### **Criteria:**

Be aged 18+

Person must live in the Swindon area

Making a transition from inpatient mental health services to living independently in the community.

Moving on from or a reduction in Community Mental Health support

### **If the person meets the above criteria we will offer:**

An independent advocate to work with people giving consistent support as they plan for their discharge and to make a smooth transition from inpatient mental health services to settle into life in the community.

Remain working with individuals in their first six months living in the community as they experience a reduction in Community Mental Health Support.

Enable individuals to develop self-esteem and confidence as they feel empowered and in control of their own lives.

Enable individuals to reduce loneliness and isolation as they settle into the community and increase their health and well-being.

### **Outcomes:**

Fully understand what the process is as they are discharged.

Participate fully in their discharge planning and ensure they are treated with dignity and respect.

Develop awareness of options and opportunities so that they can work with their circle of support of professionals, family or friends to make choices for a plan that works for them.

Have a say as their medication is being reviewed so that it suits their needs and they feel more in control of their own mental health.

Move to the least restrictive care at the earliest possible time.

Increase confidence and self-esteem as a result of being able to have a voice to co-produce discharge plan.

### **On returning to independent living in the community:**

Communicate clearly and effectively with their Care Coordinator to ensure that they have timely meetings, medication is working and that strategies are in place to prevent or appropriately meet any potential problems.

Return to or find paid or unpaid work by enabling them to communicate appropriately and effectively to employers or potential employers.

Get housing support they need to maintain tenancy such as understanding tenancy and communicating with landlord, getting resources for household items or dealing with difficult or abusive neighbours.

Reduce feelings of loneliness and isolation in the community by signposting and, when needed, going on initial visits with individuals to social events and/or health and well-being activities in the community.

Get the right help and support in the community to deal with any problems such as debt issues over benefits.

Identify any problems at an early stage to put preventative measures in place.

Request a review of their Care Plan if needed and enable communication with Mental Health Community team so that timely support and strategies are put in place to prevent relapse.

Enable the person to know what their rights are.

Enable the person to challenge decisions.

Enable the person to make a complaint.



Swindon Advocacy Movement  
 Sanford House  
 Sanford Street  
 Swindon  
 SN1 1HE  
 Telephone on 01793 542575/616562  
 Fax Number 01793 423124

**INDEPENDENT COMMUNITY MENTAL HEALTH ADVOCACY**

Client Details					
<b>Name:</b>					
<b>Date of Birth:</b>					
<b>Address:</b>		<b>Accommodation Type:</b>			
		Home Owner			
		Living with Family			
		Social Housing Tenant/Council House			
		Private Tenant			
		Supported Housing			
		Hostel			
		Hospital			
		Other			
<b>G P Name:</b>		Current location of client (if not at home address)			
<b>Address:</b>					
<b>Telephone Number:</b>					
<b>Children under 18:</b>		Yes: Number:		No:	
<b>Carer:</b>		Yes:	No:	<b>Do they have a Family Carer:</b>	
				Yes:	No:
<b>Personal Budget:</b>		Yes:	No:	<b>In Receipt of Benefits</b>	
				Yes:	No:
<b>Referred By:</b>				<b>Position:</b>	
<b>Telephone Number:</b>				<b>Email:</b>	
<b>Agency:</b>					
<b>Other People involved in clients life:</b>					

What is the best way for us to contact the client?

Has this person agreed for this referral to be made	Yes:	No:
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**Advocacy**

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

Advocates are instructed or directed by the person at all times. Advocates don't do things or talk to people without their partners consent and they don't withhold information that other have shared.

**Please see criteria to access this service. Please detail the specific issue where there is an advocacy need. We will remain involved up to 6 months whilst individuals live in the community as they experience a reduction in Community Mental Health support.**

Examples of Advocacy outcomes:  
Fully understand what the process is as they are discharged, participate fully in discharge planning  
Consider options/made a decision so that they can work with their circle of support to make choices for a plan that works for them  
Have a voice in their medication and treatment reviews to that it suits their needs and they feel more in control of their own mental health  
Increase confidence and self-esteem  
Challenge a decision or make a complaint  
Move to the least restrictive care at the earliest possible time.

<b>Risk Assessment:</b>
This section needs to be completed in order for us to provide a service to the client. Please indicate anything in the client's history or health needs which may give rise to potential risks or dangers to themselves or to others. Please be aware, advocates are lone workers who often visit clients at home.
<b>Any known mental health issues:</b>
<b>Any behaviours we need to know about:</b>
<b>Any known risks in lone working/visiting at home i.e. friends, family, history etc:</b>
<b>Any particular health needs i.e. Epilepsy, Asthma etc:</b>
<b>Any particular communication needs:</b>
<b>Any other details we need to be aware of:</b>

Here at SAM we take your privacy seriously and will only use your personal information to provide you with independent advocacy in accordance with the General Data Protection Regulations.

All information provided on the referral form and in any further dealings with Swindon Advocacy Movement will be treated as confidential and will not be disclosed to any third party without your express consent. Please see our Privacy Notice on request or on our website.

Please tick here if you would like to go on our mailing list for AGM etc

Signed (Client) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Referrer) \_\_\_\_\_ Date \_\_\_\_\_

“Swindon Advocacy Movement is committed to safeguarding and promoting the welfare of children, young people and adults. Swindon Advocacy Movement expects all staff and volunteers to share that commitment”

**Please send the above referral to:**

**Swindon Advocacy Movement  
Swindon Advice and Support Centre  
Sanford House  
Sanford Street  
Swindon  
SN1 1HE**

Telephone Number 01793 542575/616562, Fax 01793 423124

Email: [info@swindonadvocacy.org.uk](mailto:info@swindonadvocacy.org.uk) (please send password protected)



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### EQUAL OPPORTUNITY MONITORING FORM

Swindon Advocacy Movement is committed to managing diversity and ensuring equality of opportunity for all. We will treat all cases fairly and equally in all aspects of their race, disability, gender, age, religion or belief, sexual orientation, marital status, pregnancy, maternity and sex.

In order to ensure the continued development of our Equal Opportunities and Diversity Policy all Clients are asked to complete the details below. The information will be used solely for monitoring purposes and will be treated as confidential.

Client Details										
<b>Are you Married or in a Civil Partnership</b>				Yes		No		Prefer not to say		
<b>Gender:</b>	Male		Female		Transgender		Prefer not to say			
<b>Sexual Orientation:</b>	Heterosexual		Gay man	Gay woman/ Lesbian		Bisexual		Prefer not to say		
<b>Religion:</b>	Christian		Muslim		None		Buddist		Jewish	
	Sikh		Hindu		Other (please state)		Prefer not to say			
<b>Employment Status:</b>	Employed		Unemployed		Registered Disabled		Retired		Student	Prefer not to say
<b>Age Groups</b>	Under 16	16-24	25-34	35-44	45-54	55-64	65+	Prefer not to say		
<b>Post Code:</b>					Prefer not to say					
Ethnicity:										
White British			Asian – British or Indian							
White Irish			Asian – British or Pakistani							
White Other			Asian – British or Bangladeshi							
Please specify;			Any other Asian background							
Mixed – White & Black Caribbean			Black – British or Black Caribbean							
Mixed – White & Black African			Black – British or Black African							
Mixed –White & Asian			Other Black							
Mixed – White Other			Oriental - Chinese							
Any other mixed background			Oriental – Other							
Prefer not to say			Not Established							
Disability:										
Do you consider yourself to have any long-standing illness or disability that affects your daily activities or the work that you do? <b>Please tick</b>										
Yes		No					Prefer not to say			
If you have answered yes to the question above, how would you best describe your disability. <b>Please tick all that apply</b>										
Hearing		Speech		Physical		Mental Health				
Visual		Mobility		Learning		Other				