



ADVOCACY DEFINITIONS

1. Introduction

For most people, making their own decisions and choices, is a matter of some considerable importance. Being part of decision making processes is not only a route where self identity is expressed but it is also an important aspect of personal freedom. However, a number of barriers can prevent people from actively taking part in decisions which affect their lives and can affect an individual's ability to speak up for themselves.

Advocacy reaches out to some of the most marginalised and disadvantaged sections of the community, people that formal services and systems can overlook: People who may be isolated in their own home, care homes or hospitals; or who lack confidence to speak up because they have been ignored or abused in the past; or lost faith in services; or are unaware that services and support exist.

Advocacy has developed to recognize differences both in people themselves and in their needs for support which may change during their life. All advocacy types are of equal value. What advocacy is used, and when, should depend on what is best suited to the person who seeks it. A single person may ask for different types of advocacy support at different times in their life.

Although there are several 'types' of advocacy, there is no 'best' form according to '[Action for Advocacy, 2009](#)'. Some advocacy organisations combine different approaches, and some approaches may be more common or suited to specific local need or groups of people. Some organisations may undertake advocacy work as part of a wider remit which may include self help groups, independent living support services or general support services. Other organisations and agencies, such as advice centers, welfare rights teams, befriending and counseling services may deliver a service similar to advocacy but are not normally recognised as part of the independent advocacy sector.

Independent advocacy such as citizen, peer and self-advocacy should be differentiated from the roles played by for example friends, family and professional carers. It is argued they can support the person, but not advocate on a person's behalf. An advocate is an independent...and not connected to the carers or to the services which are involved in supporting the person.

Within the general definition of advocacy, there exists two forms, instructed and non-instructed. The difference between non-instructed and instructed advocacy lies in the

advocates' ability to receive instruction from the service user.

2. Advocacy (instructed and non-instructed)

2.1 Advocacy defined: The National Lead for Advocacy, Valuing People Team, 2009 defines advocacy as 'taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice'. Several available definitions of advocacy fit into this general definition.

- Advocacy is independent help and support with understanding issues and assistance in putting forward a person's own views, feelings and ideas (**Code of Practice**, annex A, 2006)
- Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need (Kings Fund 2008)
- Advocacy is about enabling every person to have a voice of their own and ensuring that they are not excluded because they do not express their views in ways that people understand (A voice of their own, **BILD**, 2006)
- Advocacy is helping people to say what they want, secure their rights, represent their interests and obtain services that they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. It promotes social inclusion

and social justice (About advocacy – Action for Advocacy).

Advocates should ensure advocacy support is appropriate to the service users' needs and/or expressed wishes. Advocates should take instruction from service users wherever possible and base their actions on mutually agreed plans and preferred outcomes and work in partnership with service users to achieve this. The advocacy role may include two types of advocacy, non-instructed and instructed. The difference between non-instructed and instructed advocacy lies in the advocates' ability to receive instruction from the service user.

There are significant differences in the way the non-instructed advocacy process is established, led and enacted (Wells, 2006). There is a requirement of advocates to use a far greater level of judgement than in instructed advocacy. The issue of judgement is a key factor in defining non-instructed advocacy. Without a clear steer from the service user, the advocate is obliged to judge the precise nature of the person's concerns; the best methods for seeking redress; and the criteria for a successful outcome. This level of judgement places a degree of burden on the advocate that does not exist in instructed advocacy, where each of the above criteria is agreed and assessed by the service user through negotiation.

2.2 Non instructed advocacy: Non-instructed advocacy is taking affirmative action with or on behalf of a person who is unable to give a clear indication of their views or wishes in a specific situation. The non-instructed advocate seeks to

uphold the person's rights; ensure fair and equal treatment and access to services; and make certain that decisions are taken with due consideration for their unique preferences and perspectives. (Henderson, 2006)

Where a service user cannot give clear instruction, the advocate must:

- take time to get to know them and build a picture of their preferences and lifestyle including their cultural background
- seek appropriate alternative forms of communication which enable the service user to express views and choices and ensuring the person's fundamental human rights are respected and upheld at all times
- challenge service providers and decision makers in order to promote a person centred approach act as a 'witness' or observer in the settings in which the service user spends time.

Non-instructed advocacy is an emerging form within the wider advocacy context, not least because of the implementation of the Mental Capacity Act and is a practical manifestation of the commitment to safeguarding the rights of the most vulnerable people. It usually takes place within the type of advocacy referred to as professional, representational and issue based advocacy. This is because the advocate has the tricky dilemma of trying to ascertain, often when there is no verbal communication, what the individual wants to achieve. Examples include Independent Mental Capacity and Health Advocacy (IMCA and IMHA), Lasting Powers of Attorney (LPA) and Case Advocacy (refer to Section 5 for further details). Non-instructed advocacy can also occur in family, carer, peer, citizen, health and bi-lingual

but untrained advocates need to be careful in accepting such cases.

2.3 Instructed Advocacy: The advocate is clearly instructed by the service user and works to an agenda set out through a process of negotiation between the two parties, led by the service user. This is about the person themselves being able to express their views.

An instructed advocate's role includes:

- Establishing an open, trusting relationship with the service user
- Ascertaining what the service user wants from the relationship
- Identifying goals and desired outcomes from the advocacy process
- Gathering information on behalf of the service user
- Representing the person's views, wishes and concerns to third parties
- Reviewing progress and redefining goals in light of experience

Examples of instructed advocacy include legal advocacy as lawyers won't act on someone's behalf where the instructions are not explicit (usually verbally or in written format). Other examples include peer, citizen, bi-lingual and self advocacy. Instructed advocacy involves gathering and presenting up to date and accurate information to help service users make informed choices but NOT giving advice; listening to service users and discussing options but NOT

imposing views or opinions; talking to and corresponding with family members or other professionals with the service user's permission but NOT making decisions or choices on behalf of service users; representing the person's expressed views and wishes but NOT taking action independently of the service user; agreeing a plan of action and identifying initial outcomes and timescales with service users but NOT being prescriptive or inflexible.

3. 'On Behalf Of', 'Third Party' and 'Carers, friends and relatives'

There are subtleties in distinguishing between advocacy and speaking on behalf of someone else or acting as a third party representative.

3.1 On behalf Of (non-instructed advocacy): This relates to the types of advocacy where an advocate speaks up for someone who is unable to speak for themselves. It is about representing the views of the user, and not putting their own opinion forward and is a form of non-instructed advocacy. ([A Code of Practice for Advocates based on the Advocates Charter, 2006](#)).

3.2 Third party (independent instructed advocacy): This refers to instructed advocacy, working with and alongside the person and where the advocate is not directly employed by the people providing the service (i.e. local authorities) but via a separate organisation, such as an external support planner and independent broker. The

Advocacy Charter produced by Action for Advocacy in 2002 states 'The advocacy scheme will be structurally independent from statutory organisations and preferably from all service provider agencies. The advocacy scheme will be as free from conflict of interest as possible both in design and operation, and actively seek to reduce conflicting interests.' In the context of the work package this refers to anybody (other than BCC staff and service user) who is involved in the customer journey in any way - whether by assisting or representing the service user. Such persons might include an external support planner, an interpreter, a partner, friend or carer.

3.3 Third Party (non-independent representation)

There is always a risk when a representative is previously known to the person. Such people might be the person's carer, partner, relative, friend or professional supporter. This is why independent advocacy is what is always aimed for - where the advocate should have no vested interest, preconceptions or obvious conflicts at the start of the advocacy relationship. Independence is in the code of conduct and A4A's quality standards.

Some go further and say that for a person to be an advocate, they must be independent. They would argue that a friend, relation or carer can support them, but not advocate on a person's behalf. **Speaking Up** describes an advocate as independent...and not connected to the carers or to the services which are involved in supporting the person.

Friends, relatives and carers have an important role to play though (especially where there is no access to an advocacy service) in contributing to the person centred approach to assessment and support planning. Outcomes for carers as an example include not only being supported in their caring role but also in feeling valued and respected in the way they are dealt with by professionals. They may need help and support to recognise or act upon potential or real conflicts.

4. Putting People First – Information, Advice and Advocacy

The ministerial concordat '**Putting people first**: a shared vision and commitment to the transformation of adult social care' (2007) outlined the key elements of a reformed service that would be of high quality, safe and promote people's own individual needs for independence, well-being and dignity. These required system-wide transformation, developed and owned by local partners and included:

'A universal **information, advice and advocacy** service for people needing services and their carers irrespective of their eligibility for public funding...A 'first shop stop', which could be accessed by phone, letter, e-mail, internet or at accessible community locations...Key strategic partners to be the Pensions Agency and relevant voluntary organisations.Personal **advocates** available in the absence of a carer or in circumstances where people require support to articulate their needs and/or utilise the personal budget'.

The development of information, advice and advocacy is framed in the context of the spectrum of interpersonal

support related to personalisation, including support planning, support brokerage and the ongoing management of services; and underpin all of these with the dimension of safeguarding. Consideration of who is best placed to provide those services is ensured and some continuity of the person who is providing support in order to ensure that these services are personal.

A distinction is made between advocacy, information and advice. The differences are not always clear and may be subtle as an advocate seeks to build up a relation of trust and respect and understanding of the person's needs and views so that they are represented as well as possible.

4.1 Information is the open and accessible supply of material deemed to be of interest to a particular population. This can be either passively available or actively distributed. (Margiotta P. et al (2003) Are You Listening: Current practice in information, advice and advocacy services for older people p9, Joseph Rowntree Foundation)

4.2 Advice offers guidance and direction on a particular course of action which needs to be undertaken in order to realise a need, access a service or realise individual entitlements. (Rowntree, 2003: 9).

Advocacy is not interchangeable with giving information and advice. While an advocate does gather information and may show which of a number of alternatives are the most reliable and useful, they do not offer advice on a decision or course of action they think to be in the best interests of the person.

4.3 Advocacy workers have a key role in helping people to understand options, including those opened up by personal budgets, and to make choices. Going forward, advocacy workers may focus increasingly on enabling people to be in control, rather than supporting people to argue their case. There is a clear role for advocacy workers in working alongside people to ensure that there is a genuine shift of control and decision-making, rather than falling back to traditional service-centered ways.

Personalisation for advocacy workers means:

- Working alongside people who use services to ensure that there is a genuine shift of control and decision making in their favour, rather than falling back to traditional, service centered ways.
- Increasing the scope of advocacy activity to ensure that advocacy is available to people who fund their own care, or fall below eligibility criteria for public funding.
- Possible changes to the type of support that people ask their advocates for – there may be a greater need for support from advocates to enable people to consider how money is spent and support organized.
- Enabling people to access support beyond that offered by conventional, more traditional services – this could mean supporting people to increase their contribution to and participation in community life; enriching both the life of the individual and the community.
- Having a key frontline role in ensuring that personal choice and control is achieved.

5. Types of Advocacy

The four most common forms of advocacy are self, peer, citizen and professional advocacy. **Valuing People Now** has simplified their definitions:

- self-advocacy as 'people coming together to speak up for themselves'
- citizen advocacy as 'volunteers developing long-term relationships with people and speaking up for them'
- professional or representational advocacy as 'people being paid to advocate with, and for, individuals on a short- or long-term basis'
- peer advocacy as 'people who have the same or similar experience of discrimination as the person they are acting as an advocate for'

A more exhaustive list would include case, short term, issue based or crisis advocacy, paid independent advocacy, bi-lingual advocacy, health advocacy, independent mental capacity and mental health advocacy, legal advocacy and even powers of attorney.

5.1 Self Advocacy: When someone speaks and acts for their self to present their case. Many self advocates have come together to form a collective voice on issues that impact on their lives. This is also sometimes called group advocacy. Many people with disabilities are good at speaking up for themselves. Sometimes they find it hard to get others to accept this or to listen to them. Self advocacy groups are a good way of encouraging this. They are run by people with disabilities who sometimes have supporters. Self advocacy groups are often groups of people who use services or have the same interests locally. They work together to make sure they have a say in how those services are run. They are a

very good way for people to support each other and they can help to build confidence so that people feel more able to speak up for themselves.

Example: *Sam gained confidence from participating in his self-advocacy group. He understood more about what he had a right to expect and felt more able to speak out. Sam decided that he was not prepared to put up with an unreliable domiciliary care service. Bringing things to a head, he called a meeting with the service provider. Drawing on the planning he did with the self-advocacy group ahead of the meeting, he was able to agree with the provider that in future he would choose who supported him and when (SCIE).*

5.2 Peer Advocacy: This is when the advocate and the advocacy partner share similar experiences or environments. This happens for example between children who may live together in a children's home, those experiencing mental ill health and those with a learning disability. It sometimes means that people who have experienced the same things feel they have a better understanding and can be more supportive. As people with learning disabilities began to learn more about the rights and obligations of citizenship, more of them are speaking up for each other. This is often like citizen advocacy with both partners having a learning disability and is mostly of an informal nature.

Example: *C's main reason for using advocacy was that he had been trying to access mental health services and his Consultant Psychiatrist had promised to write him two letters of referral when he had seen her three months previously. He had his next appointment in the coming two weeks and*

wanted to communicate to her before the meeting the fact the above agreed course of action had not been done. C also wanted an advocate present at the meeting so that he had a witness to what occurred. I suggested we write a letter to his Consultant in which to state his dissatisfaction and also what he wanted to happen. As a result at the meeting which I attended with C the Consultant apologised for her inaction and made the two referrals.

5.3 Citizen Advocacy: Citizen Advocacy was developed in America and became formalised in the UK in the early 1980s. It is based on one to one partnerships between the advocacy partner and the citizen advocate. An advocacy partner is someone at risk of having choices, wishes and decisions ignored, and who needs help in making them known and making sure they are responded to. A citizen advocate is a person who volunteers to speak up for and support an advocacy partner, is not paid to do so and is independent of service providers and families and is a member of the local community. The advocacy partnership is one to one and the advocate's loyalty is to the advocacy partner alone. The advocacy relationship is based on trust and confidentiality. The citizen advocate identifies the partner's choices and decisions, but does not make or influence them. The partnership is long term and not time limited and lasts for as long as both partners want it to.

Example: *Mrs B is 94, lives alone. She was referred to 'Older Peoples Citizen Advocacy' by a friend, as the home care calls were erratic in both timing and frequency. Mrs B had been having missed calls for some weeks and phone calls to the agency providing the care (commissioned by Social Services) had not resulted in any improvement. Mrs B*

was requesting support to resolve the situation. The advocate took up these issues with the agency and was told that all calls were being made as planned. An apology was received for one missed call. The service did not improve, even following a review of the support plan with the Social Service Care Manager with the advocate present. With the assistance of the advocate, Mrs B made a formal complaint. The advocate had to chase the progress of the complaint which resulted in no case to answer and that Social Services were satisfied that the agency was providing the service as required.

At this point, with calls still being missed, Mrs B decided that she wanted the local press to get involved, so the advocate assisted her to get an interview with a journalist. The article made the front page and Mrs B was also contacted by the local TV news programme. She declined to be interviewed for this and the advocate had the task of fending off this unwanted attention on Mrs B's behalf. Following the press article, Mrs B was reassessed by Social Services and the manager of the care agency was also involved in this. At all times, the advocate was with Mrs B to ensure that best interests were being considered and her needs adequately met. Eventually, the home care provision was provided on a regular basis and the timings of the daily calls rescheduled to meet Mrs B's needs and wishes. The service now runs smoothly.

5.4 Case, short term, issue based or crisis advocacy (also called professional or representational): These are forms of advocacy similar to citizen advocacy, but which focus on one issue or set of issues or speaks up for them to

support them through a crisis but are not intended to have a long-term basis. They may be provided alongside peer, citizen, or self-advocacy to give extra support in dealing with a particular problem. The support may be needed because a lot of work needs to be done, because of a break down in an advocacy partnership, or because issues requiring special expertise arise, e.g. in law, child protection, education, housing, employment, and financial matters.

Example: *Over the years Jenny had become increasingly frustrated with life in a residential care home for people with learning disabilities. Her chosen life did not fit with the needs of people with whom she shared or the schedules and requirements of the service. Jenny's advocate helped her to consider who and what was most important to her. After exploring different options, Jenny was supported to discuss her hopes for the future with a close friend. They were supported to approach a local housing provider to purchase a flat for them and to identify a support provider prepared to meet their requirements. Jenny says that she is now happier and has much greater control over what she does day to day. (BILD)*

5.5 Paid independent advocacy: Typically this will involve a combination of citizen and case advocacy, but advocates will have a caseload of several clients. Generally, independent advocates are unpaid, many not taking even expenses. But volunteers are always in short supply. Where there is a huge demand, for example where a long-stay hospital closes and large numbers of people are being resettled, or where a major problem has occurred, paid advocates may be needed to deal with the situation on a

temporary basis. Their role is typically a combination of citizen and case advocacy, but they will have a caseload of several clients. Ideally, once a person is resettled, the paid advocate hands over to volunteer, local citizen or self-advocacy.

Example: *Faced with the decision of whether to receive support that she was uncomfortable with, or no support, Sita decided to do without. She was concerned that the support agency's policies and personnel did not enable her to have a support worker with the cultural understanding that she required. Sita's advocate enabled her to use a personal budget to hire personal assistants of her choice. This meant approaching members of her own network of friends and family, with back-up provided by an agency in a neighbouring borough with personal assistants that she wished to use. (SCIE)*

5.6 Bi-lingual and Health Advocacy: Bi-lingual advocates speak the language of the people they work with as well as English. Bilingual advocates often support people through health issues. They are sometimes employed by the statutory sector. Like bi-lingual advocates, health advocates normally support people whose first language is not English. There are health advocates available who speak a range of languages. Health Advocates can support people to access GPs, Practice Nurses, Dentists, Opticians, Pharmacists, Health Visitors, District Nurses, Family Planning Services, Health Screening Services, School Nurses, Community Mental health Services, Speech and Language Therapy and other health services.

Example User-led Advocacy (Profoundly Deaf): *A high proportion of people using the User-led advocacy service are profoundly Deaf British Sign Language users. BSL is structured in a completely different way to English, and like any language it has its own grammar. A high percentage of BSL users struggle to understand English as it is their second language. As a result, there are many barriers to accessing services, including banks, welfare benefits, health appointments and retailers. Many services request that clients call through Type Talk and although Type Talk is an invaluable service, many profoundly Deaf people cannot use this service as it relies upon using written English. Some services due to security reasons, are reluctant to speak to an advocate on the person's behalf. (St Helens Deafness Resource Centre)*

5.7 Independent Mental Capacity Advocacy (IMCA):

The Mental Capacity Act 2005 introduced a legal duty on NHS bodies and Local Authorities to refer eligible people to the statutory Independent Mental Capacity Advocate (IMCA) service. The role of the IMCA is to represent and support people without capacity, and mainly without family or friends to support them, in specific important decisions made by the NHS and Local Authorities about serious medical treatment and changes of residence. The service was launched across England on 1 April 2007. Local authorities and NHS Trusts are required, when making such important decisions to appoint an IMCA to represent the individual if there is no-one else to support them. Regulations passed in the autumn 2006 extended the powers of local authorities and the NHS to instruct IMCA's in certain cases involving care reviews and

adult protection cases. The IMCA's advice must be taken into account in the decision.

Contracted organisations providing IMCA services (the IMCA service) are commissioned by Local Authorities working in partnership with Primary Care Trusts. The full updated list is available through the hyperlink.

Example: *Mr. Dunn was admitted to emergency respite after he was reported as being at significant risk of harm living independently as a Council tenant. A Safeguarding event was opened. He was an alcohol mis-user, malnourished and exploited by local youths. His mental capacity was assessed by a healthcare professional as fluctuating due to Korsakov syndrome. An IMCA was appointed to enable Mr. D to participate in a life changing decision to change accommodation (Deprivation of Liberty Safeguards) and receive ongoing treatment/support. Mr. D agreed to continue with respite until very sheltered accommodation became available. Eventually, a family member agreed to support Mr. D and the IMCA withdrew. (BCC, 2009)*

5.8 Independent Mental Health Advocates (IMHAs):

The Mental Health Act 1983 (Independent Mental Health Advocates) (England) Regulations 2008 came into force on 1st April 2009 and set out the IMHA service. IMHA's are an important safeguard that help and support patients to understand and exercise their legal rights. IMHA's are available to most detained patients as well as patients on supervised community treatment or guardianship. Other patients whose treatment is subject to the special

safeguards provided by the Act are also be eligible for the services of IMHA's which are commissioned by Primary Care Trusts. Section 130D places a duty on a 'responsible person' to provide verbal and written information about IMHA services to qualifying patients. This may be a hospital manager, responsible clinician, local services social authority, the patient's doctor or approved clinician.

IMHA services exist to give patients with mental health difficulties access to dedicated, reliable, independent support in getting the information they need to understand what is happening to them and what their choices and rights are, and in getting their voice heard and listened to. They help to preserve a patient's dignity and self-respect, as well as protecting their legal and human rights. IMHA services provide an additional safeguard for patients who are subject to the Mental Health Act, and are specialist advocates who are trained to work within the framework of the Act. These services will not replace other advocacy services currently available to patients, but are intended to operate in conjunction with them.

Example: *Sofira asks the IMHA to support her in her discharge CPA meeting. She tells the IMHA she finds the psychiatrist intimidating and wants her IMHA to explain to him that she doesn't like being in hospital as she doesn't find it therapeutic. She thinks she is much better now and sees no reason why she should still be in hospital. She wants to be discharged. She asks the IMHA to tell the psychiatrist she won't take her medication when she goes home because she doesn't like the side effects and she doesn't want to see anyone from the mental health team as this will just remind her of being unwell.*

When the IMHA presents this information during the CPA meeting, the psychiatrist cannot understand why the IMHA doesn't see that this is not in Sofira's best interests. He thinks the IMHA should try to persuade Sofira that she should take her medication when she is discharged or at the very least to engage with the mental health professionals.

The psychiatrist says 'Sofira is clearly well enough to be discharged but I'm concerned that it is too risky to discharge her if she won't comply with the care plan'. The IMHA makes it clear to the psychiatrist that it is not the IMHA role to assess the risk or make clinical decisions and reminds the psychiatrist that the IMHA is there to support Sofira to say what she wants to say. (City & Guilds Independent Mental Health Advocacy - 2009)

5.9 Legal Advocacy: This is provided by lawyers and solicitors and aims to assist people to exercise or defend their legal rights. Lawyers will not act on someone's behalf where the instructions are not explicit (usually verbally or in written format). Solicitors will act within the scope of their authority.

5.10 Powers of Attorney: Sometimes people wish to plan ahead and set out in advance what they would like to happen should they become unable to make decisions for themselves in the future. A Lasting Power of Attorney (LPA) is an important legal document that enables a person who has capacity and is over 18 (Donor) to choose another person or people (Attorney(s)) to make decisions on their behalf. An Attorney is appointed to make decisions as if they were the Donor themselves. An Attorney must act in the

Donor's best interests and have regard to the **Mental Capacity Act (2005) Code of Practice**. There are two types of Attorney, enduring and lasting. The Mental Capacity Act replaced the Enduring Power of Attorneys with Lasting Power of Attorneys (LPAs) and so new registrations must be with the Office of the Public Guardian.

There are 2 different types of LPAs: A property and financial affairs LPA is for decisions about finances, such as selling the Donor's house or managing their bank account; and a health and welfare LPA is for decisions about both health and personal welfare, such as where to live, day-to-day care or having medical treatment.

An LPA must be registered with the **Office of the Public Guardian** (OPG) before it can be used. An unregistered LPA will not give the Attorney any legal powers to make a decision for the Donor. The Donor can register the LPA while they have capacity, or the Attorney can apply to register the LPA at any time. Attorneys with a LPA will act within the scope of their authority i.e. a personal welfare attorney will be entitled to information about personal welfare; a financial attorney about the finances of the person being represented.

7. Useful References/Links

Rick Henderson (Action for Advocacy) Non-instructed Advocacy in Focus

http://www.aqv59.dsl.pipex.com/What_is_non_instructed_advocacy.pdf

A Code of Practice for Advocates based on the Advocates Charter, Action for Advocacy, 2006

<http://www.aqv59.dsl.pipex.com/Code%20of%20Practice%20booklet.pdf>

Action for Advocacy

<http://www.actionforadvocacy.org.uk/index.jsp>

Speaking Up, voice, action, change

<http://www.speakingup.org/advocacy/index.php>

BILD (British Institute of Learning Disabilities)

<http://www.bild.org.uk/04advocacy.htm>

SCIE (Social Care Institute for Excellence) www.scie.org.uk

Valuing People Now: a new three-year strategy for people with learning disabilities

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377

Office of the Public Guardian

<http://www.publicguardian.gov.uk/forms/Making-an-LPA.htm>

Mental Capacity Act (2005) Code of Practice

<http://www.publicguardian.gov.uk/mca/code-of-practice.htm>

Putting people first: a shared vision and commitment to the transformation of adult social care (2007)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

IMCA Organisations appointed by Authority (2009)

http://www.scie.org.uk/publications/imca/files/imca_providers.pdf