# CONSULTATION ON CODE OF PRACTICE FOR INDEPENDENT ADVOCATES



This questionnaire relates to the code of practice for independent advocates.

The purpose of this code of practice is to provide guidance to independent advocates, who are trained to undertake advocacy work with individuals and groups, on how to engage and interact with, and advise, people with decision making capacity challenges (relevant persons) under the Assisted Decision-Making (Capacity) Act 2015: (the Act).

Good practice includes adhering to the guiding principles within the Act and working with decision supporters and interveners. The Code explains why and when an independent advocate may be needed, and it clarifies the interaction of independent advocates with other persons mentioned in the Act.

In this questionnaire we ask questions such as whether the code of practice in general and its various sections are easy to understand, helpful and comprehensive or, if not, how they could be improved. We would also like to find out what, if any, changes the code will bring about to work practices. All responses received will be taken into consideration in the formulation of the final text of the code of practice.

We look forward to receiving your comments.

## 1. ABOUT YOU

In this section we would like to learn a little about your reasons for participating in the consultation. This will help us to be more focused in how we deliver our services

#### **1(a)** Please select one of the following options (response required)

I am providing feedback as an individual

I am providing feedback on behalf of an organisation.

If you are providing feedback on behalf of an organisation, please provide the name of the organisation (and/or section within a large organisation) on behalf of which you are responding in the text box below



# **1(b)** Please select one or more of the following options. If none describes your situation, please select "other" and provide details in the text box

I provide financial services or work in a service that provides financial services

I provide legal services or work in a service that provides legal services

I provide healthcare services or work in a service that provides healthcare services

I work in a service that supports people who have decision-making capacity challenges

I interact in a professional capacity (frequently or occasionally) with people who have decision-making capacity challenges

I am a family member or carer of a person who has decision-making capacity challenges

I am a person who has decision-making capacity challenges

Other

If you wish, you may provide further details of your role/interest in this consultation in the text box below.

#### 1(c) How did you hear about this consultation. Please tick all that apply

Social media - LinkedIn Newsletter - Mental Health Commission

Social media - Twitter Newsletter - Decision Support Service

Social media - Other Newsletter - Other

Website - Mental Health Commission Newspaper

Website - Decision Support Service Other

Website - Other

If you selected "other" in relation to any of the answers above please provide further details in the text box below. This will help us to better understand the most useful ways to reach our audiences for future engagement and consultation.

# **1(d)** On a scale of 1 to 5, please indicate how familiar you are with the Assisted Decision Making Capacity Act 2015

Not at all familiar				Expert
1	2	3	4	5



# 2. ABOUT THIS CODE OF PRACTICE

In this section we would like to obtain your overall opinion on this code. You will have an opportunity to comment on specific areas of the code in the next section. It may be helpful to have the code open while answering questions. You can access the code on the webpage where you accessed this survey. When providing feedback please bear in mind that the final code of practice must reflect the contents of the Act. The draft code includes a number of anticipated amendments to the Act.

# \*2(a) Please indicate your level of agreement with the following statements (response required)

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
The language used in this code of practice is clear and easy to understand					
The structure of this code of practice is easy to follow					
The content of this code of practice is consistent with the Act					
This code provides sufficient clarity on the functions and duties of independent advocates under the Act					
Having read this code of practice, I have a better understanding of how to support people with decision-making capacity challenges (and their decision supporters where applicable) in making certain decisions					

2(b)	<b>Having</b>	read th	is code	of pra	actice,	do	you	forese	e ha	ving	to	make
char	nges to	your wc	rk pract	ice?								

Yes No N	Not sure Not a	applicable
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If your answer was Yes or Not sure, please outline what those changes may include in the text box below



**2(c)** If applicable, please indicate in the text box below what is needed to support the implementation of this code in the service in which you work

## 3. SELECTED SECTIONS OF THE CODE OF PRACTICE

Please consider the following questions in respect of each section within this code of practice on which you wish to provide feedback:

- Are the issues covered in the section clear and easy to understand?
- Should any additional issues be included?
- · Should anything be excluded?
- · What would help to improve the section?

It may be helpful to have a copy of the code open while answering questions. You can click on the contents page at the beginning of the document in order to go directly to a specific part of the code. You can access the code on the webpage where you accessed this survey. When providing feedback please bear in mind that the final code of practice must reflect the contents of the Act. The draft code includes a number of anticipated amendments to the Act.

#### **CHAPTER 1: INTRODUCTION AND OVERVIEW**

**1.1** Introduction to advocacy and independent advocates

Does this section require any amendments?

Yes No

If yes, please briefly outline suggested amendments



<b>1.2</b> Purpose o	of this code of practice				
Does this section require any amendments?					
Yes	No				
If yes, please briefly outline suggested amendments					

### **CHAPTER 2: ISSUES TO CONSIDER WHEN UNDERTAKING THE ROLE**

Does 1	this	chapter	require	any	amendments?

Yes No

If yes, please briefly outline suggested amendments

### **CHAPTER 3: YOUR FUNCTIONS AND DUTIES**

Does this chapter require any amendments?

Yes No

If yes, please briefly outline suggested amendments



# 4. FINAL REMARKS

If you wish to provide any additional feedback on this code of practice, please do so in the text box below

Thank you for responding to this consultation!