Advocacy –

who cares for older people?

Older People's Advocacy Alliance (OPAAL) UK

Regional Development Programme

June 2004 to December 2004

A report on the series of meetings held in regions throughout England to investigate the availability and resourcing of advocacy for older people in the community, in hospitals and in residential and care homes.

Advocacy – who cares for older people?

Regional Development Programme

Index

Introduction
- Explanation of advocacy 5
- What is OPAAL? 6
- Background to the National Development Project 7
- Generic/specialist advocacy 8
- Mapping the provision 9
- Black and ethnic minority advocacy 10

Report of the discussions:

Discussion One: Guidance on good practice and examples of quality frameworks 12

Discussion Two: Evidence basis for advocacy 21

Discussion Three: Case for independent advocacy as a right and examples of older people's involvement in the promotion of independent advocacy 25

Discussion Four: Funding sources 29

Conclusion to the report 33

Recommendations 36

Future recommended development work for OPAAL 36

Acknowledgements 37

Appendix One: Participating Organisations 38

Appendix Two: OPAAL Management Committee 41

Appendix Three: Summary of OPAAL's recent work in putting case for independent advocacy for older people as a right 42

Bibliography 43

Executive summary of the report

Following an explanation of advocacy and an introduction to the history and recent development of OPAAL, the report focuses on the outcome of four specific discussion topics which were raised at a series of meetings that took place in 18 different English towns and cities. The aim was to establish what kind of delivery mechanisms exist to provide advocacy for older people within both generic and specialist schemes, and to ascertain what sort of problems exist which might prevent the promotion and development of an effective service.

In total the meetings were attended by 51 independent advocacy schemes, 29 Age Concern organisations and 21 individuals, with 10 apologies. OPAAL encouraged the involvement of older individuals at meetings wherever possible, in line with its policies.

Discussion One focused on guidance on good practice and examples of quality frameworks. Items considered were training methods for new and existing paid and voluntary staff and trustees, management quality assurance systems, office procedures, supervision and evaluation schemes. There was clearly a wide variation in the way advocacy is presented. Some schemes have paid staff only, some volunteer staff, some actively involve older people as advocates, and some attract staff of all ages. There is a similar wide variation in where advocacy takes place, some schemes working in the community, some in care homes and some in hospital settings.

Staff are trained in different ways and to different levels. Among other aspects, the report looks at the roles of volunteering in this respect, as well as methods for formal training, consideration of accredited training, the Advocacy Charter and how it is applied, Age Concern training, regional training, specialist training, management quality assurance systems and what training, if any, is available to trustees.

The conclusion to this discussion section is that there is a need for:

- Standardised policy and procedures documents to be made available
- Guidance on quality standards procedures to ‘accredit’ advocacy schemes rather than the individuals within the schemes
- Development of a national accreditation course with added specialist units relating, in OPAAL’s case, to older people, to be made available if needed, but not imposed
- Representation on national advisory boards to raise the profile of advocacy and put the case for funding

Discussion Two looked at the evidence basis for advocacy, and the different methods employed by schemes to collect and collate statistical evidence. The report acknowl-

edged that if there was a standard method of collecting an evidence base, this could be a crucial method of attracting funding and presenting evidence to demonstrate the effectiveness of advocacy, both to internal and external organisations, thus strengthening the case for ongoing resources and a comprehensive service.

The current situation reflected a lack of any consistent application. Whilst some schemes used computer software systems to deliver highly detailed information, others kept minimal records and some even considered this to be a breach of confidentiality. There was also a problem in the extreme rural areas as staff do not always attend the office on a regular basis, making storage difficult.

There was a similar variation in the way service user satisfaction is recorded.

The outcome of this discussion was that it would be helpful for OPAAL to develop:

- A framework around supervision to be made available
- Core standards for advocacy for older people
- Good practice guides
- Policies and principles
- Service user satisfaction models
- Statistical recording techniques and models

Discussion Three focused on the case for independent advocacy for older people as a right and examples of older people's involvement in the promotion of independent advocacy.

Whilst nearly all schemes agreed that advocacy should be offered as a right to older people, externally it is clear that no such right exists at present, although it was agreed that the need for advocacy is more acknowledged now than in previous years.

Only a very few schemes had active policies to involve older people themselves. Although it was widely agreed that many volunteers and the majority of trustees are older people, this tended to be by chance rather than design. Schemes which have been established specifically to actively involve older people have proven very effective, and other schemes offer older people the opportunity to sit on local management and decision-making boards, which has also had advantages.

The conclusion to this discussion was that it is evident that more work needs to be done to raise awareness of the need to involve older people in the delivery of older people's advocacy, and to raise awareness nationally of the right to advocacy for older people. It would be helpful to design some policies and procedures which could be circulated.

OPAAL will continue to campaign for independent advocacy for older people as a right, as outlined in its own statement of intent. To date very little discussion seems to be underway about the involvement of scheme users in development, management and promotion of independent advocacy with older people.

Discussion Four centred around funding sources and the problems of sustainable funding. Most schemes are either funded by the local authority, or by a mixture which includes short-term grant funding and trust funds. There is currently no requirement for the local authority to provide an advocacy service to older people. It can be difficult for advocacy scheme managers to achieve the high profile they need in their respective communities because of the disproportionate amount of time managers have to spend on fund-raising and in the delivery of short-term projects with their accompanying monitoring and reporting requirements.

Funding is currently haphazard and patchy, and this explains the variation in availability of advocacy for older people. Unless this is addressed on a national basis, with a greater understanding of the meaning of advocacy, it will be difficult to offer a comprehensive national service. OPAAL should be working to ensure that advocacy is not a post code lottery, as at present in some regions, with access to advocacy to all older people, regardless of whether they live in the community, in a town or rural area, or in a residential care home.

The conclusion to the report looks at an analysis of strengths, weaknesses, opportunities and threats. The final recommended development work for OPAAL is as follows:

1. Develop improved regional linkage with better advocacy partnerships and exploration of second-tier support within the regions
2. Pro-active work to promote advocacy, including further research
3. Development of social policy systems, co-ordinating data to demonstrate that advocacy makes a difference
4. Collation of template policies and procedures for use in advocacy schemes
5. Focused national networking.

A. Introduction

Explanation of advocacy

In the context of the work of OPAAL, advocacy is defined as being ‘a one-to-one partnership between a trained, independent advocate and an older person who needs support in order to secure or exercise their rights, choices and interests’.

The three key principles are independence, inclusion and empowerment.

> *It is important for services to recognise that older people are not simply passive recipients of services. They are equal partners and central actors in deciding what a life worth living today looks like. (Older People’s Steering Group, Shaping Policy and Practice)*

OPAAL itself does not define age when referring to older people, although in many cases, age limits are defined by the participating organisations. Throughout the consultation, it is worth noting that some schemes experienced frustration in connection with age groups, some mental health and learning difficulty groups not being able to offer advocacy for service users over 60 or 65, and some not being able to start an advocacy service until the user group is older than this. This is a particular problem in regions where advocacy is so sporadic that ongoing referrals are not a viable option.

Throughout the national visits to advocacy schemes, the definition of advocacy is regularly confused with information and advice. Advocacy generally involves empowering people to make a case for themselves and enabling them to secure and exercise their rights. It is a support process, and therefore is not quantifiable through the amount of benefit income secured or information given etc. But advocacy, information and advice are certainly inter-related, and well distinguished in the forthcoming publication by Andrew Dunning ‘Information, Advice and Advocacy for Older People: Developing the Thinking’ to be published in Spring 2005 by the Joseph Rowntree Foundation.

What is OPAAL?

The Older People's Advocacy Alliance (OPAAL) UK was formed in August 1999 and is a registered charity with a membership of approximately 100 organisations, most of whom are providers of advocacy to older people. The regional programme was not restricted to OPAAL members but set out to be fully inclusive and open to anyone or any organisation linked to the provision of advocacy to older people.

OPAAL was originally hosted by The Beth Johnson Foundation, who were also founder members. They currently have a mentoring role to the national development officer and provide administrative backing.

OPAAL seeks to give a strategic lead in the development of independent advocacy for older people.

The immediate aims are to:

- Promote independent advocacy with older people
- Contribute to the development of standards
- Improve access to advocacy for older people
- Develop better practice in the field
- Build the involvement of older people in the organisation
- Develop links with minority ethnic communities

OPAAL (UK) has its origins in an ad hoc meeting of delegates from different parts of the UK at the first European Conference on advocacy for older people, held in Dublin in 1997. The organisation was developed following a national meeting of advocacy projects, pensioners' organisations and community groups, held in London in 1998.

The OPAAL Management Committee is representative of older people's organisations and interests, namely Help the Aged, National Pensioners' Convention, Action on Elder Abuse, Age Concern England, Age Concern Advocacy Network, Forum to Forum, advocacy providers and co-ordinators, and interested older individuals.

As Professor Ian Philp, National Director of Older People's Services at the Department of Health in 2002, concluded in his presentation to the OPAAL conference in the same year, *'Your job in OPAAL is to continue to push the agenda nationally and locally so that services respond to what older people and their families say they really want, not just what service providers say they need.'*

Background to the National Development Project

In 2003 funding was awarded by the Department of Health to carry out a 3-year development plan to implement OPAAL's stated aims, and a development officer was appointed in October 2003. Although OPAAL itself aims to work across the United Kingdom, the nature of the funding means that the development project addresses England specifically.

In order to carry out development effectively, it became increasingly apparent that an initiative was needed to explore the current levels of independent advocacy provision for older people. Extensive networking around England with organisations connected to older people's services highlighted the lack of information about independent advocacy services, particularly about schemes not part of the Age Concern Federation.

One of the major obstacles when planning the regional work was in finding advocacy schemes which often do not appear in telephone directories, may be listed under different categories such as the Community Voluntary Service (CVS) and may or may not appear in the various directories on-line published by County Councils, Social Services, District Councils or the voluntary and community sectors. The nature of the short-term funding experienced by most advocacy schemes adds to the difficulty in reliable information management.

Planning the meetings:
At the planning stages, it was also apparent that the number of advocacy schemes across England was not sufficient to provide an effective service to all older people, thus leading to a 'post code' lottery of support. Ultimately a total of 18 regional meetings were held, and 102 advocacy schemes participated across England. These are listed at Appendix A. At the meetings, consultations took place with 130 people, some representing advocacy schemes and some present as older individuals. In total, the following attended:

- 51 independent advocacy schemes and organisations related to this. The majority of these centred on older people in general, but also from dementia advocacy, learning difficulty and mental health schemes.
- 29 Age Concern organisations, each of which offered an advocacy service
- 21 individuals and interested organisations
- 10 apologies were also received from interested schemes who were not able to attend

OPAAL encouraged the involvement of older individuals at meetings by requesting the invited advocacy schemes to extend invitations to them.

Invitations were sent to organisations providing advocacy services, whether or not these services met the criteria of OPAAL's definition. The priority of the meetings, as previously stated, was to explore the current provision of advocacy in general for older people.

Independence:

In the context of this work, emphasis is placed on the provision of independent advocacy. The concept of independence is not widely understood, even by some advocacy scheme trustees and managers. The dictionary definition of independent is: *'Not depending on authority or control. Unwilling to be under an obligation to others. Not depending on something else for its validity, efficiency, value etc.'*

Thus advocacy schemes which are funded by statutory or other bodies need to negotiate that there are safeguards in place to ensure that their independence is not compromised because of restrictions and conditions which can, in some cases, be placed upon them. Some advocacy schemes have addressed this by reducing the percentage of funding from any one body, through several funding streams. *'Our scheme has managed to reduce the percentage of statutory funding to 30% by attracting additional funding from alternative sources'.* This approach is restricted, however, by the nature of short-term funding and uncertainty for the future.

The other threat to independence comes from national organisations which offer a variety of services. There is a very real problem from conflicts of interest should difficulties arise. *'Our advocacy service would not hesitate to sue our own national organisation should the need arise'* was quoted by the manager of one affiliated scheme, but in practice, would this be possible? In this context, therefore, it is all the more important that truly independent advocacy schemes are recognised and supported because of their relatively unbiased situation.

This is endorsed by Andrew Dunning in his report 'Information, Advice and Advocacy for Older People: Developing the Thinking': *'Being independent helps to ensure that the needs and interests of the older person remain paramount. Clear conflicts of interest can arise where service providers also offer information, advice and advocacy relating to the services they themselves deliver'*

Generic/specialist advocacy

Throughout the report references are made to generic and specialist advocacy. Generic schemes exist to offer advocacy to all groups of people, or general advocacy. The only definition of who should receive advocacy would depend on the type of funding received and the specifications in the service level agreements.

A Generic Scheme – Lancaster Advocacy offers advocacy to anyone in the community, although it is estimated that about 33% of enquiries are from people aged over 65. The scheme offers mostly citizens advocacy, which is a one-to-one long-term partnership between (usually) a volunteer advocate and a disadvantaged partner. The scheme is run by a management committee that is made up of representatives of local organisations and independent individuals.

Specialist advocacy targets a particular group. In the case of older people this might cover, for example, all older people, as well as dementia advocacy, advocacy in care homes, mental health advocacy or community advocacy. In a smaller number of cases it also covers older people with learning difficulties, and black and ethnic minority groups.

A specialist scheme – Norfolk Elders Advocacy Alliance deals with issue-based advocacy for those aged 55 or over. The scheme started in 1999 and is currently funded by The Big Lottery. All staff are paid part-time, and the enquiry rate is six times greater than when it started. Staff work in a variety of settings, such as residential care, community locations and home visits. The scheme is run by a management committee which comprises service users, representatives of local organisations and independent individuals.

Generic advocacy schemes can help to ensure that there is, in effect, a ‘one-stop shop’ for the rights and representation of citizens in a whole host of circumstances. They might also serve to avoid the replication of service categories through which older people and other groups can fall.

Specialist advocacy schemes concentrate the resources and expertise on the most ‘hard to reach’ groups, and ‘hard to resolve’ situations, such as dementia advocacy which requires a specialist approach. *(Dunning 2005)*

The regional programme aimed to be fully inclusive, and as such, did not distinguish between generic and specialist advocacy at the planning stages.

Mapping the provision of older people’s advocacy

Appendix One of this report lists the participating advocacy schemes and individuals. A small number of additional schemes were invited to participate but did not reply, and other schemes may have inadvertently been omitted. Nevertheless, the 80 advocacy schemes listed, which cover the whole of England, cannot hope to address the needs

of the population of older people living in our society There are vast gaps in the provision of advocacy. If government recommendations to provide advocacy are to be taken seriously, there needs to be improved resourcing for advocacy schemes to ensure that every older person has access to advocacy as needed. At present there is a long way to go, but this national exercise has presented a unique insight into how variable the existing advocacy services are, depending on geographical location.

Black and ethnic minority advocacy

This was raised by several schemes as a matter of concern, and as a cross cutting theme within all the discussion items. Some regions, usually rural, did not have any strategies for addressing black and ethnic minority groups, because it was reported that the percentage of black and ethnic minority population was less than 5 per cent. One scheme reported an ethnic minority population of less than 1 per cent, but a large refugee population. This same group reported a large Chinese population, where reportedly elders are revered. In other regions the situation that ethnic minority groups 'look after their own' was immediately challenged. One Asian advocate stated that Asians are now third-generation British, and their traditional customs and cultures are disappearing, leaving the older groups alone and vulnerable. One scheme raised the concern that there are no Asians in the care homes in which they work, even though there are known to be Asians within the community. One city older people's advocacy scheme with a project specialising in Asian advocacy reported experience of abuse from home interpreters who appear to have deliberately not interpreted correctly. The client, when approached by the advocate, told a different story to the one initially presented through the interpreters (family members). One Age Concern posed the question of how ethnic minority groups are looked after in practice, especially if dementia is involved, because there appeared to be very few residing in care homes. Another advocate reported that an older person with dementia was thought to be possessed by the devil by her Asian family.

Only one northern city appeared to have processes in place to address the various multi-ethnic communities, and only a minority of older people's advocacy schemes across England had made provision for specialist work in this field.

A number of studies have revealed a lack of appropriate services across a range of different social groups such as older people from black and minority ethnic groups *(Dunning 1998, Department of Health 1998, Tester 1992)*. The content and form of written or spoken material should be appropriate to the group for which that information is produced, taking into account the particular needs of members of minority ethnic communities.

An Asian advocate expressed concern that there are so many languages it is not possible to interpret for all of them, one area describing 71 known languages within the Borough.

Clearly this is an area of advocacy which requires attention, and which could be a useful piece of research as a project in its own right.

B. Report of the discussions:

Before embarking on a report of the three topics, it is worth mentioning that the meetings were focused on discussion rather than the collection of statistical information. For this reason the analysis focuses on the general findings of the meetings and the opinions offered by those who took part.

Discussion One: Guidance on good practice and examples of quality frameworks

Two of the aims of the development project are:
- to contribute to the development of standards and
- to develop better practice in the field.

This section focused on existing practices and attempted to establish ways in which OPAAL could be useful for future developments.

Items for consideration were:
- training methods for new volunteers and paid staff
- management quality assurance systems
- trustee training
- office procedures
- supervision
- evaluation schemes

The results varied widely, and the one consistency across England is the value placed on independence and individuality. Thus whilst schemes were generally enthusiastic about working to improve standards, they would almost certainly resist any attempt to have standards imposed on them, seeing this as a loss of independence.

Concern was also expressed that unless advocacy training is standardised to some extent, there is a danger that funding bodies will impose irrelevant standards as a condition of funding. The schemes would then become funding-led rather than offering an independent service. This has already happened in some regions and has been found to put severe constraints on scheme managers in the way their services are provided. Conversely, one region pointed out that no-one could be prevented from

advocating in an informal way (eg a neighbour), and felt that barriers could be created through the introduction of standards, between a member of society in general and an accredited advocate. This region stated that *‘advocacy is not like a business’.*

Advocacy training for new paid and volunteer staff

The situation across England at present is such that advocacy schemes are so scattered geographically, it is unlikely that accreditation will make any difference to the public perception of the scheme. There is currently little or no choice about the use of advocacy schemes in each region, particularly in rural areas. There is little evidence that attention is paid by service users about whether or not the scheme offers training to its staff. However, it was widely agreed that funding bodies and local authorities are more likely to be supportive if the organisation can demonstrate that it is operating to a national standard with any resources offered likely to be well-spent.

There was considerable discussion in all regions about the need for individual advocates to be linked to an accredited training scheme, and opinions were divided between:

- Advocacy schemes which did not feel it was appropriate to impose accredited training on their paid and volunteer staff
- Advocacy schemes which already use accredited training schemes
- Advocacy schemes which would consider introducing accredited training schemes for all their staff, paid and voluntary
- Advocacy schemes which would consider accredited training for their paid staff but not their volunteers

It is important to distinguish between the different assumptions which affect thinking around accreditation. One older person present at a meeting said:
“I would prefer to know through some means of demonstration like accreditation that advocates know what they are talking about” Conversely, another older person said *“Standards are only necessary for funders, or to have a traceable quality system. Volunteers are not interested in a piece of paper”.* An even more extreme view was that *“my volunteers have told me that they are already offering their time, and this should be enough”* and *“We’re giving our time, and you keep putting obstacles in the way.”*

One scheme which is run by older people and for older people, felt that in any advocacy situation firm boundaries and guidelines are more important than accredited training. The same group offers comprehensive training for new paid and voluntary staff which is typical of the training offered by the majority of advocacy providers, which covers:

- What is advocacy
- Communication skills
- Speaking and listening
- Confidentiality
- Policies and procedures
- Basic paperwork and what is expected of advocates
- Dementia
- Hearing impairment
- Equal opportunities
- Trainees spend one day on each topic.

The majority of managers agreed that *"our volunteers would walk if they were required to undertake accredited training, producing portfolios and written work"* One scheme which has developed training to accredited standards, delivers the courses to new recruits, but without the burden of registering each person for accreditation.

Some schemes felt that there are different needs for paid and volunteer staff. They felt that higher standards are expected of paid staff, who are given more complicated cases. In some cases, it was common practice for a volunteer to hand over a case if complications arose. Many advocacy managers refer to their recruits as *'just a volunteer'*, in the sense that they did not feel it was right to give them responsibilities. On the other hand, other schemes expected high standards of their volunteers and felt that there was no differential between paid and volunteer staff, and that volunteers enjoyed the opportunity to accept responsibility. At one meeting there were volunteers present who said *'the most important factor is to feel valued and trusted with recognition of the level of difficulty of the issues we are working on'.* One older volunteer with 30 years' experience, stated that *'volunteering is my reason to get up in the morning'.* This particular volunteer had held responsible positions within his community for many years.

A number of managers felt that volunteers are very time-consuming to manage, and thus a relatively expensive commodity, because of the time taken to supervise and train them. There was frustration that volunteers frequently train and then leave to take up paid work, thus adding to the argument that volunteers are expensive.

From the volunteers' point of view, one person said *'advocates can feel vulnerable. It helps to be brought up to minimum standards before going out to people'* and also *'how are we expected to go out and advocate for people, and talk about choices, if we have not received adequate training'.*

Volunteering:
There was concern expressed by many groups about the difficulty in recruiting volunteers. One group does have an accredited scheme, but in practice has not found it effective to implement. The volunteers are recruited in ones or twos, thereby making it difficult to run training courses. In these cases, the shadowing system can be helpful until such time as there are enough volunteers to run a training course.

The nature of volunteering for older people can differ from other advocacy fields such as mental health or learning difficulties. Older people have a lifetime of experience behind them and valuable skills which can be offered to advocacy work. The majority of older people attending the regional sessions agreed that any formal training procedures need to take into account recognition of prior learning or knowledge. A minority of managers disagreed with this, arguing that all volunteers need to undertake the same training regardless of previous experience. It is an important element of advocacy in practice that paid and volunteer staff are able to recognise and address prior assumptions, and are ready to accept new ideas and ways of thinking. Advocacy training should aim to accommodate this need, regardless of the service user group.

A small number of schemes had successfully run a ‘What Next’ project to attract newly-retired people to offer their services as volunteer advocates.

Formal training:
Currently there are 2 universities offering accredited certificate training. These are aimed at people entering the advocacy field for the first time. They are theory-based, and practical experience is not introduced until the end of the training period. Thus advocates leave the course with no actual experience of being an advocate. One manager felt that a better option would be to develop a diploma-level course for experienced advocates which would draw on their own experiences of advocacy work. There is currently no ongoing formal training for experienced advocates apart from a high-level Masters degree course at Warwick University. This is more concerned with academic study of advocacy rather than the training of advocates.

Accredited training:
Individual advocacy schemes have developed training courses accredited by the Open College Network across England. Not all of these are used as certificated courses, but nevertheless they do demonstrate good standards. However, it is by no means standard practice for advocacy schemes to offer accreditation. Managers that do offer accredited training did not always consider that this attracted funding or any additional benefit other than a good working structure. Accredited training courses are sometimes linked to quality management systems such as Community Legal Services.

One scheme was in favour of a national register of accredited advocates. The valid counter-argument to this is the danger of an advocate leaving a supported scheme once accredited and registered, and working alone without the backing of an organisation, with potential serious consequences. The existence of a register would also imply that non-accredited advocates work to a lesser standard, something which could rightly be contested.

The majority of advocacy schemes would favour a nationally accredited general advocacy certificate to be available to their staff if required, on to which additional specialist units could be added. This would enable schemes to work to a nationally agreed standard, demonstrable to external bodies, which would save time to individual schemes. The option would then be available to the individual advocate to complete the accreditation process or simply to complete the course without a certificate.

The Advocacy Charter:
The London schemes tend to develop training around the Advocacy Charter which was developed by Action for Advocacy (formerly Advocacy across London). Lancashire has its own version of the charter. However, not everyone refers to the Charter and some admit to not using it at all, although acknowledging it is a good document. Some schemes outside London had not heard of the Advocacy Charter and said they would be unlikely to use it because they prefer to use their own material. The Charter is a generic document which was developed following extensive consultation. It addresses the principles of independence, empowerment, accountability, supporting advocates, complaints, clarity of purpose, putting people first, equal opportunity, accessibility and confidentiality.

Age Concern training packs:
Age Concern England has developed an induction training pack for advocates, which appears to be used by the majority of Age Concerns. It is not compulsory to use this, but those who did so felt that it saved time and effort, and ultimately cost.

Regional training:
Gloucestershire and Hampshire have umbrella support organisations, the Gloucestershire Advocacy Support Scheme (GASS) and the Hampshire Advocacy Reference Group (HARG). Both are working on the introduction of shared training which will cover general advocacy guidelines, on to which individual advocacy schemes could add their own specialities, such as dementia training, mental health, older people's issues etc. This umbrella approach takes the pressure off individual advocacy providers and achieves economies of scale, particularly around funding applications and partnership working. It also provides an immediate snapshot of advocacy within each region. The regional co-ordinators are available to attend meetings to support advocacy

and thus have a higher profile, which frees the managers of individual schemes to focus on providing a service.

Training through shadowing:
In some schemes, recruits start to work as soon as possible on a shadowing system. The recruit shadows an experienced advocate, and when considered ready, the situation is reversed with the recruit advocating and being shadowed by the experienced advocate. The problem here is assessing when the recruit is ready to take over, and assessing the level of ability of the experienced advocate, without putting too much emphasis on the recruit rather than the service user. This is a very practical training approach which is likely to be effective when used in conjunction with a more formal method.

One region felt that rather than advocacy training, there needs to be development of a backfill system so that staff from other fields of work (such as local authority) can be released to participate in advocacy. One manager in particular felt that formal training can lead to a loss of empathy, and that backfill work would raise awareness of advocacy and a greater understanding of its function. Backfilling appears to be becoming more common and in other voluntary sector organisations it has proven effective. Experience in the South West has demonstrated the value of backfill work. Employees who have been released to work within the voluntary sector have appreciated the experience of community work, and in some cases this has been reciprocated with voluntary sector staff having an opportunity to work in the statutory or private sectors, which has, in turn led to a greater understanding of society's challenges and demands. To this extent there is the development of a new diploma at the local university which will require practical experience within each sector, such as community, local government, sport and leisure, private, health, social enterprise, education and training.

Specialist/ongoing training:
Training in dementia, mental health and elder abuse is available on a national basis, and is well-supported, although it is dependent on ongoing funding. Advocates agree that there is a need for ongoing training once the initial training period has finished, but unless this takes place regionally, it is not always possible to attend national training sessions because of cost implications. The Age Concern National Advocacy Co-ordinators Network has opened itself not only to Age Concern schemes, but also to independent schemes, and this offers specialist speakers at its quarterly meetings. There are plans to hold these events regionally instead of one national meeting, to attract more support from schemes that cannot afford to travel. Whilst these are short training sessions, they are also a valuable means of sharing experience.

Training to external organisations:
Many advocacy schemes use opportunities to raise the profile of advocacy in their areas by giving talks and training courses whenever possible. It is widely agreed that there is a lot of misunderstanding about advocacy and that this adds to the difficulty in developing services. One scheme has an agreement to deliver training to local nursing courses on an annual basis. Some schemes make a charge for delivery of training to local authorities, and one scheme offers training within the community by employing service users with learning difficulties to deliver successful training on 'a day in the life of ….'.

As a result of the misconceptions about advocacy, many groups wanted to develop awareness training for staff and management in care homes. It was generally felt that this would help to address the suspicion which frequently arose in the initial stages of approaching a care home to deliver an advocacy service.

Signing:
At least two advocacy schemes require their advocates to do basic signing and lip reading training, but this situation is very much in the minority. There are very few, if any, specialised training opportunities for the visually impaired.

Criminal Records Bureau (CRB) checks:
All advocacy schemes carry out CRB checks, but many managers complain that these are taking too long, and as a result volunteers can be lost. One scheme allows the volunteer to start working in the advocacy office prior to receiving the results. This ensures that the advocate is not alone with a service user until the results of the CRB checks have been received, whilst at the same time offering the opportunity to learn more about advocacy at an early stage and to become involved immediately.

Management quality assurance systems
There is no requirement at present for any advocacy scheme to adhere to any particular quality standards model. However, schemes that have taken the time to develop a quality standards system have found this to be very useful both for efficiency and for demonstrating to funding bodies a professional approach.

The most popular system by far is the Practical Quality Assurance System for Small Organisations (PQASSO) developed by the Charities Evaluation Service and available at relatively low cost, with guidelines and assistance if required. The benefit of PQASSO is that it encourages involvement by the whole team of staff, volunteers and trustees. One scheme, for example, when compiling PQASSO, kept a box in the corner of the office, and all members of staff were involved in researching and completing different sections, leaving them in the box once completed. The system

is updated annually and there are various levels to achieve, but as this is a self-assessment tool there is no time pressure on the organisation.

Some schemes have developed the Community Legal Services (CLS) system, which aims to operate a community referral system between agencies. It requires the production of an office manual which contains all the necessary office procedures, such as health and safety, grievance and disciplinary procedures, training systems, recruitment procedures, supervision arrangements, file checking systems etc. The CLS does not currently officially recognise advocacy, and as such does not offer payment for schemes which work to CLS standards. It does make payment for information and advice in certain categories such as welfare benefits and debt, and for this reason, advocacy schemes which work with the Community Legal Services tend to be more focused in this direction rather than focusing on independent advocacy. There is still confusion about the difference between advocacy and information/advice.

Investors in People is used by a very few advocacy schemes. Whilst it does demonstrate excellent staff care and progression, it does not offer payment, and most schemes which operate Investors in People also use the PQASSO scheme which managers feel is more inclusive and comprehensive, and has the advantage of being self-assessment.

Trustee training

In the majority of cases, managers have felt frustration at the effort required to try to involve trustees. It was generally agreed that trustees do need to undertake training, and need a greater awareness of their responsibilities as trustees. However, in many cases training courses have not been well-attended and trustees have not responded to invitations to become more involved.

In some cases, however, there are exemplary cases of trustee involvement. Some trustees undertake the basic advocacy training, as well as the training specifically for trustees. One scheme has an annual ‘Awayday’ for all staff, management and trustees to focus on priorities for the year ahead, and this has proven very effective. The PQASSO system requires active involvement of trustees throughout the process, and in all such cases, it was reported that this is appreciated by all the staff.

It is evident throughout England that the schemes with the most influential positions within their own communities are those which engage trustees and/or managers in local policy-making committees. Whilst managers might not have the time to devote to this work, trustees are pleased to have an active involvement and a definite and positive role within the advocacy scheme.

Staff supervision:
Support and supervision of staff was a priority in all the meetings across England. Nearly all the schemes had definite arrangements for supervision, both for paid and voluntary staff. Some combined supervision with training or social events, some offered group supervision, and some focused on one-to-one contact, but whichever method was used, the importance of staff support was widely recognised. There were some problems in rural areas because volunteers were often based at home, with vast distances to be covered. One advocacy scheme has calculated, for example, that one-third of staff time is spent in travelling. Expecting staff to attend supervision in addition to this presented practical difficulties. However, the importance of regular supervision was illustrated in one region which reported that supervision systems were not working effectively, and that staff were stressed, overworked and losing drive. Those responsible for supervision were not given sufficient time resources to carry out effective supervision and were themselves under pressure. Attempts were being made to address this through external supervision sessions, and because this could prove expensive, the development of some form of peer supervision was being tested.

Managers themselves appeared to receive less supervision from their trustees, thereby feeling isolated. In other cases, staff felt that supervision involvement by trustees added to the teamwork.

Office procedures:
Advocacy schemes which develop quality assurance schemes are required to work to a code of office practice which will almost certainly involve the production of an office manual containing all the regular office procedures. This is time-consuming to develop, but the managers who have successfully completed the procedure have found the manual useful. Once completed, it sets out a clear working pattern which should pre-empt every office crisis. A manual as a ready reference takes the pressure off the managers to be the 'font of all knowledge'.

Conversely, some managers prefer to work in an ad hoc manner, and say that they do not have the time to devote to the development of such a manual. They often have set procedures which become a part of the daily pattern of work. They tend to be very small schemes with few formal procedures.

In all cases, it was agreed that it would be useful for a national body, such as OPAAL, to develop policy and procedures templates which can be applied and adapted as needed.

Conclusion to Discussion One:
There is no doubt that advocacy schemes value their individuality, and would be likely to resist imposed changes. However, at every meeting OPAAL's assistance was requested, with suggestions as follows:

1. Standardised policy and procedures documents to be made available
2. Guidance on quality standards procedures to 'accredit' advocacy schemes rather than individuals
3. A national accreditation course with added specialist units relating to older people, to be made available if needed, but not imposed
4. Representation on national advisory boards such as Community Legal Services, to raise the profile of advocacy and put the case for funding

Discussion Two: Evidence basis for advocacy

The collection and collation of statistical evidence can be a crucial method of attracting funding and presenting evidence both to internal and external organisations, thus strengthening the case for ongoing resources and a comprehensive service.

An evidence base can be made up in different ways, the most common being case-recording, statistical information, external research and evaluation. The use of stories also plays a big part in advocacy tradition, and captures the process as well as outcomes *(P Williams, 1998)*

Statistics are used by government agencies, ministers, funding organisations, and large and small private sector companies. However, experience has shown that within the voluntary sector there is traditionally a reluctance to apply statistical recording mechanisms. It could therefore be argued that this is missing a major opportunity to attract support. The inclusion of this section within the national programme was aimed at ascertaining exactly what, if any, statistical information is collected and what it is used for.

The situation varied across England, and what was highlighted was the lack of any consistent application. The majority of advocacy schemes did recognise the importance of statistics, if only to satisfy funding bodies, but nevertheless they did not always acknowledge the effectiveness of a well-presented set of statistics to pro-actively argue the case for support. A number of organisations felt that preparation of statistics was merely a time-consuming management challenge.

At the extreme end of the scale, a minority of advocacy schemes felt that publication or storage of statistical recording demonstrated a breach of confidentiality towards their service-user. One advocacy scheme keeps diary notes which are not shared with anyone and disagrees with the idea of statistical recording. Other schemes keep notes as long as the case is alive, but return these to the service-user once the case is closed, and thus only record the number of people seen, but not the issue raised. Most advocacy schemes do not follow this pattern. All the Age Concern schemes appear to follow a similar method of recording information on a variation of name, age

or date of birth, address, issues raised, gender, ethnicity, disability and special needs, method of referral and sometimes GP details. They also record outcomes. Some record geographically for funding reasons. Some Age Concerns use a numerical system to record the issues anonymously which can then be used for external evidence. However, there is no central system within Age Concerns of recording statistics to present a national picture or to develop national social policy work, although there did seem to be uncertainty around this and the role of Age Concern England. Age Concern England reported that they have in the past attempted regular collation of national statistics, but because it was not a mandatory requirement to submit statistics, many schemes did not participate, rendering the information ineffective. Age Concern England do carry out surveys nationally, and these are well-supported when evidence is needed on a specific topic. Some Age Concern managers would be in favour of a greater involvement with social policy work by Age Concern England, but others have admitted that they prefer to operate as independently as possible from the England office.

The majority of independent advocacy schemes use a similar method of statistical recording to that of Age Concern. Only a minority use caseload manager software which is designed for advocacy but can be tailored for individual use, which highlights trends easily. Consent forms signed by the service user at the start of the case are commonly issued by most schemes, but in the case of advanced dementia advocacy this can become more problematic. Some schemes agree issues to be addressed at the start, but re-register the service user if new issues are subsequently introduced, sometimes introducing a new advocate at the same time to lessen the risk of dependency on one person. All schemes recognise the need for confidentiality, and statistics are always anonymous. One scheme has an official stamp and has made arrangements with local banks, etc, to use this on a copy of the client's passport as authorisation to act on a client's behalf. Similar methods are used by other advocacy schemes, rather than a simple signature of consent to act.

Some schemes record unmet need and enquiries which, through pressure of work, geographical position or lack of staff, cannot be followed up. These are used to strengthen the case for additional funding.

A number of schemes also record time spent on cases, which is then used for funding applications.

Managers requested software to be produced by OPAAL as a standardised method of recording statistics. It was pointed out that the Charities Evaluation Service, as well as producing the PQASSO package, has software which could be adapted to advocacy. At least one manager could see the advantage of the development of a

nationally-aligned system of recording. Managers saw that this could be a means of taking and retaining control of their own advocacy scheme, without being dictated to by funding bodies and statutory authorities, as happens at present in many regions.

The Advocacy Resource Exchange (formerly CAIT) has produced information and delivered courses on measuring outcomes, and this has been well-received by some schemes. There is also a booklet by The Institute of Employment Studies called 'Measuring Soft Outcomes and Distance Travelled' (2000), which has been particularly useful for voluntary organisations in various fields of operation.

Some schemes felt that The Advocacy Charter presented a good opportunity around which to develop an evidence basis, encompassing the 10 points within the Charter.

A minority of advocacy schemes are still nervous about the use of IT, thus only manually recording statistical evidence which is then harder to collate. This demonstrates a training need which perhaps could be addressed through peer training. Some schemes mistrusted confidentiality in the use of IT, and few recorded entire cases electronically. A small number of schemes have shared statistical recording sheets with other schemes, one step towards standardising a system. One large national organisation, not strictly advocacy, operates in 3 national regions, and each region evaluates for each other.

There are few, if any, service-user groups or forums operating at present for older people's advocacy.

Methods of recording service user satisfaction:

These vary as widely as the statistical recording methods. It was agreed that service user satisfaction of dementia advocacy services is very difficult to assess, although one scheme has found that peer assessment can be possible if the client is shown a photograph of the original advocate. One scheme records small comments such *as 'You always make it right for me', or 'Last night for the first time in years I went to bed hoping I would wake up in the morning'.*

Service user satisfaction forms are sent out by most advocacy schemes, with a varying response rate. Some schemes send questionnaires to every client at the end of a case, some at the start, middle and end of a case, and some only to a random selection of clients. Other schemes operate a telephone enquiry process to the client with a checklist of questions.

One CVS co-ordinator visits the client without the advocate and also with the advocate, and sees the advocate individually and independently. This is time-consuming for the co-ordinator, but felt to be worthwhile.

Several advocacy schemes felt that the service-user was not happy to report a poor service, and this is addressed by regular evaluation of the service rather than questioning the service-user. This is particularly a problem if the advocate carries out the satisfaction survey by helping the service-user to complete the questionnaire.

Some schemes use satisfaction surveys to try to involve the service-user more actively in the organisation by inviting them to join the Trustee Board, attend AGMs, meetings, etc.

One MIND scheme outlined their system which has been developed over a period of time. When the case is opened, a welcome pack is given to the service user which includes a letter of introduction to the scheme, a satisfaction and monitoring form, complaints form, confidentiality policy and an exit form which asks how the service-user heard about MIND, how satisfied with the service, would the service be recommended and would they use it again. Included are 3 options for future involvement:

1. Would they like to receive a regular newsletter?
2. Would they agree to be telephoned by the quality manager?
3. Would they like to be invited to a meeting which will take place in their own locality, to feed back about the service in a group situation?

One regional manager covering all types of advocacy over a wide area, felt that statistical and case recording is essential for insurance purposes. She quoted a case where the client had given the wrong factual information to the advocate, who had recorded what was said at the time. The case came to court, and the organisation was able to prove through comprehensive case-recording that the advocate had been misled at the time.

Storage:

Some schemes employ the services of volunteer advocates who, for practical reasons, rarely visit the main offices. In these cases, usually in rural areas, case records must be kept at home. There is therefore an immediate risk of a breach of confidentiality. Some schemes rely on records being electronically sent, others issue lockable metal containers in which case records are kept until the case is closed, and others rely on the volunteers' integrity to keep case records safe and confidential. It is clear that there needs to be written protocols which can be adopted by all advocacy schemes to address this.

The Alzheimer's Society has protocols for volunteering which set out rights and responsibilities.

Conclusion to Discussion Two:

It was widely felt that it would be helpful for OPAAL to develop:

- A framework around supervision to be made available
- Core standards for advocacy
- Good practice guides
- Policies and principles
- Service user satisfaction models
- Statistical recording techniques and models

Discussion Three: Case for independent advocacy for older people as a right and examples of older people's involvement in the promotion of independent advocacy

One of the principle aims of OPAAL is to build the involvement of older people in the organisation and to promote independent advocacy with older people. It was therefore interesting to find out more about how older people are involved, and whether regions differ in their approach to the inclusion of older people.

> Changes will only have impact if older people are meaningfully involved in designing and implementing the changes, and in defining the desired 'quality of life' outcomes. Older people saw involvement being important both at a personal level and a group level. They did not see involvement as being just about token representation on social services committees. Sadly, in most cases the level of involvement of older people (personally in their own lives and collectively in local and in national initiatives) remains low, probably even lower than for disabled people. (Older People Shaping Policy and Practice, 2004)

Some groups felt that there is evidence of age discrimination within society, and that it is therefore a good thing to involve older people as much as possible in any decision-making or consultation exercise. One older person stressed the importance of writing strategies which ensure that older people are involved as representatives.

Recruitment of older volunteers:

Some schemes do not actively recruit older people, but find that the majority of volunteers are usually older, bringing life experience.

The user group for Age Concerns is 50 and over. It thus tends to attract older volunteers because the organisation has a national image as a service provider for older people's services. This is more difficult for independent advocacy schemes which do not have the age-related national profile.

Some schemes did not specifically recruit older people, preferring a mix of older and younger volunteers, and their service users have reported that they feel they benefit from the inter-generational approach. On the other hand, one scheme did recruit younger people, but received the feedback from a service user *'she was just a young girl – I don't know what she would know about anything'.*

One scheme asked the question *'Are we in business to help older people to volunteer, or are we in business to advocate for older people?'* The reply at the same meeting was that *'advocates work in partnership with the clients, working to get things right for their generation.'*

Peer and inter-generational partnerships can both be valid and valuable. Ultimately the decision about who will advocate should rest with the choice of the older person needing support rather than the stance of an advocacy project.

The right to independent advocacy:

Concerning the right to independent advocacy, one group felt that younger people now are much more confident, as a result of changes in society over the last 20 to 30 years. They are not afraid to speak out, whereas older people are less likely to complain. A quote from one older advocate was that *'older people do not feel they are entitled to opinions and that they should be grateful for what they have got. If people lose culture they are not involved in life or entitled to any opinions. A whole generation of older people have retained the workhouse culture.'* This particular advocate supported the need for advocacy for older people to avoid the abuse of human rights. Another older person reported *'When I went to the hospital I heard someone make the comment – he's 80, what do you expect at his age?'*

Advocacy is recommended in care standards, by inspection teams, government reports such as No Secrets, Elder Abuse, etc, and good progress has been made in the provision of advocacy as a right for children and people with learning difficulty. However, the provision of advocacy for older people is still sparse with huge gaps in provision across England, and as yet no requirement on the part of local authority services to extend to include advocacy.

Examples of involvement:

There is a need for older people's forums and older people's involvement in neighbourhood forums and strategic partnerships. Some advocacy schemes have involved older people actively in the community and politically, sitting on management boards, citizens' forums, senior forums, Primary Care Trusts etc. These advocacy schemes have found it useful to have an active voice on committees, and older people have enjoyed their involvement, also taking the time pressure away from scheme managers. This does, however, require appropriate training for trustees. Older people's

advocacy schemes which have had this involvement tend to have a greater profile in the community.

A benefit of involving an individual older person within the advocacy process is that it can potentially lead to greater involvement in the life of the community. In this regard, involvement could be an outcome of as well as a process within advocacy.

(Dunning 2005)

'*At a personal level older people see it as important to be engaged in the process of information giving, advice and advocacy if they are able to do so. This means the individual older person being directly involved in seeking information, determining options, making decisions and advocating for themselves wherever possible. For providers this requires an enabling approach – developing trust, confidence and skills with the older person where needed.'*

(Carter and Beresford 2000)

Failure to engage older people in these processes can lead to the creation of a layer of dependency and further disempowerment.

(Dunning 1998)

This can be an unintended but nevertheless damaging consequence of trying to give a service rather than enable an individual.

The question which arose with regularity throughout the regions, particularly from older people, was *'what is advocacy'* and *'advocacy is the best kept secret'.* In one region extensive efforts have been made to identify another word to use instead of 'advocacy', but as yet without success. One scheme has printed its leaflets avoiding the use of the word 'advocacy', referring instead to 'empowerment'.

Peer advocacy:
A very few older people's advocacy schemes throughout England are concerned with peer advocacy. In one scheme, a consultation exercise was carried out locally which resulted in a request for advocacy services for older people. In order to develop a peer advocacy scheme, only older advocates were recruited, and now, many years on, the same people are still involved, but as trustees rather than actively as advocates. In peer advocacy schemes there seems to be an ongoing problem in recruiting from the 'younger' end of older people, with a subsequent draining on human resources as staff and volunteers grow older.

There are conflicting observations about older people working as advocates in care home situations. One region had experienced problems, that older people did not feel

comfortable working in care homes with their peer group. Managers reported that their advocates felt discomfort with the care-setting, and their perception of a diminished quality of life. Advocates had a sense of conflict of interest, and on occasion the older person in a care setting did not want to communicate because of fear. Care home managers were frequently not willing to work with advocates if the issue raised was relevant to the home itself, but were co-operative if the issue related to some other aspect of the service user's life. On the other hand, some regions had found no problem with older people working in care homes and found this totally appropriate. A small number of schemes had tried to encourage peer advocacy within the care homes themselves, but with little success, and generally this worked out as facilitated group work rather than peer advocacy.

It would be helpful to develop strategies which draw on ways of involving older people to work as volunteer advocates, such as encouraging the development of more peer advocacy schemes and self-help groups.

Generic advocacy for older people:
Some schemes felt that development of larger, generic advocacy groups might give advocacy as a service a higher profile in each region. This was felt by others to be an opt-out with the danger of local authorities and other providers using it as an opportunity to 'tick the boxes' without ensuring that all groups were accounted for. Without targeting older people specifically, and encouraging peer advocacy for older people, there is a danger that older people might be overlooked because it is harder to define the group. *'Older people are only categorised by their age – no other disabilities are taken into account. Ageing can be accelerated by just ONE issue, like the straw that broke the camel's back'* and also *'Everyone around us knows best – decision making is taken away. We may as well be invisible'.*

Older people as trustees:
On the subject of trustees, without exception all schemes involved older people from the community in their management committees. In many cases the committee was entirely older people, and in others there was a mixture of ages. This was not usually by design, and most, but not all, schemes admitted that it was only older people who volunteered to sit on management committees.

In some cases, advocacy scheme managers felt that they had fulfilled the need to involve older people through this involvement in management committees. They did not feel it necessary to introduce additional policies to encourage the active involvement of older people, or to write strategies to ensure that older people remained involved.

Very few, if any, schemes had written strategies to promote the need for advocacy for older people as a right.

This section was much shorter in discussions, to some extent reflecting the lack of activity to involve older people. The various peer advocacy schemes stood out as examples of good practice of involving older people in service delivery, as did the development of older people's forums and older people's representation on decision-making boards within the community.

Conclusion to Discussion Three:
It is evident that more work needs to be done to raise awareness of the need to involve older people in the delivery of older people's advocacy, and to raise awareness nationally of the right to advocacy for older people.

In order to encourage the involvement of older people in the delivery of advocacy, it would be helpful to design some policies and procedures which could be circulated.

OPAAL will continue to campaign for independent advocacy for older people as a right, as outlined in its own statement of intent. To date very little discussion seems to be underway about the involvement of scheme users in development, management and promotion of independent advocacy with older people.

Discussion Four: Funding sources

This discussion was included in the programme because it had become evident that it is a source of concern to all the scheme managers. The inclusion of a discussion on funding aimed to share ideas, encourage the spread of good practice, and ascertain whether or not advocacy schemes are successfully working in partnerships.

Resources of time and money can be stretched in meeting and maintaining quality frameworks and associated commitments. For small community organisations providing advocacy services, these resources can be particularly scarce and the costs can have a significant impact.

'It is hard to meet all the standards …the CLS, the funders and the rest. It can cost a lot to register and then meet all standards, regulations and so on.' – Black older people's community worker, Manchester

(Dunning 2005)

The current situation is difficult for all concerned. Whether generic, specialist or part of a national identity such as Age Concern or Mind, all advocacy schemes struggle for financial stability. The majority of schemes are funded through their local authority or primary care trust as core funding, but this is not necessarily reliable and is subject to funding cuts. Many schemes have suffered financial cutbacks from these sources in recent years, with service level agreements being reduced in many cases from 3 years to 1 year.

Other schemes have raised funds through additional fund-raising to run short-term projects, such as in care homes or hospitals, or to develop peer advocacy. Two schemes have used this method to develop their services by attracting funding from up to 16 sources. This has led to impressive advocacy services targeted at older people throughout the entire community, but the funding sources are fragile, monitoring is very complex, and there is no certainty about ongoing funding. Fund-raising is very time-consuming and managers find that this detracts from the core service and other management duties.

Comic Relief and lottery funding are successful sources of funding, as well as local and national trusts, but generally, new projects must demonstrate new work rather than fund the core service, and this does present problems to scheme managers.

Some advocacy schemes have had some success in local legacy fund-raising, through contacting local solicitors to raise awareness about advocacy for older people.

Funding, then, is an ongoing struggle for survival. There is currently no requirement for local authorities to provide an advocacy service to older people, although government has made recommendations for this in recent documents.

Furthermore, it can be difficult for advocacy schemes to achieve the higher profile they need in their respective communities because of the disproportionate amount of time managers have to spend in fund-raising and in the delivery of short-term projects.

Business planning in this environment is a major challenge. With funding assured for just one or two years at a time, a five-year plan is based on assumptions which are subject to change and crisis planning.

One scheme had been running for the last 10 years. It had not been successful in acquiring ongoing funding from the local authority and had made staff redundant. On the final day of work the manager went to the local authority to return the centre keys. Only then was she informed that funding would be available for the following year. This was 3 years ago, and she now relies on this year-to-year funding with no certainty of continuity.

In many cases, social services provides funding but applies strict criteria as to which cases can be accepted, as well as a quarterly report to ensure that this is adhered to. This often means that older people can only be accepted if they live within a certain borough or post code, and if not, no help is available. One advocate described her frustration about this *'It is us that are left with the feelings of guilt if we cannot take on a case'. If the local authority did not have our service, they would not get their boxes ticked, and yet there is a funding shortfall.'*

Case report:
The following case illustrates the frustration in the community, and the difficulties faced by an advocacy scheme when they are forced to refuse assistance, leading to misconceptions about the services offered. This lady appears to have been passed from one organisation to another, and ultimately is unable to receive any help. She wrote to OPAAL in sheer desperation. The town names have not been revealed to save embarrassment.

'When I did track down an advocacy service in A, after the usual exhaustive passing the buck pantomime at …….shire Council, the person occupying the advocacy office seemed to be totally bemused by the meaning of the word.

Age Concern do not seem to have any help in A, yet in the neighbouring town they have a fully operating system of lists of practical help, even for recommended tradesmen, which I cannot access because I live in A.

Unfortunately the CAB only has an answering telephone service which I cannot understand due to being hard of hearing. I am severely disabled, and have a fractured wrist, therefore I cannot drive.

No wonder that we are victims of crime when the people supposed to be doing a job for which they are paid have no intention of fulfilling their role.'

Situations such as this are unacceptable and OPAAL should be working to ensure that advocacy is not a post-code lottery, with access to all older people regardless of whether they live in the community, in a town or rural area, or in a residential care home.

Advocacy schemes tend to work in isolation, and one potential solution is to develop more partnership working with other organisations, such as the Citizens Advice Bureau, mediation groups, befriending schemes etc. Community Legal Services have not engaged fully with advocacy schemes, and no payment is available at present to develop services. However, community referral schemes are effective and this would bring advocacy into mainstream thinking.

The new report due to be published in Spring 2005, Information, Advice and Advocacy for Older People, Developing the Thinking (Andrew Dunning), demonstrates the circular nature of information, advice and advocacy, the one often being dependent on the other. Rather than working in competition, greater achievement might be demonstrated through some joint working practices. There is a clear differential between information, advice and advocacy, yet clearly they are also linked. At present the differences are not always clearly defined within the advocacy world. Joint and partnership funding applications could be one solution to attracting greater recognition. This has been successfully demonstrated by one London independent advocacy scheme for older people. The manager has established a project whereby the local Citizens Advice Bureau visits the scheme on a regular basis to offer benefit take-up work. The nature of the project ensures that both agencies retain their own identity, whilst both have a greater understanding of each other's role. Another London scheme works closely with their local Trading Standards office to address consumer complaints on behalf of older people.

One of these two schemes has been undertaking a costing exercise to demonstrate the amount of money saved to the local authority by offering a service, and the difficulties that would be presented without an advocacy service, as illustrated in the example above.

In conclusion, funding is at the least haphazard and patchy, and this explains the variation in availability of advocacy for older people. Unless this is addressed on a national basis, with a greater understanding of the meaning of advocacy, it will be difficult to offer a comprehensive national service.

C. Conclusion to the report:

There is no doubt about the vast amount of dedicated work being carried out within older people's advocacy, and advocacy in general, by schemes across England. There is also innovative work, and some interesting ideas waiting to be followed up within each region. There is also no doubt about the restrictions placed upon these schemes, and the difficulties faced in working to deliver a comprehensive service.

As a conclusion to this report, an analysis of strengths, weaknesses, opportunities and threats will aim to lead to recommendations for the way forward for advocacy work for older people, not necessarily by OPAAL itself, but also to inform other advocacy providers and policy-makers, nationally, regionally and locally.

Strengths:
The strengths of older people's independent advocacy schemes lie in their ability to reach a sector of society that otherwise risks social exclusion. Older people need support for many reasons, such as:

- The consequences of retirement
- The consequences of a decline in physical and mental health, sensory impairment and the need for additional services
- The consequences of a change in housing arrangements
- The consequences of ageism.

1. An independent advocate can ensure that an older person is able to express his/her needs and receive the necessary support to exercise choices. Independence is key to a successful scheme.
2. The advocate has time to spend with an older person, possibly one of the most valuable commodities in modern day society.
3. Comprehensive advocacy in all circumstances reduces the danger of abuse, of making inappropriate decisions without the necessary background information, and of acting without taking into account the older person's own concerns and interests.
4. The advocate can retain an independent, unbiased and unprejudiced overview. This allows the older person to gain confidence when expressing his/her needs and wishes, without the fear and anguish of appearing to upset anyone, and with the knowledge that there is someone present who can, if necessary, represent those needs and wishes.

5. Advocates, whether paid or volunteer, may offer value for money by aiming to ensure that any action required is appropriate for the service user, thus avoiding expensive 'blind alleys'.

Weaknesses:
Most weaknesses in advocacy provision relate to external influences.

1. Misunderstanding of the meaning of 'advocacy'. There is much confusion in every region about what an advocate actually does. Some schemes have carried out surveys in their region with members of the public, none of whom could give a good explanation of an advocate, referring to legal representation, solicitors' assistants or similar.
2. The difficulty in locating advocacy schemes. OPAAL is regularly approached by members of the public, social services and even advocacy schemes themselves, who are trying to locate a particular advocacy service, which they have been unable to trace through the usual sources of directories etc.
3. The lack of provision. Advocacy schemes are so scattered geographically, there simply are no schemes in some areas, and this low profile can lead to a lack of confidence on the part of authorities and the general public in the good services which do exist.
4. Lack of stable funding which leads to difficulties in long-term planning and development.
5. Independence, whilst being one of the greatest strengths, is also a major weakness. Independent schemes currently have no means of sharing evidence of need, so there is no overall impact of the effectiveness of advocacy. Greater national identification would raise the profile of advocacy and lead to improved understanding, 'the whole being greater than the parts'.
6. The lack of national standards, either for an individual scheme or an individual advocate does not inspire confidence from external sources.
7. The lack of involvement by older people themselves in most decision-making processes, and the lack of service-user consultation panels, means that older people are less aware of advocacy services, and therefore less likely to engage the services of an advocate when needed.
8. The lack of consistency in promoting standards in advocacy suggests that some schemes are more focused on delivering information and advice as if it were advocacy than should be the case.

Opportunities:

1. The opportunity to develop national advocacy standards across all types of advocacy, with specialist standards applied appropriately. This applies both to individuals and the schemes themselves.

2. An opportunity to develop a national database of issues addressed, to be held centrally, and made available to all advocacy schemes to present the case for additional resources. It would be interesting, for example, to undertake some comparative work across England about the effectiveness of advocacy in regions which are well provided, and regions where there is little opportunity to work with advocates.
3. There are big gaps in provision at present across the whole of England. There are big opportunities to extend existing services and develop new ones in the community, care homes and hospitals. There could be more strategic thinking to make the best use of local opportunities, such as local strategic partnerships, local older people's forums etc.
4. There is an opportunity to involve older people in all strategy and decision-making processes internally and externally to advocacy schemes, and/or to create service-user forums. There are currently very few peer advocacy services within the older people's sector, but there may be no shortage of older people who might not have had an opportunity to become involved.
5. There is a need to develop more partnership working, either within advocacy or externally. This would strengthen the case to funding bodies and local authorities, and would increase the impact made by advocacy schemes at all levels.
6. There is an opportunity to become more involved in local decision-making bodies, again raising the profile of advocacy and leading by example.
7. There is an opportunity to link up with advocacy providers in Scotland, Wales and Northern Ireland, to share best practice and ideas. The development of internet linking would facilitate this.

Threats:

1. Without doubt, there are major funding threats which might need to be addressed through new ways of presenting advocacy.
2. There could be threats from other established agencies who, it appears, consider that they are best-placed to deliver advocacy and who have a much higher profile and national recognition. This can be addressed either through more joint working, or by joining forces in partnership with these external agencies to present a stronger image.
3. There are ongoing problems in the political field which is always subject to change and beyond the control of the advocacy sector.
4. There could be threats from advocacy organisations themselves because of a failure to work together in true partnership to advance the profile of advocacy to the wider audience. This perception was expressed as a matter for concern on numerous occasions throughout the national visits. To external agencies, a perception of internal conflict greatly weakens the effectiveness of advocacy provision because it ceases to present a united approach.

Recommendations:

The following recommendations apply as a result of the visits throughout England. These are not necessarily the priorities for OPAAL itself, but hopefully they will be of some assistance to individual advocacy schemes across England when considering the way forward.

1. Development of better working standards to a national identification
2. Development of common statistical recording methods, which ultimately could be collated by one national organisation and used to the benefit of all schemes.
3. Common policies and procedures within all schemes, without diminishing the independence of each individual scheme.
4. A better understanding of the differences and the relationship between advocacy, information and advice
5. A greater involvement at local, regional and national levels in decision-making boards, to raise the awareness of advocacy and its effectiveness.
6. National evidence of Best Value
7. More effective partnership working and development:
   - internally through national organisations like The Advocacy Federation, National Advocacy Network, Action for Advocacy, Advocacy Resource Exchange, National Coalition, Advocacy Alliance etc, and through local and regional partnerships, such as the Hampshire Advocacy Reference Group and Gloucestershire Advocacy Support Scheme.
   - externally with compatible organisations which offer services related to, but not the same as, advocacy, such as information and advice, befriending, mediation etc.

Future recommended development work for OPAAL:

1. Develop improved regional linkage, with better advocacy partnerships and exploration of second-tier support within the regions.
2. Pro-active work to promote advocacy, including further research.
3. Development of social policy systems, co-ordinating data to demonstrate that advocacy makes a difference.
4. Collation of template policies and procedures for use in advocacy schemes.
5. Focused national networking

Acknowledgments:

Thanks must be extended to all the individuals who took part in the discussions, and for taking time out of their busy schedules to attend the meetings.

The overall impression was that of great dedication and enthusiasm. This was sometimes applied in the face of adversity and struggles for funding and recognition, but it was clear at every meeting that those involved in advocacy have a strong belief in their work and strive to give older people a greater say in their lives in their respective areas.

Thanks must also be given to all the people who subsequently sent information about their schemes and invitations to visit. Hopefully there will be ongoing close contact in the future.

I am grateful to Age Concern England for supplying information about advocacy schemes throughout England, to CAIT and the National Coalition for their assistance in tracking down independent advocacy schemes, to The Beth Johnson Foundation for their valued input in writing this report, and to everyone for their enthusiasm to engage in joint working.

Jackie Robinson
National Development Officer
January 2005

Appendix One

OPAAL REGIONAL PROGRAMME

Participating organisations and individuals:

Age Concerns:

Buckinghamshire
Calderdale
Camden
Cheshire
Cornwall and Isles of Scilly
Coventry
Croydon
Eden
Essex (and Hospital project)
Gateshead
Gillingham
Hertfordshire (and Hospital project)
Hillingdon
Hull
Lambeth
Leeds
Manchester
Money Matters Norfolk
Newcastle
Nottingham (Residential Homes and Visiting Service)
Preston and South Ribble
Richmond Upon Thames
South Lakeland
Stockport
Swindon
Tower Hamlets
Walsall
Waltham Forest
West Sussex
(29 Age Concern Advocacy Schemes)

Independent advocacy schemes:

ADAPT, Newcastle
ADAPT, Oxford
Advocacy West Lancs
Andover Advocacy Alliance
Beth Johnson Foundation Dementia Advocacy
Birmingham Citizen Advocacy
Birmingham Focus on Blindness
Brent Advocacy Concerns
Bromsgrove and Redditch Advocacy
Cambridge House Advocacy Southwark
Chorley and South Ribble Advocacy
Citizens Rights for Older People (CROP)
Doncaster Advocacy
East Hampshire Advocacy Scheme
East Kent Partnerhship Trust (User Involvement Project Older People)

East Lancs Advocacy

Epping Forest Hospital Advocacy for Older People

Gateshead Alzheimers Society

Gloucestershire Older Person's Assembly

Hambleton and Richmondshire Advocacy

Hampshire Advocacy Reference Group

Hull and East Yorkshire Advocacy Forum

Independent Advocacy North Tyneside

Kingston Advocacy Group

Knowsley Pensioners' Advocacy

Lancaster Advocacy

Link-Age Advocacy Manchester

Manchester Care and Repair

Manchester Indian Senior Citizens Advocacy Project

Manchester Mental Health and Social Care Team

Marsh Age-Link Lancaster

New Forest Alzheimers Society

Newcastle Advocacy Centre

Norfolk Elders Advocacy Alliance

Older Citizens Advocacy York (OCAY)

Peaks and Dales Advocacy

Preston Advocacy

Scarborough Advocacy Alliance

Sefton Advocacy

Sefton Pensioners' Advocacy Centre

Sheffield Citizen Advocacy

South East Essex Advocacy for Older People

South Wilts Advocacy Network

South Yorkshire Centre for Inclusive Living

Speaking Up, Cambridge

Speaking Up for Action, Sheffield

Stroud Citizen Advocacy Trust

Swindon Advocacy Movement

Westminster Advocacy Service for Senior Residents (WASSR)

Wiltshire Older People's Advocacy Service

Wyre Forest Citizen Advocacy Dementia Project

(51 independent advocacy schemes)

Individuals:

Jenny Amner, OPAAL

Margie Arts, Pensioners Rights Campaign

Dr Das, Indian Senior Citizens Centre Manchester

Mary Duncan, Manchester Older People's Network

Bill Gerrity, Stockport Action in Retirement

Isabel Gibson, Sedgemoor CAB

Richard Grave, Pensioners' European Rights

Nick Green, Derbyshire MIND

Peter Hoad, Sheffield University

Mike Holroyd, Royal National Institute for the Blind

Enid Irving, OPAAL

Elcena Jeffers, OPAAL

Gary Kitchen, Get Heard

Irene Kohler, OPAAL and WASSR

Teresa Lefort, OPAAL

Susan McCann, Help the Aged NW

Sister Mary McLaughlin, Sisters of the Sacred Heart of Jesus and Mary

John Miles, OPAAL

Norman Rolphe, Norfolk Pensioners Association

Kay Steven, National Institute for Mental Health

Sally Wells, National Dementia Network and WASSR

Helen Young, Pensioners' Association

(21 individuals)

Total of 80 participating schemes and 22 individuals.

Appendix Two:

OPAAL Management Committee – representative organisations:

Action on Elder Abuse

Age Concern Co-ordinators' Network

Age Concern England

Forum to Forum

Help the Aged

National Pensioners Convention

Westminster Advocacy Service for Senior Residents (WASSR)

Association of Independent Living Advocates

Individuals representing the older people's sector

Additional representation on the National Development Programme steering group:

Beth Johnson Foundation

National Dementia Network (WASSR)

Sefton Pensioners' Advocacy Centre

Appendix Three:

Case for independent advocacy for older people as a right: summary of OPAAL's recent work

This aspect of OPAAL's work is in its early stages. Trustees, particularly the Chair, are involved alongside the National Development Officer. Much of the work for this aim has taken place separately from the regional consultations delivery as part of the National Development Project.

Working with government and its advisory bodies

OPAAL commented on the Office of Fair Trading response to the voluntary sector 'super-complaint' about residential care and has subsequently provided papers and presentations to the Care Homes Market Study Team there. Some work will result on a cost-benefit analysis of advocacy. OPAAL has attended two recent consultations held by the Commission for Social Care Inspection. The Chair was part of the Department of Health working party which drafted the new Social Services Complaints Procedures for Adults.

Political lobbying

"What you've got to do is tell older people about advocacy. Then find out if they think it's a good thing!" (Older participant at regional meeting.)

The National Development Officer has had letters published in "Community Care" and in "The Observer", spoken to a number of MPs, and local councillors with relevant authority. The Chair spoke at the 2003 Age Concern Cymru conference on advocacy, and to the All-Wales Vulnerable Adults conference in 2004. OPAAL consultant Andrew Dunning is in contact with the Welsh Assembly, and both he and the Chair have approached Professor John Williams in the Department of Law at Aberystwyth who is advising on the question of a commissioner for older people in Wales. *"The work of OPAAL is critical if we are to promote and enhance the rights of older people. Quite rightly there is much talk about the benefits of the Human Rights Act, but without effective and independent advocacy, the rights promised in the Act are worthless"* (Professor John Williams, by e-mail, August 2004)

OPAAL successfully introduced an amendment in favour of advocacy to the Pensioners Manifesto at the Pensioners Parliament in April 2004. The former OPAAL vice-chair, Teresa Lefort, ensured that advocacy has been given consideration at the Older Peoples Advisory Group, and OPAAL has been invited to work alongside Better Government for Older People.

BIBLIOGRAPHY:

Action for Advocacy (2004) The Advocacy Charter

Carter, T and Beresford, P (2000) Age and Change: Models of Involvement for Older People. Joseph Rowntree Foundation

Department of Health (2000) No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

Department of Health, Social Services Inspectorate (1998) They Look After Their Own, Don't They? Inspection of Community Care Services for Black and Minority Ethnic Older People.

Dewson, S, Eccles, J, Tackey ND, Jackson, A (2000) Guide to Measuring Soft Outcomes and Distance Travelled. Institute for Employment Studies

Dunning, A (1998) Information is Power: The Issue of Information Provision for Black and Minority Ethnic Elders with Mental Health Problems. Open Mind 90 March/April 1998

Dunning, A (2005) Information, Advice and Advocacy for Older People: Developing the Thinking. Joseph Rowntree Foundation

Dunning, A (1995) Citizen Advocacy with Older People: A Code of Good Practice. Centre for Policy on Ageing

Dunning, A (2000) Advocacy with Older People in Hospital. Help the Aged

House of Commons Health Committee (2004) Elder Abuse, Volume 1

Older People's Steering Group (2004) Older People Shaping Policy and Practice. Joseph Rowntree Foundation

OPAAL (2002) Independent Advocacy with Older People, report on a national conference hosted by OPAAL. Help the Aged

Tester, S (1992) Common Knowledge. Centre for Policy on Ageing

Williams, P (1998) Standing By Me: stories of citizen advocacy. CAIT

Notes