

Commissioning Advocacy for Older People: A Common Lack of Approach?

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1. Introduction

Get Heard was invited in April 2007 by the Older People's Advocacy Alliance (OPAAL UK) to carry out a literature review of commissioning documents provided by the statutory sector when commissioning advocacy services for older people. The original proposal was that 30-40 such commissioning documents would be assessed and the following themes explored:

- Understanding of independent advocacy by commissioners
- How good practice in advocacy provision is identified by commissioners
- What outcomes they are seeking for older people
- Whether commissioning documents are aimed at organisations that can provide an effective service
- Any relevant differences in approach/practice in commissioning
- Implications of commissioning practice for meeting the needs of older people

Eleven sets of documents were received in response to OPAAL's request for commissioning documents, which was widely circulated to members, providers and a range of relevant organisations. Four of the documents focused on commissioning of wider groupings (such as 'adults' or 'people who lack capacity') and did not have sufficient information about older people to be included in the review. Just seven of the documents referred to commissioning of an advocacy service specifically for older people and these came from just five organisations (two organisations each supplied two lots of documents).

The seven sets of commissioning documents were very diverse. Length varied from just 3 pages to 23 pages (ironically, this document was for a small sum of money). They are largely formal documents and it was not easy to ascertain from them an understanding of how in practice such important areas as service monitoring would be tackled.

However it was clear that this small sample of documents showed no obvious common approach to commissioning advocacy with older people.

It is known that many more organisations provide advocacy to older people than responded to this request for commissioning documents. In a mapping exercise carried out in 2006 there were identified 136 organisations providing advocacy to older people. 16 organisations provided older people's advocacy as their principal service. A further 71 organisations had a dedicated advocacy project working with older people. In addition there were identified 49 generic providers of advocacy who worked with older people as one of their client groups and in some cases also had specific projects working exclusively with older people.¹

The low response can be accounted for in a number of ways. The mapping showed that a considerable proportion of advocacy projects working with older people are funded by charitable trusts such as the Big Lottery, and therefore would not have statutory commissioning documents. It was also evident that some advocacy providers had little in the way of commissioning documents even where services were being funded by the statutory sector.

Nonetheless the response level was less than anticipated and not sufficient to gain a detailed picture of the commissioning process and its implications for meeting the needs of older people.

As the research progressed external events made clear that the topic of statutory commissioning was assuming greater national importance. An inaugural National Commissioning Conference took place in Birmingham in July 2007 to look at statutory commissioning of health and care services. The Audit Commission called for more "intelligent commissioning" of services by statutory agencies from the voluntary sector.² And OPAAL itself published a discussion paper looking at the lack of support for such agencies when commissioning independent advocacy for older people.³

It was decided to supplement the commissioning information derived from service agreements and contracts by holding discussions directly with

¹Dr Gary Kitchen, "Mapping Older People's Advocacy in the English Regions," OPAAL and Get Heard, July 2006, p.5.

²Audit Commission, "Hearts and minds: commissioning from the voluntary sector", July 2007.

³John Miles, "Commissioning independent advocacy for older people: an information and discussion paper", OPAAL UK, July 2007.

providers of advocacy services for older people to find out more about their experience of being commissioned. Two Focus Groups were held in London and Manchester in August 2007 and were attended by representatives from 17 organisations (see Appendix).

Focus Groups provide an opportunity to bring together a range of people with different characteristics to have a 'steered conversation' around the key research questions. They have the potential to generate very valuable feedback in a short space of time.

As well as the research questions cited above the Focus Groups tried to get to grips with how providers themselves experienced the commissioning process. For many participants, the formal commissioning arrangement was not perceived to be separate from ongoing monitoring and contact with the commissioning agency. In our report we have accepted this wider understanding of 'commissioning' as essential to understanding the perspective of advocacy providers.

2. Being commissioned

There was wide acceptance in the Focus Groups that some form of monitoring of advocacy provision to older people by commissioners was reasonable and necessary. Guidance has emphasised that commissioning should focus on outcomes and quality rather than volume and price.⁴ However there was a strong perception amongst many respondents that commissioning and monitoring appeared to focus almost entirely on quantity:

- “The amount of statistics required is phenomenal – it seems to be just about numbers”.
- “We have to provide monthly and quarterly statistics which are very lengthy. It takes an awful long time to do this. Every fourth quarter we have to provide a report”.
- “We are becoming increasingly aware of the time taken in producing information and in particular taking part in tendering processes. It is very formidable. We spent a lot of time working on a service level agreement which was then lost by the statutory commissioner”.

Providers did not always appreciate the complexity of advocacy work with older people:

- “We work with older people and other adults and see fewer older people per quarter because issues are more complex – you may be working with someone who has to sell their home, for example, to pay for care they don’t want anyway. But the commissioners don’t seem to understand this.”

Commissioners sometimes appeared unsupportive of the work they carried out:

- “Commissioners think they own you lock, stock and barrel. Their view of advocacy is: social workers do advocacy when they do the review,

⁴Department of Health, “Commissioning framework for health and well-being”, March 2007, p.7.

so why do you need an advocate? If you keep a case open when this is needed you get complaints from them.”

Occasionally the service did not have formal commissioning arrangements or seemed to have been ‘overlooked’ by those providing funding:

- “About 2 years ago we attended a meeting with a commissioner from the PCT who said, ‘we didn’t know we commissioned this service, what you do?’ We had to show them what we did using our figures. They said we would have a further meeting but that never happened.”
- “We sent in a quarterly report with statistics and had quarterly meetings. This has not happened so far this year. We don’t know whether to keep our heads down and hope it all goes well or try to contact them again.”

Arrangements in relation to funding sometimes appeared to be very short term, causing problems of staff morale and management:

- “We’ve never been able to secure funding for more than one year, so each year we are forced to issue redundancy notices. This year we have been told the funding is definite only until September when it will be reviewed again. This is a very difficult environment. It amazes me how we manage to retain our excellent staff.”
- “We don’t have funding after March and there is no absolute surety we will get it. We operate in a niche market but have 400 members who rely on us and have become used to our service.”
- “The council is looking to tender their advocacy service next year. But when funding is not guaranteed this can affect recruitment and quality.”

It became clear from the Focus Groups that commissioning processes sometimes acted as a deterrent to the development of new markets for advocacy with older people:

- “Sometimes smaller groups seem to have to jump through hoops of fire to get any funding.”
- “We have recently had to tender to be re-commissioned for work which we have been carrying out successfully for a number of years. We had to buy in expert help to draw up the tender.”

Small providers of advocacy to older people often find it difficult to cope with what appear to be bureaucratic forms of behaviour:

- “We provide quarterly reports and are supposed to have a quarterly monitoring meeting with both PCT and the council because it is jointly funded. It is a fight to get time in their diaries and we have not had a monitoring meeting for six months. Usually we get an email informing us of the date of the meeting, where all our staff are automatically expected to attend and be available (this is the only day).”
- “It can be very demanding to work with these kinds of bureaucratic requirements. The PCT just doesn’t work in a businesslike way.”
- “The process of commissioning has become very formidable and demanding of time.”

Commissioning arrangements worked best when the commissioner worked closely with the provider agency:

- “We had a commissioning meeting several years ago with someone who came to the management committee meeting. This was very positive. She asked us how we wanted to be monitored and we came to an agreement about what we would do.”
- Our council has been flexible with commissioning, which has worked quite well. The commissioners allow the project to steer them to a degree on advocacy provision. They are generally supportive of advocacy. But they are used to funding short term work and had to be persuaded that advocacy sometimes is long term work.

- We designed our own commissioning contract so monitoring is a doddle!
- We are part of social services training programme and lecture on the services we provide. When we negotiated the latest contract last March the commissioners came out with us to see how we worked.

Commissioning processes were seen to be part of a wider process of interaction with statutory funders in which individual relationships were at least as important as the contents of formal contracts:

- “Many re-organisations have happened over the last ten years. Some ‘friends’ have moved on and we have to re-introduce ourselves”.
- “Sometimes what matters is not so much what commissioners themselves think but other members of staff such as care managers whom advocacy workers need to relate to at case conferences.”
- “Commissioners are too far away from the work to have a full understanding of what we do. Often working with people like policy officers helps take the message back to them of what advocacy is about.”
- “The problem is when people move on you have to establish relationships all over again.”

3. Commissioners' understanding of independent advocacy

It has been said that “the first duty of an advocate is to the person they are working with”.⁵ Commissioners, however, did not always appreciate that the role of the advocate was to represent the voice of the client and sometimes viewed advocacy as something that had been paid for by them and should therefore be arranged primarily for their benefit.

- “Commissioners view advocacy as something that will benefit them. They can give the impression they see the project not as the voice of the client but more an adjunct of social services. They expect things from you – they don’t expect you to put a spanner in the works by sticking up for the client.”
- “The council has a policy on advocacy which acknowledges “independence” but this seems to get lost when you talk to their staff.”
- “Commissioners don’t seem to understand the word “independence”. Many of them feel that because they have commissioned something then the advocacy project is beholden to them.”
- The “independent” bit can get overlooked. Sometimes we feel we’re being asked to persuade people to do something.

One project reported an incident in a meeting where a member of staff jumped to their feet, stamped on the floor and said, “What are we paying you for? You are supposed to be providing this service to support us!”

Some projects accepted that sticking up for the rights of the clients might bring them into conflict with funders and took a robust view of this:

- “If you’re not ruffling feathers there is something wrong.”

In many cases the advocacy provider had had to work very hard to ensure there was a basic level of understanding of the principles underpinning their work:

⁵Age Concern England, “A framework for advocacy: a practical guide to providing advocacy for older people”, June 2006, p.22.

- “We have tried to build awareness with commissioners about what advocacy is. It is not just a way for the local authority to pass on information to the community.”
- “In our experience commissioners have a problem understanding what advocacy is – but then so do frontline staff, friends and neighbours – and it takes time to gain people’s confidence.”
- “We try to emphasise the positive spin-off for statutory agencies – hospitals get safer discharges, time is saved, advocacy promotes good practice.”

In a small number of cases the work was well understood and made a huge difference to the effectiveness of the service:

- “We seem to have a good understanding from our commissioners. They seem to accept to the total independence of what we do.”

4. How good practice in advocacy provision is identified by commissioners

The Focus Groups showed that commissioners often did have access to information on good practice but this was sometimes undermined by lack of underlying commitment:

- “They know the theory. The difficulty is they are always at the behest of someone’s budget.”
- “Our local council uses quite a good definition of advocacy but in practice what they really want are numbers.”
- Having a policy stuck in a drawer and actually knowing about it are two different things.”

Many providers actively sought to improve the level of understanding of advocacy amongst commissioners:

- “We produced advocacy protocols that have now been officially accepted.”
- “We give talks about our work but there is a very high turnover of social workers and so we cannot guarantee that the people that we train will remain in post for long.”

It was felt to be vital not just to inform commissioners about good practice but other members of staff:

- “It is important for advocacy providers to market themselves to decision-makers, care managers and so on and to make them aware of good practice.”

There was some concern that there were still basic misunderstandings about good practice:

- “Sometimes commissioners ask for information that would enable them identify individuals.”

5. Outcomes for Older People

The need to listen to older people and to act upon their perceptions of what is needed has been emphasised in good practice guidance around service provision.⁶ But there was some evidence that providers of advocacy needed to work hard to fit their advocacy work with older people to the funding priorities of commissioners rather than be allowed to respond to their own perceptions of local need:

- “We have to work in such a way as to make our cases fit what the council wants. They put a lot of emphasis on the prevention of homelessness so we say, ‘if we hadn’t intervened then something else might have happened and that person might have been homeless’”.
- “In our experience the problem is knowing what commissioners want – they keep changing the criteria in response to pressures influencing them.”
- “Quantity is often emphasised by commissioners whereas we are doing long term quality work.”

Sometimes it was felt that the needs of older people were overlooked in the face of short-lived statutory targets and priorities:

- “They are not looking for outcomes for older people but for themselves. They are ticking boxes and fulfilling their obligations with government. There is a lot of lip service and short term funding.”

⁶Joseph Rowntree Foundation, “Older People Shaping Policy and Practice”, 2004.

6. Commissioning Documents

Few commissioning documents were received so it is difficult to draw any general conclusions in relation to them.

In some cases there appeared to be cause for concern that commissioning arrangements were being sought based on an inadequate understanding of independent advocacy for older people. For example, one document said that the Management Committee of the provider needed to be approved by the commissioning manager. Another draft document said that organisations would be required to provide the names of clients when requested for survey purposes.

Some of the organisations taking part did not have formal commissioning documents at all, or had documents that were developed some time ago and were out of date. Commissioning agreements were often very general with little specific reference to advocacy.

However in at least one case the commissioning document was so prescriptive it specified how many clients and contacts could be made each year.

7. Approaches to commissioning

Respondents in the Focus Groups confirmed the impression received from reviewing the small number of commissioning documents.

Commissioning of advocacy services for older people in England was generally felt to be ad hoc and inconsistent, with no discernible common approach either when different areas were compared or indeed with commissioners working across the same area:

- “Funding streams have different commissioning arrangements. We were asked to monitor one project in a way that was not acceptable so we refused to give them what they wanted.”
- “We have three different three-year contracts commissioned by two separate councils. We are trying to get these contracts to tally.”
- “There is a common lack of approach. Even within the same local authority area there is no consistency.”
- “It would be very difficult to get a common approach from the council, acute trust and primary care trust in our area.”
- “In our area the council and health trust are going into shared approaches for commissioning advocacy but in the past they have done this quite independently.”

8. Impact on Meeting the Needs of Older People

Processes of commissioning and monitoring often appeared to be onerous, taking up resources that could more effectively be utilised in working with older people:

- “It can take up a lot of time and be very demanding. This restricts the amount of time that can be spent with clients.”

Commissioning sometimes appeared to restrict the work that could be carried out in a way that was not helpful to older people:

- “We cannot work with people who are self-funded in their care homes, only those who have been placed there by the council. We are told to refer these clients but who do you refer them to?”
- “Sometimes there is a loss of flexibility and ability to respond to people’s needs.”

The insecure status of funding in many cases meant that providers were concerned they would be unable to meet existing need:

- “There is no safety net for the clients if our funding ends. This needs to be thought out.”

In some cases providers accepted conditions that they did not think suitable in order that they could continue to meet the needs of older people as much as possible:

- “There is pressure on us to accept something just to keep the door open.”
- “Sometimes we take on additional work as a goodwill gesture for the funders.”

Potentially, commissioning can be very helpful. One commissioner helped a small project by talking through the whole process and being

supportive. Done right, good commissioning could be hugely important to meeting the needs of older people:

- “Commissioning helps us to help the people we work with. If they didn’t give us the money we couldn’t do the work.”
- “Sometimes the fact of having been ‘commissioned’ to provide a service can be helpful – ‘this is what we are here for and you can’t prevent us from doing it’ ”.

Where commissioners had worked with providers to establish an informed approach, monitoring requirements became much easier to fulfil.

9. Conclusion

In interpreting the research findings it needs to be borne in mind that the intention was to carry out a small-scale piece of work that could function as a springboard to a more detailed investigation. It will be important for any future development to ensure that the views of commissioners – as well as commissioned – are sought. Inevitably this short report is rather unilateral.

But the research findings as they stand provide strong evidence that the lack of a common framework for commissioning advocacy for older people has a negative impact on the work of providers. Local commissioning relationships appear to be very inconsistent and to take up a great deal of time and energy that could be better employed in meeting the needs of older people.

If this is typical then it could well be very difficult for new provision to be established in the many areas where older people's advocacy does not exist at present. Levels of understanding of independent advocacy by commissioners and related staff appear to be shaky at best and this has an impact on their ability to monitor and foster good practice.

The research findings strongly suggest that **the development of a National Commissioning Framework for Advocacy with Older People may be helpful in providing a context in which commissioning should take place.**

At the very least, the process of **developing such a Framework** could be hugely important in **establishing a dialogue and shared understanding between commissioners of advocacy services for older people and those whom they commission.**

There is some evidence from the Focus Groups that when commissioners and commissioned learn from one another this can make a big difference to the effectiveness of the service and hence to obtaining positive outcomes for older people.

Appendix: Focus Group Attendance

Advocacy for Older People in Greenwich

Age Concern Camden

Age Concern Essex

Age Concern Manchester

Age Concern Northants

All-Age Dementia Advocacy Project

Citizens Rights for Older People

Indian Senior Citizens Centre

Gaddum Centre

Link-Age Advocacy and Information Project

Longsight/ Moss Side Community Project

Manchester Alliance for Community Care

Rochdale & District MIND

Sefton Pensioners Advocacy Centre

Tameside CAB Advocacy

The Generation Project

Westminster Advocacy Service for Senior Residents