

# National Advocacy Support Programme

## Project Case Studies

An aim of the project concerns gathering relevant information of advocacy for older people and collating advocacy cases. This exercise is to support the advocacy support programme's objective to inform the national debates.

The case studies come from network members of the project and observations made by the project leader. The example of case studies highlights the diversity of advocacy issues:-

### Case highlighting ageism

*A client known to the advocate had recently moved into sheltered accommodation. The client contacted the advocate regarding an issue she had with the decoration of her new flat. The client informed the advocate that she was not happy with the standard of her décor, and as an aside informed the advocate that the workman who had decorated the flat had hit her on the head. The advocate was surprised that the client appeared to be more annoyed about the décor of her flat and not that she had been hit. However after several visits the advocate observed the client's method of conversation involved telling her story from start to end in a protracted manner but consistent with her facts concerning the assault. It appeared that the workman concerned lives in the same sheltered accommodation as the client.*

*At the client's request the advocate contacted the police who supported the client whilst she made her statement at the local police station.*

*The client's statement was given in the same drawn out manner. Whilst the client was making the statement the advocate could not help but notice how the police appeared not to be paying much attention.*

*Following the visit to the police station the client received a prearranged visit from a police woman. The visit from the police woman took only 10 minutes and on leaving the advocate was appalled to notice the police woman approach the alleged perpetrator and heard her inform him of the allegation.*

*The advocate later received a telephone call from the police woman stating that there was no case and therefore no further action would be taken.*

*The advocate was dismayed at the police's response feeling the client had not been taken seriously and leaving the client in vulnerable situation if the allegation was true with the workman living in the same building.*

*The method of how the complaint was handled the advocate felt was unprofessional, the advocate felt that this was due to the age of the client. The advocate involved the older people's community services and again the interview they had with the client lasted only for a short time. The older people's team agreed that no further action was warranted.*

*The advocate made an informal complaint to the Chief Inspector of Police, who instructed a senior police officer to visit the client. The police officer spent a considerable amount of time collecting statements from the client and others. However a decision was made that the client would be an unreliable witness in court proceedings therefore no action could be taken.*

*Although no further action was taken in the case the advocate felt that she had ensured that the client had been listened to by the police.*

### **Lack of knowledge around dementia.**

*Advocate was visiting a resident in care home regarding an issue concerning finances. The client had some communication problems and during an advocacy visit a relative of a one of the residents in the care home informed the advocate that the resident she was advocating for was frequently put into the smoking room.*

*On enquiry about the smoke room the advocate was informed the room was used to put residents in who had behavioural problems. The advocate voiced her concerns at this practise and in particular putting the client into the room that the advocate was supporting.*

*The manager said this was a last resort action rarely implemented but when instigated a carer would observe throughout the duration of the residents stay in the smoke room. However on the advocate's next visit her client was in the smoking room, the advocate remained with the client for over an hour, during which time no carers were observed to check on the client.*

*The advocate immediately approached the manager with these facts; the manager initially denied the allegation but later acknowledged that no carer had observed the client throughout the advocate visit.*

*Due to the advocate's concerns regarding this practise the advocate was informed that the manager had involved a dementia specialist. The specialist allegedly supported the home's policy of placing residents who had behavioural issues in a room apart as a safety measure. This was particularly pertinent to the resident visited by the advocate because the advocate was informed due to her frailty there was a danger of her being pushed over by other residents in the care home.*

*The manager informed the advocate that the action of placing the lady in a room on her own was the only option that could be taken to facilitate the lady remaining in the EMI unit. Although not happy with the outcome the advocate felt she had no option except to accept the specialist response.*

*The advocate felt her only other recourse involved ensuring that the observation rule when residents were placed in the smoking room was rigorously maintained in the care home.*

## **Dilemma concerning best interests**

*An advocate had been involved with a 90year old lady for a long period of time due to the lady's mental health issues. The lady lived alone but had one daughter who lived some distance away therefore having little to do with the daily living of her mother. However whenever questioned by professionals involved with her mother the daughter constantly stated that her mother was fine, although not seeing her mother for long periods of time.*

*The advocate observed how vulnerable the lady was becoming citing examples such as leaving her front door open, having her commode directly by the window thus allowing passers by to see her using the commode. Throughout the advocate's involvement the lady had stressed that she wished to remain living independently. The advocate was becoming extremely concerned for the welfare of the lady, suggesting contacting health professionals but the lady objected.*

*However on the last visit by the advocate the advocate was appalled to see faeces all over the client and around her house. The advocate also discovered there was no food in the house, the advocate felt has an advocate she had to support the client's wish around living independently but recognised the vulnerability of the client.*

*The advocate felt that she was faced with a dilemma, but the lady herself asked the advocate to contact the hospital saying she wanted to go into hospital for the first time agreeing to accept help from others. The request for hospital gave the advocate 'permission' to ensure the client was placed in place of safety. The advocate stated how uneasy she felt about making a best interest decision indeed questioning whether an advocate could, if the advocate was truly representing the person wishes.*

## **Concerns around independence of advocacy within larger organisations from an advocate perspective.**

*An advocate manager highlighted the dilemma around working as an advocates in a larger organisation that offer a particular service. The example given was around working for an organisation offering specific sign posting and practical preventative measures such as smoke alarms.*

*The manager informed that she struggles at times with the fact that she works for a large organisation, concerned that clients expect her to know if for example they haven't got a smoke alarm. The advocate anxious if anything happened because they hadn't got a smoke alarm she might be held accountable.*

*The manager felt that clients referred to the advocacy service are often unable to understand the role of an advocate confusing advocacy with the services offered by the large organisation where the advocate is employed. To alleviate this dilemma to some extent the manager insists that the clients' signs a consent form for every aspect of the referral. For instance to talk to someone on their behalf they would sign a consent form, to access a service they would be asked to sign another consent form. Therefore a client could be asked to sign a large number of consent forms.*

*Although the advocate recognised it was an onerous task asking clients to sign potentially large numbers of consent forms, it alleviated her issue concerning her independence within the organisation.*

## **Validation**

*A lone advocate had been advocating for an Asian older person for a number of months. The advocate had regularly acted as an interpreter on behalf of the client. The advocate recognised that acting as an interpreter was not the role of an advocate but frequently was involved in situations requiring an interpreter. On such occasions the advocate knew that waiting for an interpreter often meant long waiting lists, therefore to speed up the process she interpreted. The advocate also acted as a mediator with the client and his family, when arguments took place.*

*The advocate visited the client a number of times during a week resulting in a particularly trustful partnership. Indeed the advocate was shown by the client where he kept hidden from his family a large amount of money.*

*The client was so happy with the advocate's support he offered the advocate money saying the advocate's support was more than he got from his own family. The advocate explained to the client that an advocate could not accept money but highlighted concerns regarding the client having large amounts of money.*

*The advocate went on annual leave and on return heard that the client had died. The advocate was extremely upset on hearing this news. In fact over the next few weeks the advocate stated how difficult it was to walk past the client's house without getting upset.*

*However the advocate felt that an advocate ought not to have feelings of such sadness. The advocate in this case had managed to form a trusting relationship with the client and clearly needed validation regarding feelings. In this case the advocate was responding to the news of some one's death in a perfectly normal manner but felt unable to show any emotional feelings. After talking through the situation the advocate was able to recognise that feelings were quite normal illustrating how support peer is needed.*

## **Information given to advocate**

*Advocate was involved with a couple in their late 60's who cared for their son who had severe learning disabilities. The couple wanted to ensure that when they were no longer around, the care they gave their son would be maintained. In order to facilitate this they purchased an adjacent flat which they decided they would either move into or preferably have adapted. The local authority would not fund further adaptations having adapted their flat. The advocate involved informed this was normal procedure by local authority due to funding. The advocate ensured that they were in receipt of all their entitlements.*

*When the advocate was due to close the case he informed the couple that there might be chance in the future the local authority could place their son into a care home if it was more cost effective than caring for him living independently. The couple were extremely unhappy with this statement from the advocate in the feedback (all clients are asked to complete with this advocacy organisation) they stated how negative the advocate had been regarding the information he gave.*

*The advocacy organisation's board spoke to the advocate's manager regarding the response, the manager backed the advocate. He highlighted that an advocate is there to access relevant information which he passes on to the client. The manager highlighting that information the advocate has accessed on behalf of a client cannot be withheld.*

## **What is advocacy?**

*A visit to one advocacy project demonstrated there may be quite startling evidence of a lack of understanding of advocacy. During a visit looking at the promotional material concerning the project there was no indication of advocacy, the project's leaflets promoted advice and information. When questioned about this fact the manager informed that advice and information was advocacy.*

*After further discussion where it was highlighted that advice and information was not advocacy the manager replied that in future she would ensure that leaflets etc included the word advocacy. Clearly highlighting little knowledge around advocacy but confirming concerns increasing within the advocacy field around perceptions of advocacy.*

*A visit to an advocacy project within a larger organisation offering other services echoed the lack of understanding of advocacy. The advocate manager informed how it was a constant battle to reinforce advocacy principles with the Chief Executive of the organisation. Frequently the advocate is asked to represent clients who need advice, the advocate regularly stating to the Chief Executive the inappropriateness of the referrals to the advocacy project.*

## **Standard training**

*An advocate manager echoed concerns voiced by many advocacy managers around the new qualification of advocates. The manager feels that the advocacy movement could lose passionate advocates. The manager illustrated this by an example, concerning an advocate presently working on the advocacy project. The advocate in question was particularly passionate and dedicated possessing every quality a good advocate should have, but the advocate had no academic skills and would therefore in all probability be unable to participate in the training.*

*The manager voiced concerns that in the future advocates who have a real passion for advocacy could be lost and advocates will be judged on whether they have gained the qualification. The manager expanded that cost could be an implication resulting in small independent advocacy projects losing out to larger organisations.*

*These larger organisations whose local knowledge would probably be negligible not having the informal contacts those smaller projects possess links within the community.*