opaaluk

Speaking up to Safeguard

Lessons and Findings from the Benchmarking Advocacy and Abuse Project, 2008-09

EXECUTIVE SUMMARY, MAY 2009

Introduction

Between January 2008 and January 2009, the Older People's Advocacy Alliance (OPAAL) and Action on Elder Abuse (AEA) along with seven local independent advocacy schemes for older people and other contributors, agreed to work to:

- Gather data to help understand the impact of advocacy when working with victims of elder abuse
- Learn more about the relationship between advocacy schemes and the Safeguarding Adults teams and processes
- Explore the potential for advocacy schemes to benchmark best practice in working with victims of elder abuse

This report of the Benchmarking Advocacy and Abuse project, written by Andrew Dunning of the Centre for Innovative Ageing at Swansea University, aims to raise awareness, share learning, and support policy and practice development in a crucial area of advocacy.

Definitions of advocacy and abuse

The following definitions were adopted by the steering group of the Benchmarking Advocacy and Abuse project:

- **Advocacy** is: *"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"* (OPAAL).
- **Advocates** undertake two main roles – instrumental and expressive. Instrumental roles are essentially about 'doing' by providing practical support as a representative, spokesperson or appointee. Expressive roles are more concerned with 'being there', listening, enabling and providing emotional support.

- **Abuse** is: *"A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person"* (AEA). AEA identifies the main forms of abuse as physical abuse, psychological abuse, financial abuse, sexual abuse and neglect.

Prevalence of abuse

Whilst elder abuse is recognised as being a social problem, the scale and nature of the issue is still unfolding. O'Keeffe et al (2007) estimated that 227,000 older people in Britain were experiencing neglect or abuse by a person in a position of trust. About 13% of abuse was found to involve care staff, whilst in domestic settings 51% of abuse was by the person's own partner and 49% by other family members. However, AEA and other commentators have suggested that there might be higher levels and different patterns of abuse than suggested by that prevalence survey. A more complete picture is likely to emerge when research findings commissioned by the Department of Health and Comic Relief are published in 2011.

Power, prevention and protection: the need for independent advocacy

Older people have many of the same advocacy needs as people of other age groups. The ageing population is diverse and old age itself does not inevitably equate with vulnerability. But a specific focus on abuse and advocacy for older people might be required due to life events and circumstances including: a decline in physical and mental health, an increase in sensory impairment, changes in living arrangements, isolation and the decline of social networks, a greater need for formal and informal care, and ageism and other forms of discrimination. Older people have themselves expressed a need for independent advocacy to be available as a means of being empowered and safeguarded from abuse.

Developments in legislation, policy and practice

In the last decade, there has been a plethora of relevant legislative and policy developments regarding human rights and equalities, criminal justice and health and social care. The *Putting People First* agenda, including the advent of personalisation, brings significant opportunities and challenges for work on safeguarding adults, and for the independent representation and protection that advocacy can help to provide. Throughout the current review of *No Secrets* (the Department of Health's guidance on the protection of vulnerable adults) there have been calls for more effective intervention, greater emphasis on prevention, a more citizenship based approach and stronger underpinning legislation. The Commission for Social Care Inspection (now the Care Quality Commission) has called on councils, care providers and regulators to ensure that there is access to advocacy.

The number of advocacy schemes working for older people rose from around a dozen across the UK in 1993 to at least 150 in England in 2006. Schemes are run as voluntary organisations for older people, organisations of older people and stand-alone bodies. However, despite a wide range of legislative and policy initiatives, and growth in the sector, there is no 'joined up' independent advocacy strategy at national level. Advocacy has only acquired legal status and funding in a narrow range of areas confined to Independent Complaints Advocacy Services, Independent Mental Capacity Advocates, and Independent Mental Health Advocates (ICAS, IMCAs and IMHAs). Many advocacy schemes work with older people who fall outside the relevant criteria for support. Uncertain funding, variable commissioning and capacity issues mean that access to advocates is patchy, and care providers report difficulty in obtaining advocacy for service users. The advocacy movement has called for greater provision and a more comprehensive set of rights to independent advocacy. It has also worked collaboratively with government and others towards policy and practice development, despite grassroots concerns that the essence of advocacy might be lost and of it turning into 'just another service'. The challenge is to ensure that core values and effectiveness of advocacy can be maintained.

Project approach and methods

The project sought to adopt a 'benchmarking' approach, in which the advocacy schemes taking part would work together to help build up a picture of their practice, encourage comparative learning, exchange constructive criticism, and set benchmarks to which they could aspire and by which to measure the quality of their services.

The project steering group comprised OPAAL and AEA, with contributions from Action for Advocacy, the National Institute for Mental Health Excellence (now the National Mental Health Development Unit), and Age Concern England. Seven advocacy schemes (collectively known as the 'benchmarkers') were fully engaged throughout the lifetime of the project: Beth Johnson Foundation Dementia Advocacy Project, Doncaster Advocacy, Older Citizens Advocacy York, Sefton Pensioners Advocacy Group, ENABLE Advocacy (South Yorkshire Centre for Inclusive Living), The Himayat Project (Subco Trust, London Borough of Newham), and Westminster Advocacy Service for Senior Residents.

The project attempted to combine elements of research, practice development, quality management and collaborative learning. Methods included a literature review, data gathering forms, benchmarkers meetings, reflective practice sessions, sharing of advocacy stories, and telephone interviews. Stakeholders have identified a number of limitations in this exploratory project, including the need for greater clarity regarding roles and responsibilities, the complexity of the research process, under-resourcing, and capacity constraints.

Project findings

Data was gathered from a total of 98 cases, and was categorised as either retrospective (relating to casework between May 2007 and April 2008) or current (new cases as from June 2008). Here, findings from retrospective and current data are combined, and expressed as percentages.

- **Age, gender and ethnic origin of advocacy partners:** In the majority (39%) of cases advocacy

partners (service users) were aged 80-89. Almost twice as many women as men had been provided with advocacy support in retrospective cases, but equal numbers of men and women in current cases were receiving support. 12% of advocacy partners were identified as Asian, Black / Black British, Chinese or of other ethnic origin.

- **Referral:** 86% of cases were new referrals, and the referral indicated abuse in 75% of cases. Where abuse was indicated, 75% of referrals were made by social services staff who were not part of Safeguarding Adults, 16% by Safeguarding Adults staff, 10% by hospital based NHS staff, 6% by family members, 5% by GP or primary care based NHS staff, 2% by private sector service providers and 1% by voluntary sector providers. Where abuse was not indicated in the referral, it was subsequently identified by the advocate in 25% of cases, by the older person themselves in 27% of cases, and by someone else (usually care professionals) in 50% of cases. At the point of referral, advocacy schemes were made aware of whether there had been a professional assessment of the person's capacity in 38% of cases, but were unaware in 61% of cases. Independent Mental Capacity Advocates (IMCAs) were involved in 36% of current cases. The relationship between the advocacy scheme and Safeguarding Adults, as well as statutory health and social services more generally, was seen to directly affect the quantity and quality of referrals.

- **Types of abuse experienced:** Financial abuse was experienced by advocacy partners (service users) in 38% of cases, psychological abuse in 28% of cases, neglect in 15% of cases, physical abuse in 14% of cases, and sexual abuse in 2% of cases. Examples show that, in some cases, older people paid large amounts of money to their abusers, that they were verbally bullied and threatened or forced to eat, were left without necessary assistance for their personal care or hygiene, had been pushed to the floor or physically assaulted, and raped or subjected to other non-consensual physical or sexual contact. In some cases, older people experienced more than one kind of abuse. The benchmarkers emphasised the importance of clarity of definition for abuse, and for its nature to be more widely recognised by the public and professionals, as well as by advocates and older people themselves.

- **Goals of advocacy intervention:** Brief accounts of the goals of the intervention (as identified by both the advocate and the advocacy partner) were provided. These 'goal setting statements' were divided into two categories (abuse-focused and non-abuse focused) and cross referenced according to whether they related to the instrumental ('doing') or expressive ('being') roles of advocacy. There was evidence that both instrumental and expressive approaches had been adopted within the goals set.

- **Advocacy in practice:** Having identified intervention goals, benchmarkers reported on how advocates intended to pursue them, using a set of pre-defined categories. 19% of advocates intended to pursue identified goals by making an alert to Safeguarding Adults, 11% by supporting the person without involving local Safeguarding Adults, 31% by representing the person during the multi-agency Safeguarding Adults procedure, 18% by maintaining a 'watching brief', 12% by providing the person with information about rights and choices, and 7% by referring on elsewhere. Accounts of advocacy practice during the project demonstrate the painstaking expressive practice that can enable a person who has been abused to find a voice, and the skill and speed which enables effective instrumental or representational work. There was evidence of increasingly developed relationships with Safeguarding teams and systems (although concerns were raised about length of time and lack of feedback), and most benchmarkers believed that remaining 'one step removed' from the formal Safeguarding structure helped to maintain independent and effective representation. Benchmarkers highlighted the need for good supervision (and the value of reflective practice) in dealing with the ethical, emotional and practical issues confronting advocates working with abuse.

- **The outcomes of advocacy intervention:** The goals identified by the advocacy partner were reported as having been fully achieved in 36% of cases, partially achieved in 36% of cases, and not achieved in 13% of cases (no response was given in 15% of cases). The goals identified by the advocate were reported as having been fully achieved in 56% of cases, partially achieved in 41% of cases, and not achieved in 2% of cases. In the judgement of the advocacy schemes, the abuse had been stopped in 46% of cases, reduced in 11% of cases, prevented in 17% of cases, had not been substantiated in 19% of cases, and was ongoing in 6% of cases. 44% of older people reported being fully satisfied with the advocacy support they received, 24% were partially satisfied, and one older person was not satisfied (responses were not identified in 30% of cases). 42% of older people considered that they had been informed during the process, 31% that they had

been empowered, and 19% that they had been involved. Benchmarkers expressed concerns that a linear 'contract-process-outcomes' model might be too mechanistic and miss the more expressive ('being') elements of the advocacy relationship; other methods, such as the use of advocacy stories, were felt to have a potential place in validating outcomes.

Conclusions

The findings of the Benchmarking Advocacy and Abuse project clearly demonstrate that advocacy can play a crucial role in prevention of and protection from abuse by supporting an older person to secure or exercise their rights, choices and interests.

- Despite positive acknowledgement of the role and value of advocacy in official policy documents, provision of services on the ground remains patchy, fragile and under-resourced.

- The advent of a new government agenda to transform public services and promote personalised care, and the review of *No Secrets,* bring new opportunities – and challenges – for independent advocacy in safeguarding older people.

- The volume, source and quality of referrals for advocacy depend on public and professional awareness of the role of advocacy, as well as the relationships and credibility developed by advocacy schemes themselves.

- For the most part, relationships between advocacy schemes and Safeguarding Adults teams are not yet as close as they should be in order to best meet the needs of older people.

- The benchmarking element of the project showed some potential – but was partial in its application. Generating a set of benchmarks was unrealistic given the size of the sample and the diversity of organisations represented. But the project has identified some areas in which benchmarks might be feasible (and helpful regarding the advocacy response to the abuse of older people), including referral procedures, confidentiality, decision-making and supervision.

- There is a need for ongoing work to complement current initiatives in the field (such as the Lost in Translation project on advocacy outcomes being undertaken by Action for Advocacy). OPAAL could look to its parallel projects (such as the OPAAL user engagement initiative) to explore reflections, stories and benchmarks which incorporate the views of advocates and older people.

Recommended next steps

- A substantive project to benchmark specific areas of the work of advocacy schemes identified in this exploratory project.

- A further discrete initiative on the development of best practice and protocols between Safeguarding systems and advocacy schemes.

- A project to develop an advocacy-friendly toolkit or resource pack on reflective practice, with materials suitable for advocates, advocacy managers and supervisors.

- OPAAL and national and local partners should continue to promote the critical role of independent advocacy as a means of empowering and safeguarding citizens in the post *No Secrets*, personalised services era. 'Advocating for advocacy' must continue in the field of elder abuse – and more widely.

Older People's Advocacy Alliance (OPAAL) UK
Parkfield House, 64 Princes Road, Hartshill, Stoke-on-Trent ST4 7JL
Tel: 01782 844 036 Email: kathryn.parson@btinternet.com
www.opaal.org.uk

Registered charity number 1090182

Further copies of this executive summary, and of the full report: *Speaking up to Safeguard: Lessons and findings from the Benchmarking Advocacy and Abuse Project, 2008-09* can be downloaded at **www.opaal.org.uk**

LOTTERY FUNDED

The Big Lottery funded OPAAL to work with advocacy schemes to explore the nature of their work with abused older people.

FORSTER
FORCHANGE

The production of this publication was funded by **Forster**, the social change communications consultancy. **www.forster.co.uk**