

Valuing Advocacy

Why advocacy with older people ought to be valued

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Contents

1. Introduction	2
2. Methodology	3
3. Context	5
4. Findings	9
4.1 Introduction	9
4.2 Understanding what advocacy does	10
4.3 Importance of independence	11
4.4 Helping those who have difficulty representing their interests	14
4.5 Helping older people to exercise their rights	15
4.6 Helping older people to express their views and make informed choices	16
4.7 Putting the interests of older people first	19
4.8 Challenging injustice	20
4.9 Challenging abuse and safeguarding adults	22
4.10 Promoting more effective and responsive services	24
5. Conclusion	25
List of Interviewees	28

1. Introduction

Manchester Advocacy Collaboration was established in July 2009 to provide a stronger and more coherent voice for advocacy providers across the city. Membership of the Collaboration consisted of the African Caribbean Care Group, the Generation Project, the Indian Senior Citizens Centre, Link-Age, and LMCP Care Link (formerly the Longsight/ Moss Side Community Project). The Collaboration was facilitated and supported by Manchester Alliance for Community Care.

The development of the Advocacy Collaboration initially came about in response to the Government's Modernisation Fund – a £16.5 million programme to help voluntary organisations to weather the impact of the economic downturn. The Fund offered the opportunity for eligible organisations to apply for small bursaries to purchase two days of consultancy support to plan a collaborative approach.

The Collaboration was successful in this bid, which resulted in a report proposing two further projects: firstly, a research project to review and summarise existing evidence on the value and impact of advocacy; and secondly, a short training and development project for staff and trustees of the individual organisations.¹ Further funding was obtained from the Modernisation Fund in February 2010 to carry out these two tasks, which needed to be completed early in April.

Get Heard Consultancy was commissioned to carry out the research project. This report represents our findings from a review of relevant literature and interviews with Advocacy Collaboration members.

¹ Mellor & Lawrie Management, "Advocacy in Manchester: Potential for Collaboration", September 2009.

2. Methodology

It was agreed that the research would focus on the value of one-to-one advocacy specifically for *older people* and would draw upon the experiences of advocacy providers in Manchester as well as the wider policy and research framework. The methodology was chosen to reflect these requirements whilst permitting the completion of the project within the tight timescale, and comprised a literature review together with fieldwork using qualitative techniques to elicit the views of advocacy providers.

Little formal literature exists on advocacy for older people.² However, in practice a considerable amount of relevant literature was known to the author through previous work in Manchester and in the field of older people's advocacy. Organisations such as the Joseph Rowntree Foundation and particularly the Older People's Advocacy Alliance (OPAAL) provided a useful source of material. These sources were augmented through discussion with members of the Advocacy Collaboration and through following the reference trail of recent publications. The literature review focused on research produced during the last decade.

A semi-structured interview schedule was devised using a mixture of open and closed questions to gather information from five Advocacy Collaboration members. All interviews took place in Manchester during the second half of February 2010. Interviews were digitally recorded to ensure accuracy with the permission of interviewees. Where recording did not take place handwritten notes were instead produced during the interview. All notes were then typed and a copy forwarded to each interviewee.

² Peter Scourfield, "A Commentary on the Emerging Literature on Advocacy for Older People", *Quality In Ageing*, December 2007.

Some members of the Advocacy Collaboration felt that it would be of benefit to better understand how advocacy in Manchester compared to that in other areas. Accordingly we carried out a depth interview with the chief officer of one of the best developed advocacy schemes in the region, Sefton Pensioners Advocacy Centre. A further depth interview was held with a representative of Manchester Alliance for Community Care, which had played an important role in supporting and developing advocacy projects in Manchester itself.

The interviews were utilised to inform our understanding of the advocacy context as well as to enhance the findings of the literature review.

3. Context

Manchester has an older population of approximately 59.8 thousand older people, which is expected to increase to 61.5 thousand by 2016.³ Though the overall increase is relatively modest in comparison to some areas of the UK, it is noteworthy that numbers of those aged 85 or over are increasing much more rapidly. For example, the over 85 population increased by 9.1%, from 6,700 to 7,300, between 2001 and 2007, and is projected to continue to rise sharply.

Table 1 summarises basic information about the main advocacy providers for older people in Manchester:

Project	Area Covered	Client Group
Age Concern Manchester	Manchester	Residential & Nursing Homes
African Caribbean Care Group	Manchester	African Caribbean
Generation Project	East Manchester	General
Indian Senior Citizens Centre	Manchester	Indian
Link-Age	North Manchester	General
LMCP Care Link	Manchester	South Asian

We can see from the Table that there are a number of different providers working with older people in general and with specific groups, such as Indian Senior Citizens. Discussion with members of the Advocacy Collaboration indicated that staffing resources for advocacy are often very small – ranging from one half-time advocacy post (African Caribbean Care Group) to two full-time posts (e.g. The Generation Project). All the projects exist in a climate of

³ Manchester City Council and NHS Manchester, “Manchester Joint Strategic Needs Assessment 2008 – 2013”, 2008, Chapter 3.

uncertainty about future funding. As one Advocacy Collaboration member commented, “*We struggle all the time for funding.*”

Advocacy provision for older people in Manchester has benefited greatly from a scheme called Partnerships for Older People Projects (POPPs). In 2006 Manchester was successful in obtaining £2.6 million from the Department of Health's POPPs fund, which put emphasis on preventative work with older people – services that prevent or delay the need for more intensive services by tackling lower-level needs. The POPPs scheme in Manchester contained a capacity-building strand aimed at improving the sustainability of advocacy projects and other voluntary and community sector organisations delivering services. Members of the Advocacy Collaboration found the POPPS scheme helpful in drawing attention to the need for data collection to improve monitoring and evaluation and to make a more cogent business case to commissioners and service providers. In addition several of the Collaboration partners received some direct funding through the POPPs investment fund.

It is noteworthy that existing advocacy services in Manchester do not provide complete coverage across the city. Services are funded either to work with specific client groups or by geographical area so that advocacy in Manchester is not always available to any older person who needs it. This is why one interviewee argued, “*Advocacy is not as well developed as it should be in the city*”.

It is known that older people’s advocacy services are patchy throughout the English Regions, though the North West generally has better availability of advocacy services than might be expected in comparison to other regions.⁴ The Case Study below illustrates how it is possible to combine elements of specialised advocacy with a general advocacy service that is universally available across an area.

⁴ Gary Kitchen, “Mapping Older People’s Advocacy in the English Regions”, *OPAAL*, 2006.

Case Study: Sefton Pensioners Advocacy Centre (SPAC)

Sefton Pensioners Advocacy Centre (SPAC) was established in 1995 by local older people to provide support to those aged 60 and over to get their voices heard. The charity has developed in response to local need and now provides free, independent and confidential advocacy services throughout the borough. Sefton has an older population of nearly 70,000 people, or just under a quarter of local residents.

SPAC has a general advocacy service with up to fifteen volunteer advocates supported by a paid generalist advocate and volunteer coordinator. More specialised support is provided by two full-time advocates working with those with dementia; an advocate with expertise working with clients in nursing or care homes; and a long-standing project working with older people suffering from functional mental health problems such as depression (currently seeking renewed funding).

A new pilot project provides a Housing Advocacy Worker specialising in housing-related matters, though all advocates are able to discuss basic options with clients. In addition SPAC encourages self-advocacy through a thriving Older People's Forum with a database of 1,250 people.

Core funding is provided by the local PCT, but SPAC is also strongly supported by Sefton Council and a range of charitable trusts such as Comic Relief and the Tudor Trust. SPAC now deals with over 3,600 telephone enquiries per year and provides one-to-one advocacy to over 500 service users.

Manchester has recently developed a comprehensive strategy for ageing which aims to address a number of key themes affecting older people and transform the area into an "*age-friendly city*". The strategy has five key objectives:

- Create better neighbourhoods for older people
- Increase the income and employment of older people
- Increase older people's participation in cultural and learning activities
- Improve the health of older people

- Improve care and support for older people.

The strategy recognised that a number of themes run across each of the objectives:

- Promoting equality
- Improving relationships
- Improving engagement.

The strategy clearly states an important aspiration to, "*Ensure that patients and users of social care can access advocacy services from a range of agencies in the independent and voluntary sectors*".⁵

⁵ Manchester City Council, "Manchester: A Great Place to Grow Older (Manchester's Strategy for Ageing 2010-20)", October 2009, p.63.

4. Findings

4.1 Introduction

In this section we report our findings concerning the value of advocacy, derived from the literature and from interviews with advocacy providers. Discussion of the value of advocacy needs to acknowledge that there is no standard method of collecting statistical or other evidence to demonstrate its effectiveness, either nationally or locally.⁶ According to one interviewee, *“It would be hard to achieve common standards because there are different ways of working across the projects... each of us could probably disagree with the others about the way we do things”*. To a large extent therefore we need to look at advocacy’s own definition of what it does, at its rationale and its own values, to understand why it is valuable to older people themselves.

⁶ Jackie Robinson “Advocacy – who cares for older people?” *OPAAL*, 2006, p.21.

4.2 What advocacy does

There are a number of different definitions of advocacy in use both nationally and locally. One particularly useful definition of what advocacy *does* emerges from the work of the Older People's Advocacy Alliance: "*Independent advocacy supports and enables people who have difficulty representing their interests, to exercise their rights, express their views, explore and make informed choices. Independent advocacy supports the person regardless of the demands and concerns of other people and bodies. It challenges the causes and effects of injustice, oppression and abuse, and upholds human rights.*"⁷

We can see from this definition that advocacy is likely to have a number of benefits for older people:

- Independence from service provision
- Helps those who have difficulty representing their interests
- Helps older people exercise their rights
- Helps older people to express their views and make informed choices
- Puts the interests of the older person first
- Challenges injustice
- Challenges abuse and oppression

It is primarily through its benefits to older people that advocacy is valuable, so we will explore these benefits in more detail in the following sections.

⁷ OPAAL, "Newsletter", December 2009, p.8.

4.3 Independence

It is clear from the definition of what advocacy does that the notion of *independence* is fundamental to its value. The independence of the voluntary sector in general is highly prized, though sometimes difficult to maintain.⁸ The Baring Foundation has argued that, "*Independence gives voluntary organisations the freedom to challenge, to be a channel for dissent and a platform for influence often in the face of statutory indifference, and in some cases active resistance.*"⁹

But independence has a particular importance for advocacy projects. One member of the Collaboration remarked, "*We are independent and we can listen to people and make sure that they are not lost in the system.*" In getting the voices of older people heard, it is crucial that advocates can stand apart from the interests of the "system" and focus on what the older person wants.

Interviews with older people who have used advocacy services have confirmed that the perception of independence was vital: "*A motivating factor for older people needing advocacy was that of the independence of the service they sought.*"¹⁰ In another piece of research an older participant stated that, "*Independence is really crucial for the most vulnerable. That is because reluctance to ask for something or even complain is inversely proportionate to helplessness.*"¹¹

⁸ Gary Kitchen, "Commissioning Advocacy for Older People: A Common Lack of Approach?" *OPAAL*, 2007, p.31.

⁹ Matthew Smerdon, "Rights with Meaning", *Baring Foundation*, October 2009.

¹⁰ Mel Wright, "A Voice that Wasn't Speaking", *OPAAL*, 2006, p.8.

¹¹ Andrew Dunning, "Information, Advice and Advocacy for Older People: Defining and Developing Services", *Joseph Rowntree Foundation*, 2005, p.31.

Case Study: Need for Independent Advocacy

Miss X is a 69-year-old woman in Manchester receiving a care package organised by social services. She felt anxious and frustrated because basic communication between the providers of care and commissioners appeared to have broken down. Miss X felt that people were "telling me what to do" and not following up on promises that had been made to help her (e.g. escorted visits to her brother in a nursing home).

The advocate helped bring the concerns of Miss X to the attention of her social worker. In a subsequent meeting the advocate supported Miss X and emphasised the importance of agencies consulting her about decisions made affecting her. It was agreed that Miss X's concerns would be addressed and regular review meetings would be scheduled, with the advocate maintaining a watching brief to ensure the situation continued to improve.

It is an important aspect of independent advocacy that issues are defined by service users; the advocate should not be restricted to working on just those issues or tasks that commissioners consider to be important. The reason for this is that, "*Problems and crises in the lives of older people do not fall into neat, service-defined, pigeonholes.*"¹² As one interviewee remarked, "*We provide a generalist service. You don't need to have an additional issue. We are trying to make sure that people don't fall through the cracks.*"

¹² Neil Mapes, "Volunteer Advocacy with Older People who lack Mental Capacity", *Working with Older People*, March 2009.

4.4 Helping those who have difficulty representing their interests

Why might an older person need help to represent their own interests? Simply being older or retired will not necessarily mean that someone will need advocacy to get their voice heard. Many older people continue to occupy positions of power and influence, such as sitting on trustee boards, and may actually be more adept than younger people at expressing their views.

Where older people do have difficulty representing their interests, there will often be a specific reason for this, such as a functional or organic mental health problem. One member of the Collaborative commented, "*Advocacy is especially beneficial if people have short term memory loss or Alzheimer's.*" Conditions such as depression or dementia can make it difficult for older people to get their voices and wishes heard.

In some cases this can be so severe that a person may be diagnosed as lacking capacity to make certain kinds of important decisions. Each local authority area now has an Independent Mental Health Advocacy (IMCA) service as a consequence of the Mental Capacity Act. This is one of the few situations in which a legal right to a limited amount of advocacy exists, so long as no appropriate friend or family member is available to consult about the decision in question.¹³

But very often older people may have a clear need for advocacy without satisfying the onerous requirements for limited statutory advocacy. There is now a well-established network of independent advocacy projects working to support older people with dementia, for example. Other projects focus on mental health problems such as depression, which are not always fully recognised or adequately treated by medical professionals.

¹³ Teresa Gorczynska, "The First Legal Right to Advocacy", *Working with Older People*, March 2007.

These conditions may put sufferers at a huge disadvantage in representing their interests. But it is also common to find that older people find representing their interests much more difficult as a result of certain situations, such as being in residential or nursing care or hospital settings. One member of the Collaboration said, "*We are trying to help older people to have a choice and to say what they want. In a hospital setting, you often find that older people just do what they are told to do*".

Interviews with members of the Advocacy Collaboration indicated that older people sometimes had difficulty in representing their interests because of linguistic or cultural barriers between themselves and the providers of services. Advocacy can enable older people to "*access services that are culturally appropriate*". Another interviewee said, "*Black people and elderly people in general have problems of access – to health care, to GPs, to other services. We feel that advocacy helps to alleviate these problems, in part by teaching people skills of access.*"

4.5 Helping older people exercise their rights

At a fundamental level, advocacy is underpinned by the perception that supporting older people to get their voices heard is not just desirable but a fundamental part of helping them secure their rights to citizenship. Dunning has argued that, "*The need for information, advice and advocacy services is not confined to concerns about health and social care or pensions and welfare benefits. It is also concerned with wider aspects of citizenship, including lifelong learning, leisure and employment opportunities.*"¹⁴ Indeed many advocacy projects describe themselves either in their title or their activities as practising "citizen advocacy".

Not only does advocacy help older people to obtain their rights to have their voice heard and to live their life in their own way, it recognises that new rights may be needed to ensure full citizenship, in particular the right to advocacy in certain situations. This is why there are "*growing calls to extend advocacy rights to older people living in residential care*".¹⁵ Meanwhile OPAAL UK has argued for the best part of a decade that there should be a right to advocacy in a number of situations, such as at the point of being discharged from hospital. There seemed to be little doubt that, as one interviewee put it, "*Advocacy enables people to find out more about their rights and entitlements.*"

Advocacy has a role to play wherever decisions are taken supposedly in the best interests of older people but without actually taking their needs and wishes into account. One paper argues that advocacy is valuable in helping to introduce ethical checks and balances into situations where this kind of "paternalism" would otherwise not be tackled: "*Paternalism acting under the guise of beneficence is fraught with difficulties, and can lead to the assumption*

¹⁴ Andrew Dunning, "Information, Advice and Advocacy for Older People," p.2.

¹⁵ Peter Scourfield, "Helping Older People in Residential Care Remain Full Citizens", *British Journal of Social Work*, 27: 2007.

that patients are incapable of making decisions about their treatment and that they should not be involved in such decisions.”¹⁶

¹⁶ Philip F Thomas and Patrick Bracken, “The Value of Advocacy: Putting Ethics into Practice”, *Psychiatric Bulletin*, 23: 1999, p.328.

4.6 Helping older people express their views and make informed choices

Though advocacy is underpinned by ideas of rights and citizenship, on a day to day basis much of the work will consist of helping older people get across their point of view and to understand the choices they may have. An interviewee explained, *“We are helping people not to feel alone and to have a voice in the system. We are trying to take away that anxiety and stress which can affect a person’s quality of life and even their health as well”*.

Advocacy cannot guarantee that the outcome of the process will be exactly what is desired by the older person, since often this will be outside the final control of the advocate. But by working in partnership there is a better chance that the eventual outcome will have taken the client’s views into account.

Case Study: Helping older people express their views and make choices

Miss C had a serious stroke in her late sixties which left her paralysed from the waist down and also affected her upper arm movement. Therapists were adamant that Miss C should be placed in residential care for her own safety. Miss C told the advocate she strongly wished to return home. She realised she would need extra support and would be happy to accept this.

However in case conferences – where Miss C was not present – the Manchester hospital insisted she was not competent to make the decision herself. Supported by the advocate, Miss C agreed to move out of hospital into intermediate care for 6 weeks. There were no costs involved for Miss C and this arrangement gave her space and time to prepare to go home. At the end of the six weeks Miss C returned home with a suitable care package and it was reported to the advocate that she was doing well.

Older people may simply be diffident in the face of officialdom and not be able to put their point of view forward. An interviewee commented, *“Sometimes people lack confidence in dealing with professionals.”* This can lead to difficulty

in articulating a point of view, which can have serious consequences in situations where an older person's needs may be being evaluated. The advocate can help in a range of situations – for example by *“sitting in on formal social services assessments and advocating on behalf of the service user to ensure all the issues are picked up”*.

4.7 Putting the interests of the older person first

Advocacy schemes may be, and often will be, funded by statutory agencies, but this does not mean the interests of such agencies should come before those of the individual client. Indeed, it is vitally important that advocates are not seen to be acting in the interests of any outside body or service provider. However, advocates are not simply neutral brokers, balancing the interests of statutory providers against the needs and wishes of the client. Not only are advocates aiming to be independent of service providers, they are actively seeking to promote the needs and wishes of their client. Indeed, the “*first duty of an advocate is to the person they are working with*”.¹⁷

The advocate therefore strives to put the interests of the older person first. Often advocacy projects will have emerged directly from a desire to help older people have their rightful say in issues affecting them. Several members of the Advocacy Collaboration developed in this way. For example, Link Age was borne from the work of the North Manchester Pensioners’ Association. The advocacy work of the Generation Project came about when “*local people asked for our support to stay in their own homes.*”

It is regrettable, but perhaps inevitable, that putting the interests of older people first may occasionally bring advocacy providers into conflict with outside agencies, including statutory bodies providing funding. This can easily lead to misunderstanding of what advocacy providers are trying to achieve. One participant in a focus group to explore commissioning advocacy services for older people said: “*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.*”

¹⁷ Age Concern England, "A Framework for Advocacy: A Practical Guide to Providing Advocacy for Older People", *Age Concern England*, June 2006, p.22.

4.8 Challenging injustice

It is recognised that older people face a specific set of barriers to having their views and wishes taken seriously, quite apart from any disability or impairment, as a result of widespread age discrimination. One of the key reasons why advocacy is valuable is that it works to counter these ill-effects.

The impact of ageism is often felt most strongly where older people are most vulnerable. For example, the National Service Framework (NSF) for Older People was launched in 2001 based on the recognition of widespread age discrimination in the health and social care system. Though the NSF pledged to “*root out*” age discrimination, a later Audit Commission report concluded that, “*there is still evidence of ageism across all services.*”¹⁸

A recent report from Age UK argued that older people “*are still seen as second-class citizens*”.¹⁹ According to a survey carried out in Manchester, nearly one fifth of retired people said they had experienced age discrimination in the previous year.²⁰ Advocacy schemes in Manchester and elsewhere recognise the existence of age discrimination and seek to tackle this by working with older people themselves to ensure their voices get heard in decisions affecting them.

Older people may experience injustice for other reasons too. For example, it has been recognised in Manchester’s strategy for ageing that, “*Black and minority ethnic elders face barriers in accessing the right health and social care*”. An interviewee stated that, “*Advocacy can give older people better access to GPs and treatments and hospitals. Our experience is that even when people get access to a GP, the treatment is poor, because the GP doesn’t*

¹⁸ Audit Commission, “Living Well in Later Life: A Review of Progress against the National Service Framework for Older People”, *Audit Commission*, March 2006, p.7.

¹⁹ Age UK, “Our Power is Our Number: Using Our Voice, Using Our Votes, Being Heard”, *Age UK*, February 2010, p.5.

²⁰ “Manchester: A Great Place to Grow Older”, p.28.

understand them or they don't understand the GP; or because they are a minority group, people don't pay attention to what they are saying."

4.9 Challenging abuse and safeguarding adults

There is growing recognition of the value of advocacy in preventing and detecting abuse of vulnerable older people and supporting them during subsequent safeguarding investigations.²¹ Indeed it has been suggested that, *“Recent changes in the delivery of care mean that advocates find themselves countering neglect as much as they once challenged authority.”*²²

A great deal of work has been done in Manchester by members of the Advocacy Collaboration to demonstrate the potential impact of advocacy in this field. Collaboration with Manchester City Council has resulted in the production of a guide to appropriate advocacy standards for cases involving safeguarding.²³ The Case Study below demonstrates the importance of advocacy services in providing early warning of abuse as well as highlighting areas for improvement in investigation procedures.

Case Study: Abuse and Safeguarding

Mrs H is a disabled woman in her mid-sixties who had been unable to leave her Manchester flat for several months. She relied on paid carers attending to her personal needs on a daily basis and established a good relationship with one carer, who invited her for meals and stayovers. Having felt vulnerable and isolated for such a long time, she accepted.

The advocate had been in contact with Mrs H to support her with a review of her care package. It emerged that Mrs H had been detained at the carer’s house against her will and had money coerced from her. The advocate alerted the local authority to the situation under guidelines for the Protection of Vulnerable Adults (POVA).

²¹ Andrew Dunning, “Speaking up to Safeguard”, *OPAAL*, May 2009.

²² Miles J, “Independent Advocacy with Older People: What will be the Impact of Personalisation?” *Working with Older People*, June 2009, p.29.

²³ Manchester City Council, “Manchester Multi-Agency Safeguarding Adults: How to Achieve Good Advocacy Standards”, April 2009.

The case raised a number of issues concerning the POVA investigation process. Mrs H desired the continued involvement of the advocate during any official interviews that would take place, but in practice this did not happen. Subsequent POVA investigation appointments were made without notifying the advocate, including a visit from the police which Mrs H found frightening and unexpected.

The advocacy project argued that in future attention needed to be given to keeping vulnerable clients informed and supported throughout the POVA process.

It has also been recognised that the goal of increasing advocacy provision in Manchester is important as a means of supporting vulnerable adults. There now appears to be a commitment by Adult Social Care that there should be a *“comprehensive and citywide advocacy service, accessible to all customers.”*²⁴

²⁴ Manchester City Council, “Safeguarding Adults – Advocacy For Social Care Service Users” (Report to Health and Well-Being Overview and Scrutiny Committee), 8 January 2009, Section 3.2.

4.10 Promoting more effective and responsive services

So far we have focused on the benefits of advocacy for older people themselves. But it should also be clear that advocacy has benefits for the statutory sector too.

Everywhere we look, statutory agencies tell us they want to shape services around the needs and wishes of the client. The NHS says it wants to redesign services around the needs of the patient.²⁵ The latest thinking in the social care industry aims to put people first, shaping services around their needs and wishes so they are user-led rather than service-led.²⁶ These are the very values and ideals that advocacy with older people has been seeking to promote from the very earliest days of the movement.

Advocacy organisations in Manchester believe strongly that their work contributes to the effectiveness and responsiveness of statutory services. By providing intelligence and feedback, advocates can help to ensure that the voice of service users is heard and acted upon by agencies providing services. One interviewee explained, “*The project works with service users but also on their behalf, by serving on strategy and policy groups to share their understanding of service users’ needs with commissioners and providers.*”

In the previous section we have seen how advocates are in a good position to draw attention to areas for improvement in the operation of health and social care systems. As well as showing where systems are not working as well as they should, advocates can identify obstacles that hinder people from accessing services and gaps in provision. But more than this, advocacy strives to build the capacity of individual and communities to solve their own problems, thus reducing the need for statutory intervention. One interviewee explained, “*We are trying to give our service users the skills to help themselves.*”

²⁵ Department of Health, “The NHS Plan (Summary)”, *Department of Health*, July 2000, p.4.

²⁶ SCIE, “Personalisation Briefing: Implications for Advocacy Workers”, *SCIE*, August 2009.

5. Conclusion

This report has tried to demonstrate the value and impact of advocacy by describing its benefits to older people – helping those who have difficulty representing their interests, helping older people exercise their rights, helping older people express their views and make informed choices, and challenging injustice, abuse and oppression. In our view, understanding the value of advocacy must be based on having a clear idea of what advocacy is attempting to achieve. Only then can we understand why concepts such as independence and ideas such as putting older people first are of such great importance.

This report was finalised during a General Election in which the votes of older people will have played an enormous part.²⁷ Advocacy is a little bit like helping someone vote in an election. What matters to successful advocacy is getting the client to the polling booth and making sure no obstacles are in their path to prevent them exercising their vote. The idea is that people have a right to get their views heard and that sometimes they need assistance to achieve this. The advocate has no particular interest in getting the client to vote one way or another. What matters is what the client wants. But if the client's preferred candidate happens to lose the election, this does not mean that the advocate has failed. The democratic process of being able to take up the right to vote is important in itself.

This somewhat contrived example is intended to illustrate the potential impact of advocacy in the promotion of citizenship, inclusion and equality. Advocacy believes that getting the voice of older people heard in decisions affecting them is valuable in itself, combating the negative effects of age discrimination and paternalism and supporting those for whom representing their views is difficult.

²⁷ Age UK, "Our Power is Our Number".

It would be wrong to judge advocacy solely by whether or not the client had achieved the desired goal, since this will not generally be within the advocate's gift to achieve. And in fact it seems to be recognised that the support provided by advocacy may be regarded positively even where the desired outcome has not been achieved.²⁸

However, the example cannot be stretched too far. It is certainly not the case that advocacy is only interested in processes not outcomes. Outcomes are also important to advocacy – otherwise it would not be making a difference. The key outcome is that people have had their say, but we know also that advocacy frequently has concrete practical outcomes too. Often the work of the advocate will boil down to helping the client espouse their own point of view, not simply accepting what is on offer. By helping the client to get their voice heard the advocate makes it far more likely that the desired outcome will be achieved.

From their position of independence, advocates can clearly see that the health and social care system does not always live up to its own grand aspirations. This is why, as one Collaborative member put it, "*Advocacy is a necessary evil. The volume of people that we get shows that the system doesn't always work.*" But by drawing attention to the gap between the aspirations and the reality, and helping clients achieve their rights, advocacy is able to make a concrete practical difference to the outcomes that clients experience as well as helping ensure that processes are fairly taking their views into account.

Manchester needs to find a way to help its advocacy projects move forward for the benefit of older people across the city. In our view there is a desperate need for an advocacy service available to all older people in Manchester who need it, not just restricted to those defined as vulnerable by statutory agencies or who happen to fit the geographical or specialised access criteria of existing advocacy providers. Ideally there would be a generally available service

²⁸ Ruth Townsley, Anna Marriott and Linda Ward, "Access to Independent Advocacy: An Evidence Review", *Office for Disability Issues*, October 2009, p.2.

together with specialised projects to better meet the needs of specific groups of older people. This aspiration seems to tie in closely with Manchester's strategy for ageing, with its emphasis on equality, as well as being the logical outcome of the efforts of the Advocacy Collaboration itself. If Manchester truly seeks to be an age-friendly city, a universal advocacy service for older people would be an important step in the right direction.

The situation of advocacy projects in Manchester is in many respects similar to that of projects outside the city, being subject to buffeting by the changing winds of policy which regularly threaten to blow them off course. There is a desperate need for consistent investment to allow the Advocacy Collaboration to sustain and develop its work with older people. Statutory agencies in Manchester also need to work with advocacy projects to help to raise awareness of advocacy itself, so there is wider understanding both of what advocacy is and what it can achieve. It is hoped that this report will be a useful contribution to getting advocacy better understood and better valued.

Interviewees

Andrew Booth, Director, Sefton Pensioners Advocacy Centre, and Chair, Older People's Advocacy Alliance UK

Mary Duncan, Development Worker, Manchester Alliance for Community Care

Chhaya Kanani, Manager, Indian Senior Citizens Centre

Ahmed Lambat, Director, LMCP Care Link

Eileen Moore, Development Worker, Link-Age

Mandy Powell, Manager, The Generation Project

Ian Thompson, Director, African-Caribbean Care Group