

Advocacy

A process to help older people ensure that their rights and choices are exercised and to enhance self-determination.

It can be the most vulnerable members of society, such as older people with frailty or physical disability, who find themselves in circumstances where they need an advocate to enable them to make informed choices, to understand the options available to them and to remain in control of their own lives. Advocacy does not involve only services and systems, but also means to help reduce a sense of helplessness, vulnerability, isolation and victimisation (Jones, 2004).

Dunning (1998: 200) defines advocacy as 'People making a case for themselves and advancing their own interests, or representing others and supporting them to secure and exercise their rights on an individual or collective basis. The concept is especially important where people are disadvantaged or discriminated against and are at risk of mistreatment or marginalisation.' At a broader, societal level, advocacy therefore touches upon fundamental principals – social inclusion, equality and social justice (Action for Advocacy 2002).

Advocacy involves two main sets of roles – instrumental and expressive (Dunning, 2005; Wright, 2006). Instrumental roles are more formal and are about 'doing' (e.g. being a spokesperson or representative) whereas expressive roles are more informal and are about 'being' (e.g. a confidant, witness or enabler). There is, however, disagreement about the exact form advocacy should take and how it should be practised. Advocacy has many functions and can take various forms. It has been linked with concepts of empowerment, user participation, citizenship, independence and dignity as well as choice. As some advocate, it should be linked to a human rights approach and a broader vision of personhood rather than just a health and social care agenda or consumerism (Dunning, 2005). Crisis or issue-based advocacy, citizen advocacy and self-advocacy are three common models, along with peer (sharing a common experience) or paid advocacy. Professional advocacy is carried out by professionally qualified and paid workers;

lay advocacy can be carried out by family or friends; citizen advocacy is being independent of services, and self-advocacy is 'speaking up for yourself' (Dunning, 1998).

A number of studies into older people's use of advocacy services found that older people had difficulties in understanding what is meant by the term advocacy (Dunning, 2005; Scourfield, 2007; Wright, 2006). The term was regarded as being problematic, confusing or even off-putting for some older people. It was sometimes associated with the legal system, mediation or more general kinds of help and support. Awareness of the presence, purpose and benefits of advocacy is generally acknowledged as being poor, not only by older people but also by other groups that work with older people.

Jones (2004: 7) notes that in the UK in the 1980s and 1990s advocacy services grew as independent voluntary organisations in order to meet the advocacy needs of vulnerable people. Some of these services are generic, working across all vulnerable groups in their community; others support specific groups, for example people with learning difficulties. An underpinning concept is that such services are organisationally independent from the statutory services, and that they focus on the wishes and needs of the client. However, interest in the rights and representation of older people has been a more recent departure. The motivation for advocacy has developed as the need to combat abuse and age discrimination has increased, yet this was slow in developing in relation to older people.

Phillipson (1993: 183) provides some early definitions of advocacy and identifies three general themes of advocacy. It is a way of: meeting human needs, increasing power and participation and responding to intergenerational conflicts.

Dunning (1998: 201–02) further suggests that interest in advocacy with older people stems from other interrelated developments and concerns: the ageing of the population, with the consequential lack of family to act as 'natural advocates'; the legislation, which has placed an emphasis on advocacy and representation; the role of advocacy in the protection of vulnerable adults and the need for advocacy at times of transition when their views may not be heard.

This interest is well illustrated in the UK where successive governments have placed an emphasis on citizens' advocacy and embraced it in major strategies such as 'Valuing People' (Department of Health, 2001), the Health and Social Care Act 2001, the *National Service Framework for Older People* (2001) and the *Care Homes for Older People*:

National Minimum Standards (2003). *Care Homes for Older People: National Minimum Standards* incorporates the provision of information about external agents (such as advocates) in one of those standards. It also indicates an expectation that, in the event of a complaint where an older person lacks capacity, that person should have access to available advocacy services. In 2002 the *Advocacy Charter* was developed as a set of core principles for advocacy and following on from this *A Code of Practice for Advocates* was produced in 2006, both by the organisation Action for Advocacy. However, funding has not readily flowed from such commitments.

Scourfield (2007: 18–19) links the development of advocacy in the UK with New Labour's modernisation agenda and the desire for public policies directed towards older people to promote empowerment, independence, well-being, choice, inclusion, participation, citizenship and dignity. Similarly, there has been a bottom-up emphasis in advocacy originating from diverse disability and mental health service user groups, which have emphasised the importance of advocacy in obtaining rights, inclusion and social justice.

Again, the UK group Action for Advocacy (2008) notes the recent recognition by government of the role of advocacy in safeguarding people's rights and promoting increased choice and control over their lives. However, despite this notable rise and prominence of advocacy in recent government legislation and policy, only a handful of people in specific situations actually have the right to access and advocate, and services are still patchy.

According to Atkinson (1999), although advocacy exists in principle for all user groups, it is far from universal in practice and is not there for everyone who needs it. Access to advocacy is often decided by a combination of factors: historical, geographical and financial. Access starts with the existence of a project in an area, but people need to know about it, who and what it is for, how to reach it and what to expect from the service (Margiotta et al., 2003: 32).

In the UK, advocacy services are also unevenly distributed across the country, with different schemes offering different types of services. Furthermore, there is a growing acceptance that services need to be properly mapped and joined up, not only with each other, but also with similar endeavours such as mediators, councillors and law centres.

A recent survey of advocacy services in Wales (UK) by Age Concern Cymru (2007) suggests that the provision of advocacy services is currently struggling to meet the needs of older people. The report asserts that

without advocacy, vulnerable older people are more likely to be at risk of abuse, to be unaware of their rights and how to act on them, and are less likely to have their voices heard and their wishes respected.

One of the most prohibitive factors to commissioning advocacy with older people is the lack of a requirement for it in primary legislation. In the UK the Older People's Advocacy Alliance (OPAAL) suggests that this lack of legislation not only makes it more difficult to raise and identify funds for advocacy, but it also weakens the requirement for local authorities to make sure that advocacy is available.

Dunning (1998) suggests that advocacy is a process of empowerment and might accordingly be located within debates around the concepts of power and participation. The concept of advocacy has a direct application in practice with a variety of local and national schemes. Margiotta et al. (2003: 45–6) put forward ten themes that should underpin good practice in advocacy services. These include: 'building up trust; well trained coordinator and volunteer advocates; effective communication between health and social care professionals so the advocate is understood; independence of the advocate; a one-to-one relationship in which the advocate represents their partner alone; allegiance; unpaid with the consequences of no allegiance to an employer; a long-term relationship and citizen advocates to be drawn from diverse backgrounds; and finally standards of practice and monitoring of the service.'

Older people are not a homogeneous group and may need different advocacy at different times (Dunning, 2005). The evidence suggests that the capacity and quality of what is available can also be patchy. Some groups are not well covered with advocacy services, such as older people from black and ethnic minority groups. Advocacy in relation to people with dementia has raised issues of communication, consent and ethics, and has highlighted the need for a person-centred approach, reflecting on the older person's history.

See also: *Ageing, Care, Dementia, Disability, Frailty, Independence*

REFERENCES

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