

Patient and Client Council

Someone to stand up for me

A toolkit to promote advocacy for older people in the independent care home sector



Your voice in health and social care

This information is available in other formats

Introduction

This Toolkit has been designed to promote and sustain advocacy in the care home sector. It focuses particularly on the needs of older residents but much of the content will be relevant to other client groups and sectors. The aim of the Toolkit is to support the development of a partnership between residents, relatives, care home staff and individual (professional) advocates. In particular it will help staff working in care homes recognise their role as advocates and understand how this can be enhanced.

Staff in care homes act as advocates on a day to day basis. This Toolkit will help them develop those skills to become a more proactive, responsive advocate. To build skills it is necessary to gain knowledge of what is available in the wider community as well as in the home to support individual residents. In some cases, it may be difficult to be impartial and it may be helpful to look to the wider community for an individual (professional) advocate.

The Toolkit will be of interest to:-

- Care home managers and staff
- Residents/relatives or representatives of residents
- Community and voluntary sector organisations

The Toolkit has been developed in partnership by the Patient & Client Council, the Southern Health and Social Care Trust, care home managers, and voluntary sector organisations. Details of the Project Steering Group are attached as Appendix 1.

The views of residents and relatives are central to the content of this Toolkit with a key message from residents being: -

“... advocacy was a hard term to understand – it means someone standing up for me”.

Relatives said that care home staff were viewed as advocates for residents, especially when a resident had no relatives. However, they also said an individual (professional) advocate could help support staff –

“... good to have for somebody who can't speak for themselves”.

The Toolkit will benefit care home residents by supporting care home managers and staff to enhance the role of advocacy in their Home. It will also help home managers to demonstrate how they are meeting the DHSSPS Nursing Home Minimum Standards. The practical nature of the Toolkit will assist home managers in developing practice within their staff team. Staff members can use the Toolkit to develop their own skills and develop confidence in their role as an advocate.

How to use this Toolkit

This Toolkit will be of interest to anyone working in the care home sector who wants to find out more about advocacy for older people in residential settings. It aims to help people think through, plan and undertake advocacy work.

The Toolkit includes 10 'tools' to help people develop their thinking about advocacy. They are listed below:

1. Taking steps as a care home to promote advocacy

2. A sample advocacy policy

3. Ways to work with individual (professional) advocates

4. Promoting staff discussions

5. Advocacy pyramid

6. Templates for poster and leaflet

7. Advocacy checklist for staff

8. The advocacy continuum in your home

9. Building relationships with external advocates

10. Evaluating the advocacy service

For care homes and other organisations, the Toolkit can provide a starting point to talk with residents, relatives and others to develop your advocacy work.

Guide to the Tools:-



Key Messages



Tool



Issues for Discussion



Draft Policy



Checklist

What is advocacy?

Advocate “a person who pleads a case on someone else’s behalf” (OED 2010)

“Advocacy is the act of speaking up for people who are not being heard and supporting them to express their own views and ultimately, where possible, to make their own decisions and take control over their lives.”

Description used by Advocacy Network NI.

According to the DHSSPS “Plan for good advocacy in NI”, advocacy is when someone supports you to say what you want. It can make a big difference to people who find it hard to speak up or who may not get listened to and can help them to get their rights.

An advocate can help an individual:

- get the information they need
- understand their rights
- make their own choices
- say what they want.

An advocate does not make choices, they should do their best for the individual concerned and not anyone else.

There are various types of advocacy which might be appropriate at different times for different groups of people. Residents should have a choice about the type of advocacy that they use and have the opportunity to choose the type that suits them best. There is information on the different models of advocacy in this toolkit.

Care home staff are very important in advocating for their residents but this can be a difficult role to play.

When a patient is unable to communicate their needs and does not have an identified significant other to do so, the nurse/carers may unintentionally make a decision on the patient’s behalf which is based on his/her own values rather than those of the patient (Zomorodi and Foley 2009). However, older people should be

treated as individuals and enabled to make choices about their own care (NSF 2001), with the emphasis on the individual (National Care Forum 2007). This can be achieved through partnership working involving the patient, family, care home staff and others, thereby leading to shared decision making.

It is important for staff to realise that conflict may arise as part of this process. This means that staff will need to act as advocates for the resident. As part of this role, it may be necessary to seek out an individual (professional) advocate to support the resident.

“Just because they are a resident in a nursing home doesn’t mean that they don’t have the right to know what they are entitled to.” Relative

It might be helpful to also think about what is not advocacy. According to the DHSSPS working group on advocacy policy, **advocacy is not about:**

- Mediation
- Counselling
- Befriending
- Complaints or
- Advice.

Advocacy has been important for vulnerable people for a number of years. However it will become increasingly important with the proposed introduction of a new statutory right to independent advocacy where an individual may be lacking mental capacity.

This means that residents and relatives will need information on how to get advocacy services and staff needs to understand how to ensure that residents get the advocacy they require.



Key Messages

- There are different types of advocacy that may be appropriate for different people and situations
- Care home staff have an important role and need to work in partnership with individual (professional) advocates
- It may help to understand what advocacy is by considering what it is not
- Proposed legislation will make advocacy an increasingly important service

What residents and relatives want from advocacy

As part of the production of this Toolkit, the Steering Group talked to residents and relatives in three care homes to get their views about advocacy and how it could help them meet their needs. The important message from them was that 'advocacy' as a term was hard to understand. After discussion they decided it meant "...someone standing up for me..." They felt that this was a very powerful resource for them.

Residents suggested that very often it would be the staff in the home who would advocate for them. However, they also realised that sometimes it would not be 'fair' to ask staff to do this and there may be a need to have an independent person. They also thought that, at times, relatives or other people could help them. The benefit of advocacy to residents was that it would help them to sort out problems. Relatives were also unsure what the term 'advocacy' meant. They felt that staff in the home were advocates for the residents especially when relatives were not available. However, they did feel that residents without relatives nearby would benefit from an individual (professional) advocate who would be there for them personally.

Relatives thought that there was a benefit in a home having an individual (professional) advocate as it would provide staff with extra support. However, there was concern expressed that having individual (professional) advocates might be seen as undermining confidence in the staff.

There was agreement that it was beneficial to residents to have contacts outside the home and to keep in touch with what was happening in the community.

They felt a list or directory of advocacy agencies would be useful.

What residents and relatives want from advocacy



Key messages:

- The word 'advocacy' can seem strange or off-putting but the concept of "someone standing up for me" is important to residents.
- Staff are often seen as advocates but sometimes it needs someone from outside the home.
- Care home managers and staff need to send out the message that using an individual (professional) advocate does not undermine them. The ability to do this may depend on how well they understand the role of individual (professional) advocates and the relationship they have with them.
- Information about who can advocate on their behalf should be readily available to residents.

Models of Advocacy

There are a number of different types or models of advocacy. These could be described as a 'continuum' of services to support those who require help to speak up. The "best" model may depend on the circumstances and personal preference. This means that it is useful to understand the different models of advocacy and be aware of how these can be used. The models set out below are based on work done by the DHSSPS advocacy working group.

Self advocacy

This is where an individual speaks or acts on their own behalf in pursuit of their own needs and interests. In other words, speaking up for yourself.

Citizen advocacy

Citizen advocacy happens when ordinary citizens are encouraged to become involved with a person who might need support in their communities. The citizen advocate is not paid and not motivated by personal gain. The relationship between the citizen advocate and their advocacy partner is on a one-to-one, long term basis. It is based on trust between the partner and the advocate and is supported but not influenced by the advocacy organisation. The advocate supports their partner using their natural skills and talents rather than being trained in the role.

Group or Collective advocacy

Collective advocacy happens where a group of people who are all facing a common problem get together on a formal basis to support each other over specific issues. Individual members of the group may also support each other over specific issues. The group as a whole may campaign on an issue that affects them all. A collective voice can be stronger than that of an individual, as groups are more difficult to ignore. Being part of a collective advocacy group can help to reduce an individual's sense of isolation when raising a difficult issue.

Peer advocacy

Peer advocacy happens when individuals share significant life experiences. The peer advocate and their advocacy partner may share age, gender, ethnicity, diagnosis or issues. Peer advocates use their own experiences to understand and

empathise with their advocacy partner. Peer advocacy works to increase self awareness, confidence and assertiveness so that the individual can speak out for themselves, lessening the imbalance of power between the advocate and their advocacy partner.

Individual (Professional) advocacy

Professional advocacy is also known as one-to-one, individual or issue based advocacy. It is provided by both paid and unpaid advocates. An advocate supports an individual to represent their own interests or represents the views of an individual if the person is unable to do this themselves. They provide support on specific issues and provide information but not advice. This support can be short or long term.

Ultimately self advocacy is what all the models aspire to. This can be achieved by building up a person's confidence, knowledge or ability to speak out. This is not always possible where the person may be lacking capacity.



Key Messages:-

- Advocacy services range across a 'continuum'
- There are 5 models of advocacy
- Self advocacy is what all models aspire to. However, this is not always possible.

Why do advocacy?

It is widely accepted that advocacy is part of everyday life. People turn to friends, family and professionals to get help in overcoming barriers and sorting out problems. Where a person is elderly, frail and dependent on health and social care services, their need is all the greater. Advocacy helps to ensure that everyone's voice is heard, particularly if they do not have friends or family to speak up for them.

Advocacy also benefits service providers as it can help resolve difficulties and support compliance with care standards. The DHSSPS Nursing Home Minimum Standards set out the following standards:

“17.6 Advice is provided to patients/relatives on how to make a complaint and who to contact outside the home if they remain dissatisfied or require support services, including independent advocacy.”

17.7 Patients must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system.”

Safeguarding of vulnerable adults is an increasingly important aspect of adult services. This focuses on the prevention of abuse and neglect of vulnerable adults including older people.

According to the Social Care Institute for Excellence (Prevention in Adult Safeguarding, May 2011, page 3)

“.....safeguarding is not about over-protective paternalism or risk averse practice. Instead the prevention of abuse should occur in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risks.”

Advocacy can help to provide a sound framework that prioritises both safeguarding and independence.

Residents:

Advocacy can help residents to:-

- Make clear their own views and wishes.
- Express and present their views effectively
- Get respect for their preferences and choices.
- Obtain independent advice and accurate information.
- Allow independence
- Negotiate and resolve conflict.

Benefits to staff:

Care Home staff can get benefits from their role as advocates:-

- Framework to support difficult decisions/negotiations for example conflict with service delivery issues.
- Means to influence on behalf of a resident.
- Dealing with conflict of wishes between residents and their relatives.
- Supporting the resident to use resolve issues and where necessary use formal processes such as complaints.
- Means to help residents consider realistic options for themselves.
- Balancing needs, wishes and risks.
- Demonstrable evidence of compliance with the Minimum Standards.

Individual (professional) advocates can:

- add to the valuable support family, friends, carer and professionals provide
- offer formalised, independent advocacy where there is a need
- help where there is absence of support/differing views from those providing support
- assist where there is potential for conflicts of interest
- help to create an open culture where safety, respect and dignity can flourish

Why do advocacy?



Key Messages:-

- Advocacy helps to ensure that everyone's voice is heard
- It is particularly important for people who do not have friends or family to speak up for them
- It is also important when there are differences between the resident and family members
- It can help service providers resolve difficulties and comply with care home standards
- Protects and supports vulnerable adults

Working with individual (professional) advocates

While care home staff can often act as advocates for their residents, there are times when it may be appropriate to refer to an individual (professional) advocate. For example, care home staff advocating for a resident may come into conflict with other roles they have within the home depending on the issue. Similarly, as care home staff interact with so many residents and have heavy work loads, it may be difficult for them to find the time to build up an adequate picture of what residents' views are. It is important for care home staff to recognise that they may not be able to advocate for their residents in every circumstance, and that referring to an individual (professional) advocate can be ultimately beneficial for the resident.

An individual (professional) advocate is someone who is entirely independent of professionals and the family of a resident. Individual (professional) advocates also normally work for organisations that are structurally independent from statutory services, so they are entirely impartial and free from conflicts of interest. Advocates can also signpost residents to other relevant organisations when needed.

"There needs to be a policy/procedure with clear information on how to access an independent advocate." Care Home staff member

Many organisations in the voluntary sector provide specific advocacy services for older people. The main Northern Ireland wide organisations are listed in the toolkit and there may well be other useful local organisations that you can develop links with.

Furthermore, many organisations in this sector have specialist skills working with particular groups of people, for example people with dementia, those with functional mental health issues and other client groups. Specialist skills built up when working with specific client groups can often be an advantage, and can aid the advocacy process. These advocates can often signpost residents to other relevant agencies if needed, and support a resident if they need to be referred to any external bodies such as the Older People's Ombudsman.

Working with individual (professional) advocates

The DHSSPS working group on advocacy policy suggests that individual (professional) advocates can:

- Recognise the valuable support family, friends, carer and professionals provide
- Offer formalised, independent advocacy where there is a need
- Help where there is absence of support/differing views from those providing support
- Assist where there is potential for conflicts of interest.



Key Messages:-

- There are times when it will be beneficial for a person to have an individual (professional) advocate
- Care homes can benefit from the expertise of individual (professional) advocates
- Individual (professional) advocates have a role where there are potential conflicts of interest.



One: Taking steps as a care home to promote advocacy

Staff in care homes act as advocates on a day to day basis. This Toolkit will help to build on those skills to become a more proactive, responsive advocate. To build skills it is necessary to gain knowledge of what is available in the wider community as well as in the home to support individual residents.

In some cases, it may be difficult to be impartial and it may be helpful to look to the wider community for an individual (professional) advocate.

“Residents may occasionally need a representative on their side who is not a member of staff.” Care Home staff member.

Practical suggestions for further action:

1. Include advocacy in staff induction
2. Provide staff awareness training on advocacy linked with Vulnerable Adults training.
3. Ensure that the Home has an Advocacy Policy which is available to staff and that they understand what it means for their role and practice.
4. Ensure that the Toolkit is available to staff and that they are familiar with its contents.
5. Present information on advocacy on a notice board and display for all to view at the entrance to the care home.
6. Produce an information leaflet about advocacy for residents and relatives.
7. Include advocacy in the Residents’ Guide and ensure a copy is in each resident’s room.
8. Discuss advocacy at meetings with staff, residents and relatives to develop a shared understanding. Give staff an opportunity to share experiences with other staff in the home.
9. Facilitate access to local advisory services. Compile a list of internal and external advocates with contact details. This might be a directory or resource folder of local contacts and individual (professional) advocates.
10. Include advocacy in your Statement of Purpose. It may be useful to develop an advocacy policy – there is a draft policy in this toolkit.
11. Introduce the idea of advocacy to residents’ meetings and relatives’ meetings.



Key Points to Remember

- Advocacy as a term may need explaining to staff, residents and relatives.
- The role and the limitations of staff's advocacy role should be clear to managers, staff, residents and relatives.
- Be clear about when it may be useful to work with individual (professional) advocates and how this might happen. Clear arrangements may make everyone feel more comfortable.
- Be clear that working with individual (professional) advocates allows the home to offer a broader service to residents and relatives.
- Residents and/or relatives should have access to an individual (professional) advocate if they require it. How can you help to facilitate this?



Two: A sample advocacy policy

Homes may find it useful to use this sample policy as a starting point for discussion with staff, residents and relatives. It can be amended to fit the individual requirements of homes.



POLICY STATEMENT

What is Advocacy?

Advocacy means to speak up for someone. Most of us at some time in our lives speak up for others or hope that someone will speak up for us when we need support. Advocacy is about making things change because people's voices are heard and listened to. It is about making sure that people can make their own choices in life and have a chance to be as independent as they want to be within the confines of the structures of the Home.

Our Description of Advocacy

The Home uses the description of advocacy developed by the Advocacy Network NI: "Advocacy is the act of speaking up for people who are not being heard and supporting them to express their own views and ultimately, where possible, to make their own decisions and take control of their lives."

Advocacy is not about:

- Mediation
- Counselling
- Befriending
- Complaints or
- Advice.

Advocacy can help (residents etc) to:

- Make clear their own views and wishes
- Express and present their views effectively
- Obtain independent advice and accurate information
- Negotiate and resolve conflict.



Policy Statement (continued)

How we will ensure that advocacy happens?

All (name of home) care staff are expected to protect and uphold the rights of (residents/patients/clients) at all times. All staff members will help (residents/patients/clients) in the Home to understand and take control of the decisions which affect their lives. The Home will support staff to help them fulfil their role.

The Home will also work with individual (professional) advocates particularly in circumstances where there is:

- A need for a formal process when the (resident etc) may be at risk or in need of protection. This process will recognise the valuable support that family, friends, carers and professionals provide.
- An absence of support/differing views of those providing support
- Potential conflicts of interests.

The Home will work to create choices in relation to advocacy including individual (professional) advocates to promote positive working arrangements and good outcomes for the (resident etc).

Promoting advocacy

The Home will actively promote advocacy by:

- Including information in the Residents' Handbook about types of services that can be made available
- Displaying posters, leaflets and other relevant information in (*insert location*)
- Supporting staff to identify and acquire the skills needed to act as advocates
- Providing links with individual (professional) advocates if requested
- Evidencing how advocacy is used in the home

Reviewing this policy

This policy will be reviewed in (*date of proposed review*). The review process will include involve staff, (residents, relatives) Trust Care Manager, etc.



Three: Ways to work with individual (professional) advocates



Ideas to support further action

Individual (professional) advocates may be useful across a range of circumstances. Staff teams may find it helpful to discuss how staff could work with individual (professional) advocates in the following circumstances:-

1. When what the resident wants resolved opposes the routine of the care home or a member of staff
2. When there is intense family conflict or complex familial issues, it is often easier for someone who is entirely independent from care home staff and any other professional involved in the person's life
3. In circumstances when a resident has no next of kin, the support of an individual (professional) advocate can be useful when it's not appropriate for Office of Care and Protection Involvement

When a resident has a history of making unusual or eccentric choices an individual (professional) advocate may be a useful resource.



Four: Promoting staff discussions

Case Examples



CASE STUDY ONE

A lady who has difficulty with verbal communication refuses to wear her slippers when sitting in the day room, her family are adamant that she should wear them as they feel that her dignity and safety is compromised. The patient herself does not want to wear the slippers, although she is unable to say she does not want to wear them, she kicks them off as soon as she enters the sitting room. The staff negotiated her wishes with the family and reassured them that the patient would wear them when walking for reasons of safety. The patient had no difficulty with this. The patient's wishes are documented. The patient is free to express her own wishes.



CASE STUDY TWO - case study of negotiation between sectors

Kitty has been resident in a local care home for just less than one year. Her nephew had power of attorney and is inconsistent with regularly providing money for items such as toiletries, money for the hairdresser and everyday expenses. Kitty also needs new shoes and warmer clothes for the winter. The care home staff and manager have tried their best to engage with the nephew and help Kitty to resolve this situation. The care home manager made a referral to the local advocacy service. The advocate met with Kitty who was very concerned about not having access to her finances, and also relayed that she needed new clothes. The advocate liaised with Kitty's social worker and the Office of Care and Protection to set up an arrangement whereby she had greater access to her finances and her financial security is safeguarded.



CASE STUDY THREE

Mrs C is a 91 year old who, prior to having a mild stroke in 2010 had been living independently in her own rented sheltered dwelling. Mrs C was discharged from the stroke ward to a 'step down' placement in Sunny Sky care home for a period of convalescence and rehabilitation. Mrs C agreed to this placement and she was advised that it was only a short term placement and that she would return home in a number of weeks. Mrs C has been in the home for 7 months and is very keen to return to her own home. Mrs C has no family in Northern Ireland and her son, who lives in Canada, suffers from poor health and does not maintain regular contact. Mrs C's care manager has been on maternity leave for three months; Mrs C is not sure who to speak to about her desire to return home. Mrs C feels she has regained her strength and is independently mobile and self caring in the care home.

Mrs C should be aware that she is free to leave the care home at any time and that if she wishes to return to her own home she can do so.

Mrs C would benefit from assistance to navigate the relevant Trust's care management system.

An advocate could facilitate this by bringing the views and preferences to the attention of the care home manager and by requesting on Mrs C's behalf urgent review by the relevant community social worker or care manager.

Mrs C may be contributing financially to this placement, increasing her frustration at remaining in the home in her view unnecessarily while continuing to pay rent for her own dwelling.

Care homes are required to keep under review the needs of service users and to listen to and respond to the views of service users and their representatives.

This resident's views and wishes (and those of her representatives) should be sought and documented indicating that some action has been taken by the home in relation to her wish to return to her own home.



CASE STUDY FOUR

Mrs M has lived in Redwood Residential Home for six years and pays privately for her downstairs en-suite bedroom which overlooks the garden. Mrs M has been recently diagnosed with dementia and has started treatment. Mrs M has a daughter who visits at Christmas and on Mother's Day. Mrs M's en-suite shower room is the only such facility in the home and staff have been using her toilet as a staff toilet and permitting a male resident to access the shower when Mrs M is not in the room. There is no lock on Mrs M's bedroom door or on the door leading to her en-suite.

It is unacceptable for staff or other residents to be using this service user's private shower and/or toilet, regardless of how the accommodation is paid for.

Mrs M is a vulnerable adult and the home has a responsibility to protect her from exploitation and from any risks to her protection, including infection control risks.

Advocacy services could assist with the monitoring of the service user's accommodation and ascertain her views on allowing other to use her facilities. Mrs M could be encouraged to discuss this matter with her daughter and to request a means of securing her bedroom door.



CASE STUDY FIVE

Mr T was admitted to Tall Trees Care Home last week following a fire in his home caused by a chip pan. Mr T has been very unsettled since he came to Tall Trees and staff have been advised that he has a history of alcohol abuse, aggression and schizophrenia. Mr T's son has expressed grave concerns about Mr T returning to his own home and feels he would not be safe. Mr T's son has advised staff that his father is not to be discharged from the home under any circumstances. Mr T has a number of bruises on his upper arms, some swelling around his left eye and he has been requesting contact with his solicitor since he was admitted to the

home.

Mr T's needs and wishes should be reviewed regularly, particularly in view of his psychiatric history, unsettled behaviour and the circumstances in which he was admitted to the home. It would be expected that a Trust representative would remain involved in the placement of Mr T within the home.

Mr T's views on his current placement in the home are unknown and his son's concerns in relation to discharge from the home should be explored. Mr T's views on his placement in the home may conflict with those of his son and there may be issues in relation to Mr T feeling that his liberty is restricted in the home.

An advocate could monitor Mr T's feelings in relation to his cooperation to remain in the home and bring to the attention of Mr T's Trust representative any restrictions in relation to his liberty or movement in the home e.g. locked doors, restricted access to exits/stairs etc.

Mr T should be facilitated to have contact with his solicitor and should have access to a private visiting area and the private use of a telephone.



Discussion Points:

Use your team meeting to:-

- 1) Discuss the case studies
- 2) Identify situations in your home where staff have used (or could have used) advocacy skills.
- 3) Identify a situation where it may have been beneficial to have introduced an individual (professional) advocate

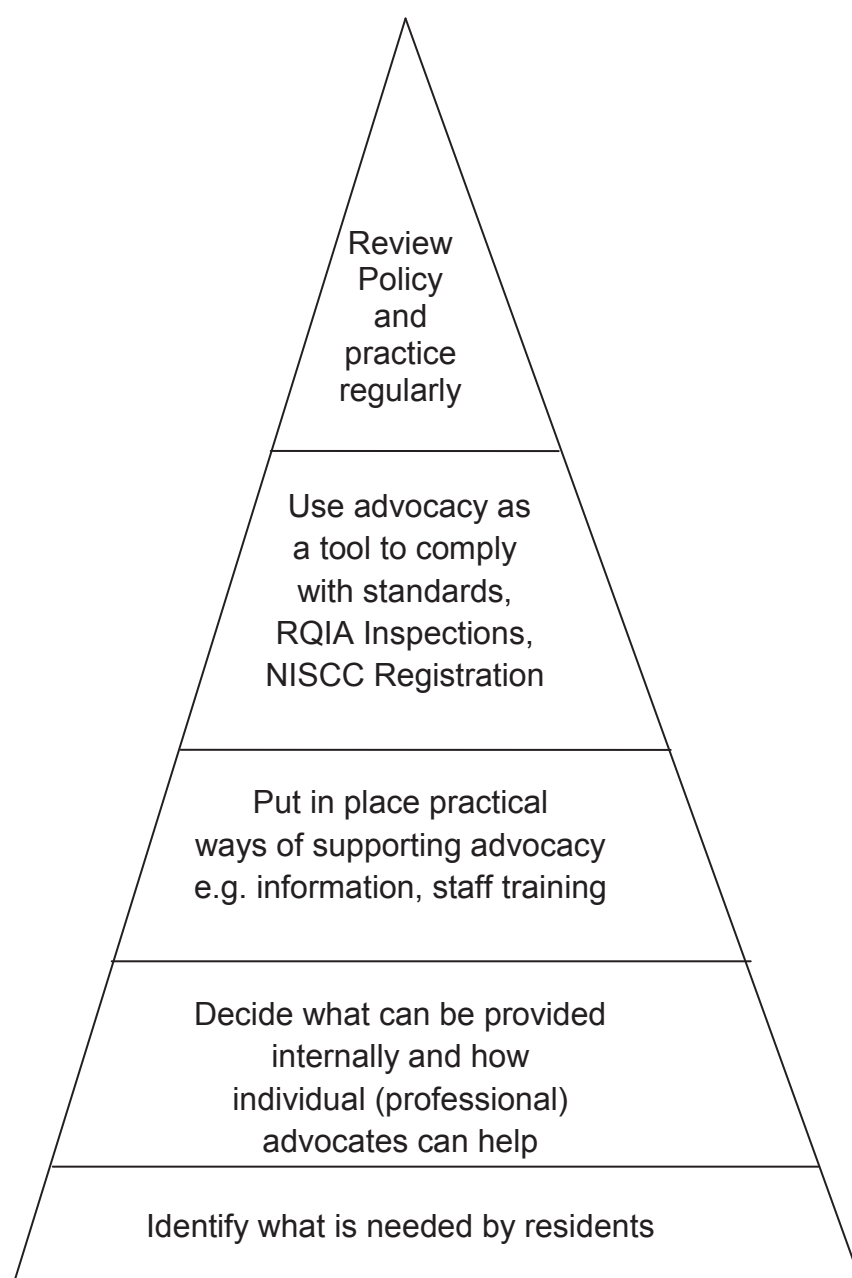


Five: Advocacy pyramid

The diagram below sets out some of the stages involved in developing advocacy. It may be a useful tool when considering what pieces of work need to be undertaken and who needs to be involved.



Promoting Advocacy in Your Care Home





Six: Template for poster and leaflet

Residents' and Relatives' Information.

Information is important for residents and their family and friends – particularly information about important services such as independent advocacy.

Leaflets and posters placed in public areas such as the foyer will help to create an atmosphere that promote advocacy.

Here is a sample template for you to adapt for your Home.



‘SOMEONE TO STAND UP FOR ME’?

Do you need support in having your voice heard?

What is advocacy?

Advocacy is the act of speaking on behalf of people who are not being heard and supporting them to express their own views and, ultimately, where possible, to make their own decisions and take control over their lives.

Why do I need an advocate?

You may wish to ask a member of staff to act as an advocate when you/your relative are in a situation where you feel you need someone to speak up for you/your relative.

What if I prefer not to ask staff to be an advocate for me/my relative?

This is your choice and the staff can help you contact other people/organisations who can act as individual (professional) advocates or you can contact



Seven: Advocacy staff induction checklist



Item for discussion	Action to be taken	Timescale for action	Tick When Complete
1. The description of advocacy used in our Home is: “Advocacy is the act of speaking up for people who are not being heard and supporting them to express their own views and ultimately, where possible, make their own decisions and take control over their lives”. <i>Advocacy Network NI</i>			
2. Explain how the definition fits within the core values of the Home.			
3. Discuss the importance of advocacy to residents/patients and other stakeholders.			
4. Discuss the importance of advocacy to staff in the Home			
5. Discuss how advocacy is likely to appear within their role on a day to day basis.			
6. Refer to the tools used by the Home to promote advocacy e.g. Liverpool Care Pathway, Gold Standard, Toolkit			
7. Discuss when and how individual (professional) advocates might be valuable in supporting the work of the Home			

8. Clarify how individual members of staff can raise advocacy issues within the home's management structures.			
9. Identify training needs and future training opportunities			
10. Further action to be taken by: <ul style="list-style-type: none">• Staff member• Manager			

.....

Signature of Employee

.....

Date

.....

Signature of Manager

.....

Date



Eight: The advocacy continuum in your home

<u>Self Advocacy</u>	<u>Citizen Advocacy</u>	<u>Peer Advocacy</u>	<u>Individual (Professional) Advocacy</u>
Individual is able to speak for himself	Unpaid community advocate acts on one-to-one basis using existing skills	People who share significant experiences can 'partner' and support each other	Trained advocate represents an individual or group when they cannot do this for themselves
<u>Care Home Advocacy</u> Home staff provide advocacy as part of their role	<u>Group Advocacy</u> People with a shared experience or problem support each other		

Task: Discuss what types of advocacy may be relevant to your home. How can these be developed and promoted?



Nine: Building relationships with external advocates

Listed below are contact details for some regional organisations with experience of advocacy for older people. Use this list to develop your own directory. You can add to it with details of local offices, local community groups and other interested parties.

AGE NI

AGE NI delivers care services, provides advice and advocacy, fundraises and influences our decision-makers to improve later life for us all. We tackle ageism where we face it, fight for enough money for older people to live indignity and demand the quality of care that people in later life deserve.

Age NI has provided a range of vital services for older people:

- Advice & Advocacy Service
- Domiciliary care
- Our day centres

Age NI, Lower Crescent, Belfast BT7 1NR

Tel: **028 9024 5729**

Advice & Advocacy Freephone number – **0808 808 7575**

Northern Area

Age NI, 3b Victoria Street, Ballymoney, BT53 6DW

Tel: **028 2766 6666**

Southern Area

Age NI, 1 – 2 Rokeby Green, The Mall, Armagh, BT61 9AT

Tel: **028 37528767**

Eastern Area

Age NI, 416 Ormeau Road, Belfast, BT7 3HY

Tel: **028 9049 2666**

Western Area

Age NI, 17 – 19 Bishop Street, Londonderry, BT48 6PR

Tel: **028 7126 2227**

Add your local contacts here:

Alzheimer's Society Northern Ireland

Alzheimer's Society is a membership organisation, which works to improve the quality of life of people affected by dementia in England, Wales and Northern Ireland. Many of our 25,000 members have personal experience of dementia, as carers, health professionals or people with dementia themselves, and their experiences help to inform our work.

Unit 4, Boucher Crescent, Belfast BT12 6HU
 Northern Ireland Helpline: **028 9066 4100** (9am-5pm)
 Alzheimer's Society Advocacy Manager:-
 Tel: **028 9038 7700** Mobile: **07912 395679**
 Email: advocacyni@alzheimers.org.uk

Armagh and Dungannon Office

Alzheimer's Society, First Steps Women's Centre, 21a William Street, Dungannon, Tyrone, BT70 1DX
 Tel: **028 8775 3812**
 Email: martin.mccrory@alzheimers.org.uk

Craigavon and Banbridge Office

Alzheimer's Society, Edenderry House, 18-22 Gilford Road, Portadown Co Armagh BT63 5ED
 Tel: **028 3839 4440**
 Email: carole.murray@alzheimers.org.uk

Newry Office / Mourne Office

Alzheimer's Society, Ballybot House, Newry, Co Down BT35 8BG
 Tel: **028 3025 6057**
 Email: louise.mcglinchey@alzheimers.org.uk

Add your local contacts here:

Association for Real Change (ARC)

ARC is a membership organisation, which supports providers of services to people with a learning disability. We provide a range of services such as high quality information, networking opportunities, training and publications, and CRB checks. ARC is committed to promoting best practice within the learning disability sector and we work with others such as the Department of Health, Skills for Care, and Big Lottery Fund through a range of projects. ARC works in England, Northern Ireland, Scotland and Wales.

Association for Real Change (ARC)
43 Marsden Gardens, Belfast BT15 5AL Tel: **028 9022 9020**

Add your local contacts here:

Bryson Charitable Group

For over one hundred years, Bryson has been helping the most vulnerable people in Northern Ireland. Here are a few of our services: Independent Advocacy Service, Home From Hospital, Domiciliary Care, Neighbourly Care Scheme, Laundry Service, Volunteering.

Bryson House, 28 Bedford Street, Belfast BT2 7FE
Tel: **028 9032 5835** Email: info@brysongroup.org
Service Manager, Advocacy: hcruise@brysongroup.org
Admin for Advocacy service: grafferty@brysongroup.org

Add your local contacts here:

CAUSE

CAUSE is a peer-led charity in Northern Ireland directed and staffed by past and present carers. CAUSE provides practical and emotional support to relatives and carers of people with serious mental illness. CAUSE's help takes many forms: carer support by Carer Advocates, telephone helpline, educational courses, support groups and representation of carers' views.

Lesley Office Park, 393 Hollywood Road, Belfast, BT4 2LS
Tel: **028 9065 0650** Email: info@cause.org.uk
Helpline: **0845 6030291**

CAUSE Sub Offices:

Graham Clinic, c/o Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 6BH
Tel: **028 9056 5450**

C/o Derriaghy Day Centre, Unit 7, City Business Park, Dunmurry, Belfast BT17 9GX
Tel: **028 9062 2008**

C/o St Luke's Hospital, Night Nursing Office, Loughall Road, Armagh BT61 7NQ
Tel: **07730 623867**

C/o Newry & Mourne Mental Health Forum, Ballybot House, 28 Cornmarket,
Newry BT35 8BG (Monday – Wednesday)
&
C/o REACT, 30 Arderys Lane, Banbridge, BT32 3RE (Thursday – Friday)
Tel: **07738 210628**

Add your local contacts here:

Carers NI

Carers Northern Ireland is a charity set up to support people who care for an elderly relative, a sick friend or a disabled family member. We are part of Carers UK.

Carers Northern Ireland:

- supports carers and provides information and advice about caring
- influences policy through our research based on carers' real life experiences
- campaigns to make life better for carers.

CARERS Northern Ireland, 58 Howard Street, Belfast BT1 6JP
Tel: **028 9043 9843**

Add your local contacts here:

Mencap

In Northern Ireland Mencap works alongside and represents the interests of people with a learning disability and their families. Our independent advice and information services help people with a learning disability and their families understand their rights and find out about services in their area.

Segal House, 4 Annadale Avenue, Belfast BT7 3JH
Tel: **028 6069 1351** or **0808 808 1111** Email: helpline.ni@mencap.org.uk.
Contact: Colette Slevin

Add your local contacts here:

NIAMH (Northern Ireland Association for Mental Health)

NIAMH's aim is to build a society where all people have access to services and support appropriate to their mental health and wellbeing needs.

80 University Street, Belfast BT7 1HE Tel: **028 9032 8474**

Add your local contacts here:

Patient and Client Council

Freephone: **0800 917 0222**

Email: info.pcc@hscni.net

The Patient and Client Council is your independent voice on health and social care issues. We have local offices throughout Northern Ireland.

We are here to:

1. Listen and act on people's views
2. Encourage people to get involved
3. Help people make a complaint
4. Provide advice and information

The overarching objective of the PCC is to provide a powerful, independent voice for patients, clients, carers, and communities on health and social care issues

Freephone: **0800 917 0222**

Email: info.pcc@hscni.net

The Patient and Client Council offers a complaint support service.

Patient & Client Council Offices

Southern Area

Quaker Buildings, High Street, Lurgan, BT66 8BB

Tel: **028 3834 9900**

Belfast Area

Lesley House, 25 – 27 Wellington Place, Belfast, BT1 6GD

Tel: **028 9032 1230**

South Eastern Area

Lesley House, 25 – 27 Wellington Place, Belfast, BT1 6GD

Tel: **028 9032 1230**

Northern Area

Houston's Mill, 10A Buckna Road, Broughshane, BT42 4NJ

Tel: **028 2586 3950**

Western Area

Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS

Tel: **028 8225 2555**

Ten: Evaluating the advocacy service

As with every other aspect of the home's work, regular review and evaluation of the advocacy service will be important. It may be useful to build advocacy into your regular annual planning cycle as a core part of your objectives.

Points to consider:

- Ensure that advocacy is reflected in any annual work plan or development plan.
- Think about advocacy responsibilities when setting staff objectives and appraising performance.
- Build advocacy into staff training plans and continual professional development.
- Plan feedback from staff through individual appraisals and staff meetings.
- Arrange for feedback from residents and relatives through a meeting or a short, easy-read questionnaire.
- Approach individual (professional) advocates for feedback through an informal meeting or other agreed mechanism.
- Amend any relevant policies or guidelines appropriately.
- Up-date residents and relatives' information regularly and reflect the advocacy service.

STEERING GROUP

The Toolkit is a partnership venture developed and written by members of the Steering Group. The group included the Patient & Client Council, Southern Health & Social Care Trust, Alzheimers NI and owners and managers from Care Homes across the Southern Area.

Stella Cunningham (Chair)	Patient & Client Council
Ann Keppler	Ashbrook Care Home
Colette Rafferty	Iveagh Care Home
Judy Derby	Aughnacloy House
Mildred Wylie	Hebron House
Avril Craig	Patient and Client Council
Keli Clarke	Patient and Client Council
Eleanor Doherty	Patient and Client Council
Jane Greene	Southern Health and Social Care Trust
Maeve Hully	Patient and Client Council
Dervilia Kernaghan	Alzheimers NI
Jacqueline Toner	Southern Health and Social Care Trust
Eileen Wright	Southern Advisory Committee, PCC

Appendix 1

www.patientclientcouncil.hscni.net

Remember you can contact your local office on

Telephone 0800 917 0222

or email info.pcc@hscni.net

Belfast Area

1st Floor, Lesley House
25-27 Wellington Place
Belfast BT1 6GD

Northern Area

Houston's Mill Site
10a Buckna Road
Broughshane
BT42 4NJ

Southern Area

Quaker Buildings
High Street
Lurgan BT66 8BB

Western Area

'Hilltop'
Tyrone and Fermanagh Hospital
Omagh BT79 0NS

South Eastern Area

1st Floor, Lesley House
25-27 Wellington Place
Belfast BT1 6GD