



Oxfordshire Advocacy Summer Newsletter



Welcome to our summer newsletter in which we feature, amongst other things, one of our three advocacy schemes -- **All-age Dementia Advocacy Project (ADAPT)**.

We very much welcome any views or ideas you have on the content of the newsletter.

Please write or email us
(Our contact details are on the back page).

Looking FORWARD >>

Welcome to the first edition of this newsletter since OA became a Company Limited by Guarantee with charitable status. This, together with the new name of Oxfordshire Advocacy, was approved at last year's AGM and the work on this was completed in March 2009.

What difference will this make? Very little in essence, OA is still continuing to deliver its free county wide independent advocacy service to adults who need help in having their views and opinions heard and taken into account. The services are provided by a mix of OA's paid staff and our team of trained and supported volunteer advocates. Running alongside this, OA provides the county wide IMCA (Independent Mental Capacity Advocacy) service and the DOL (Deprivation of Liberty Safeguards) service including the provision of a Relevant Person's Representative when one becomes required. It also provides the IMHA (Independent Mental Health Advocacy) service to learning disabled people and older people with mental health issues. The main difference is that OA now has a legal identity which will be very helpful in negotiating future contracts. It also now has a board of directors/trustees who have to ensure that it meets the requirements of Company House as well as the Charity Commission. In turn the trustees are protected by the financial liability clause limiting their liability to £1.00 in the case of OA becoming bankrupt. This safeguard should enable OA to attract more trustees in the future.

Looking BACK <<

It is 20 years since the idea of advocacy first took a more formal shape in Oxfordshire. This was the result of a conference entitled 'A Voice for the Voiceless' which aimed to bring together those who were concerned about the need

for people receiving services to be supported in having their views heard and taken seriously - a principle that was to be enshrined in the National Health Services and Community Care Act 1990. OA is proud to relate that its current manager was one of the instigators of this ground breaking event which apparently took the organisers aback by attracting a very large number of attendees! Oxfordshire Advocacy Development Group was formed as a result of the conference with the aim of promoting awareness of advocacy and to encourage the development of independent advocacy schemes.

To celebrate this anniversary an event is being planned for the Autumn (October 21st 5pm) and invitations will be sent out to members and supporters.

News & Updates

- **New staff -- CAPOLD community:** We were delighted to appoint Gillian Jones to the part time post which has been funded from the Partnership Board to offer advocacy support to parents with learning disabilities and also to learning disabled people who are involved in legal processes, for example, police and Court procedures, Housing and Social Security. Gillian will be working with Julie Walters who is also part time. Gillian has a wide background of work including secretarial, class room assistant and has been a registered child minder. More recently she has worked with TACT an organisation which supports people with complex needs including disability and mental health in their own homes and became a team leader in this job.
- **AGM July 09:** Once again this was a well attended event where the range of work currently being undertaken by OA was reported on. Three volunteer



advocates talked about the training they had received, the support they were given by the scheme co-ordinators and some anonymised examples of the work they were doing. Their enthusiasm and commitment shone through their presentations and was much appreciated by the audience. The morning ended with a lively and thought provoking presentation by the staff in which they donned in quick succession a number of different hats demonstrating the range of work they were currently undertaking. It made a really dramatic visual impact!

- **Trustees voted in:** Jill Parker (who agreed to continue for a further year as Chair) Hilary Pogge (as Vice Chair) Greville Trevelyan, Tammy Bond, Pat Stanley, Diana Roberts, Martyn Bishop and Gill Howe. Mervyn Stanley, who retired as Treasurer this year, was thanked for all his dedicated hard work over the years both as a trustee and as Treasurer. OA was also sad to say goodbye to Michael Edwards who is standing down after 13 years as a trustee. His ability to ask the pertinent questions and to keep the meetings accessible and jargon free have been much appreciated. OA wishes them both well in the future.
- **Networking:** This is an important aspect of the work of OA. Trustees and staff have been involved in making presentations to Rotary clubs, running stalls at various volunteer fairs and giving talks to various health and social services teams. The more people are aware of the work of OA, the more people will have the opportunity to use the service!

Updates

Independent Mental Capacity Advocacy (IMCA)

Update from: Helen Bloomfield

- The second year of our IMCA service (April 08-March 09) saw a 25% increase in referrals and there has been a continued, steady increase this year. This is a very positive development and ensures that the concerns and needs of more vulnerable people are being represented to decision makers. It also shows that the Mental Capacity Act is gradually coming to the attention of all potential referrers. The idea of IMCA is now fairly well established in the minds of most social workers and health professionals -- when we should be referred to and what we will do - but there is still some work to do with raising awareness with other Decision Makers. One recent case study (details changed) demonstrates how an IMCA can really change the outcome for a vulnerable person. A gentleman with dementia was

in hospital being assessed for surgery. The doctors were not sure if he was in significant enough pain to justify major surgery and therefore whether pain relief medication or surgery was required. The IMCA was able to show that the numerous health staff and carers who had worked with him on a regular basis, had evidence that he was in significant pain and that this had been affecting his life for a number of years. As a result the decision was made for surgery.

OA's IMCAs are finding that this work is very rewarding and that it sits comfortably alongside our general advocacy work each adding to the other.

Independent Mental Health Advocacy (IMHA)

Report from: Yanina Carling and Naomi Karlake

- This service was started on 1 April 2009 in partnership with Mental Health Matters (MHM). OA provides the advocacy support for older people and for people with learning disabilities detained under the Mental Health Act whilst MHM provides this new statutory service to the other areas in Oxfordshire where patients are detained under the Mental Health Act. The service is essential in safeguarding the rights of these vulnerable people who are subject to certain sections of the Mental Health Act. IMHAs can help them to understand their rights and will support them through key meetings, tribunals and any other issues relating to their detention and treatment. By the middle of August OA had acted as IMHA for 16 people.
- **Deprivation of Liberty:** This provision within the Mental Capacity Act came into operation on 1st April 2009. All OA advocates have undertaken the training and OA has just received its first referral and is expecting more to follow. Advocates become involved when the local or health authority are considering applications to deprive someone of their liberty who does not have another independent person to act for them, and who is not subject to other legislation permitting this to happen.
- **Relevant Person's Representatives (RPR):** This role which is part of the Deprivation of Liberty Safeguard procedures is designed to support people who become subject to this legislation and have no one independent to visit and act for them. The role of the RPR includes visiting the person at regular intervals throughout the period that they are deprived of their liberty under this legislation. So far 7 people, who are also practising as volunteer advocates for OA, have received the training required and are ready to act when required.



- **Funding Thanks:** We are very grateful for the continued support from Oxfordshire Social and Community Services (OSCS) and to the charities and Trusts that include Comic Relief and The Big Lottery which have supported our work. OSCS is the main contributor to our independent services. We have also received a grant from a fund entitled AW60 which provided funds for two seminars one to enable staff and trustees to review their work and draw up strategic plans for the future and the other to enable staff to look at their work as a team in order to increase their effectiveness in providing advocacy services. We have received two grants towards the much needed updating of our computers, one from the Co-op and one from the Doris Field Charitable Trust. We are also indebted to the Feoffes of St Michael's and All Saints Church, Oxford who have once again given us a grant to support the training of volunteers.
- **Volunteers:** We are delighted that we continue to attract volunteers and are very pleased that the following people have completed their awards and gained their certificates -- Alex Ayers, Brian Putman, Gerry Quinn and Sue Wakelin. Congratulations on completing the course and passing all the written assignments!
- **International Links:** In March OA met a delegation from Oita University in Japan led by Professor Michiko Mukano and her colleague Dr Yasunori Taito. The title of their research was: *'The welfare society for elderly people'* with a particular interest in the way older people were included in their communities. Julia Hamer-Hunt described the work of ADAPt and Gill Howe described the general work of OA. The team were very interested in the concept of advocacy particularly it being run by a voluntary

organisation as at present there is no equivalent within the informal system in Japan. After the visit they described advocacy as *'one of the essential systems of community care'*. It would be interesting to know if anything develops from their research.

- **Oxfordshire Equality and Human Rights Council:** A joint seminar is planned for the autumn. OA are very pleased to be involved in this seminar for OEHR members. Their publicity describes the aim of the seminar as being to *'examine the difficulties in getting a voice heard and share experience of skills and strategies that can be used to influence and bring about the desired change that will contribute to a just and fair society'*.

Future events

This autumn Oxfordshire Advocacy will be presenting a free theatrical event looking at the social issues around mental health and advocacy. The play *'BLUE'* by Oxfordshire playwright, Heather Dunmore features Leo a GP suffering from clinical depression, finding his life slipping out of his control. The play poses dilemmas for both the individual and the family. During the evening there will be an opportunity for discussion about the advocacy issues raised. *BLUE* was endorsed by both MIND and the Depression Alliance for its debut at the Edinburgh Festival. It has since been published by Samuel French, London and has appeared throughout a number of theatres in Britain.

Date | Time | Venue

September 16th, 6.30 at North Oxford Community Centre.

For enquiries or to book a place please contact Louise on:

Tel: (01865) 741200

Email: louise@oadg.org.uk

Scheme focus

All-age Dementia Advocacy Project (ADAPt)

The ADAPt service was set up 9 years ago with the support of the Clive Project and the Alzheimer Society in response to a growing concern that the views and opinions of people with dementia are so often unheard or overlooked. It is a county-wide service offering advocacy to adults with dementia or dementia like disorders. From one part-time worker in 2000, the service, with the assistance of a Comic Relief grant, now has a full-time advocate coordinator (Julia Hamer-Hunt) and a growing number of volunteer advocates working with partners.

Julia is a member of the *Oxfordshire Dementia Network* and keeps OA informed of the latest developments within the

county. She also regularly visits nursing and care homes throughout the county to spread awareness of this service and has spoken at team meetings of health and social services workers.

Since dementia is often a progressive and degenerative disorder the advocacy work is both instructed and non-instructed. NON INSTRUCTED ADVOCACY takes place when the partner is unable in any way to express what she/he wants or needs. The advocate works with the partner and professionals to ensure that the partner's wishes, as far as they can be ascertained, are respected and central to any decisions made and that their rights are respected. This method of working will be covered in more detail in the next issue of the newsletter.



Scheme focus (cont.)

Advocacy is about communication with people in need of having their voice heard, thereby supporting and enabling them in their own lives. It is too easy to assume that people with dementia are no longer able to make their own choices or able to express their own views and opinions, all of which can so easily affect a person's feeling of self worth.

Having an advocate who is a non-judgemental, consistent and reliable presence, independent of the professionals surrounding the individual, and able to act as a sounding board for the individual to assist them to make an informed choice is invaluable to that person being able to make that choice. It requires patience, clear, precise use of language and calm body language, often in the face of agitation and seemingly muddled thinking. It requires the clarity of thought to perceive the other's viewpoint and support it irrespective of one's own.

The following situations (*with all identifying details altered*) from the ADAPt service illustrate how advocacy can enable people to gain more control over their lives.

Situation 1

One situation relates to an elderly lady, J, who had lived on her own for years. With few visitors, her method of communicating with the world was to look out of the large front window of her home. Sharing silence and observing some of these daily events with her was the key to helping J talk more fully about her life which included being bullied by a family member. By literally 'seeing the world' through her eyes as she stared out of the window, a picture emerged of a lady who had once engaged actively in social events and who knew the rhythms of the day by the unfolding events she gazed upon. So, the dog-walkers were key to reminisce about her life in the country; school-children walking to school, the life of her children; lunch-time -- the pleasure she took in making meals and eating out; the lull in the afternoon -- the time of day she had for herself; and the evening when J would turn to her interests in sewing and embroidering. Through learning about and understanding the rhythms of J's day, the advocate was gradually able to learn from J that she

disliked her afternoons being regularly 'invaded' by a bullying family member and would like something done about it. With this information, the advocate was able to support J in asserting her right to her own space and time, and curtail the relative's visits to a set time and frequency.

Situation 2

The next situation is of P who was referred by a concerned neighbour who felt she was being controlled by her cousin. He was convincing all around her that she could neither hear nor see and she lacked the ability to make her views known regarding her accommodation needs. At the first meeting, P instructed the advocate to take a book off the shelf, a clear expression of a want, wish and/or desire. When asked her name, she responded. The advocate observed that when her cousin stood out of earshot on the far side of the room, she spoke lucidly to the advocate, as he approached, her speech became less clear finally becoming incoherent when he stood by her side. As he moved away, it again became intelligible.

P loved painting and making this known to the advocate enabled them to develop a way of communicating. For example by referring to one painting when P was feeling strong and another when she was being represented inaccurately by her cousin. In such a manner, P was eventually and slowly able to relate the story of her situation until such time as her wishes regarding her accommodation became known and respected and could be met.

The above are examples of the support and assistance of advocates working with ADAPt to help people with dementia have a voice.

To learn more about ADAPt and Oxfordshire Advocacy, please contact Julia at the number on the back page. *Julia writes* 'we are a vibrant creative group who hope to reach out to some of those who are most vulnerable in the community through a varied use of communication'.

Contacts

Oxfordshire Advocacy provides three advocacy schemes from the same address, please see below:

OA: Oxfordshire Advocacy
Barton Neighbourhood Centre,
Underhill Circus, Headington
Oxford, OX3 9LS
Tel: (01865) 741200
Web: www.oadg.org.uk

ADAPt: All-age Dementia Advocacy Project
Tel: (01865) 742745 | **Fax:** (01865) 761546 | **email:** oadg@oadg.org.uk

CAPOLD: Citizen Advocacy for people of Oxfordshire with Learning Disabilities Community
Tel: (01865) 741293 | **Fax:** (01865) 761546 | **email:** capoldc@oadg.org.uk

OSTAS: Oxfordshire Short-Term Advocacy Scheme
Tel: (01865) 742690 | **Fax:** (01865) 761546 | **email:** ostas@oadg.org.uk