non-instructed advocacy

the

watching

brief

A policy for offering advocacy to people who do not have a system of communication that is recognised by the advocate
introduction

Advocates and advocacy organisations face a dilemma when they deal with persons who do not have a system of communication that is recognised by the advocate. It can be argued that if there is no means by which the advocacy partner can express a view then his or her advocate cannot be expected to represent something that does not exist. Lacking any instruction, the advocate is faced with walking away from the situation. Who then speaks for that person’s rights?

Asist takes the stance that every person has certain needs that are fundamental to their well-being even if they are unable to express them, however, it is still imperative that any advocacy offered retains the fundamental axiom of not offering an opinion. In order to achieve this balance it is necessary for the advocate to have a baseline set of values that are representative of those needs which can legitimately be argued as fundamental to any person’s quality of life.

It follows that it is then legitimate for the advocate to test a proposal affecting that person by examining whether it will have a positive or negative impact on any given value. In this regard, we continue to consider the person an ‘advocacy partner’ as this best represents the focus of the advocate, regardless of the fact that the partner involved may have a limited ability to contribute to the relationship.

The guiding set of values used by Asist are “the eight domains to a quality life”, used by kind permission of Chris Sterling of Choices Housing and listed on page 5. We call this value based approach to non-instructed advocacy ‘the watching brief’.
before using the watching brief

The watching brief is a technique of last resort and one that should only be used after careful consideration. Always take into account the following:

- The advocate should already have taken all reasonable measures to establish a mode of communication with an advocacy partner that is meaningful: be it verbal, by writing, by signs, by pictures or by any other means that the person recognises.

- Factors that influence the ability of a person to communicate a view include their current mental and physical well-being, and their ability to grasp the fundamentals of the current issue. These factors can vary from time to time and from issue to issue. The advocate should evaluate for communication on separate issues independently and check for indicators as to whether there may be an optimum period for establishing communication within the issue timeframe.

- It is legitimate to mix techniques and use the watching brief alongside traditional advocacy, as appropriate to the issue and the advocacy partner’s state of well-being, as long as the method being used in any given situation is made clear.

- Be certain that a lack of communication is down to a lack of ability to communicate. Some advocacy partners may remain silent because they don’t want to express a view. The advocate has to put this possibility in the context of that person’s general communication and social skill levels and satisfy themselves that the silence is the result of a lack of competency rather than a positive statement that they do not want to express a view.
using the watching brief

The implementation of the watching brief is very straightforward. The proposal is reviewed against ‘the eight domains to a quality life’ (overleaf). The advocate will then ask questions relevant to those domains affected by the proposal. The process is re-iterated until all parties are satisfied that the proposal has been thoroughly tested to identify its effect on the quality life domains of the advocacy partner and, where possible, has been modified to ensure that its impact is positive. While this technique sounds simple, practitioners often report how powerful just asking “why?” can be.

The type of questions the advocate might ask are considered later in this document. Questions may be given weight by observation of the advocacy partner and acquiring knowledge of their background and any previously expressed preferences. However, in the same way that it is critical for the advocate not to express an opinion, it is vital that s/he does not simply take on board the opinion of a third party as to what that person’s preferences might have been. For that reason, when using this kind of information the advocate should only use that information which is clear, unambiguous and preferably documented, such as the notes from a previous partnership, and make the source and nature of this information clear to the service provider.

In situations where the advocate is implementing the watching brief it is crucial that s/he maintains a position of not expressing a view. There is a distinction between actively probing the process by which service providers reach solutions, as against proffering an opinion between alternatives. The content of the service resulting from application of the watching brief is the preserve of the service provider who has the skills and resources to make judgements on how the proposal can best meet these fundamental life principles.
<table>
<thead>
<tr>
<th>domain</th>
<th>definition</th>
<th>focus</th>
<th>avoidance</th>
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<tbody>
<tr>
<td>1: competence</td>
<td>to have a level of skill to be able to be as independent as possible</td>
<td>learning and developing skills which lead to a greater independence or allow minimal support</td>
<td>dependence and inactivity, having to rely on others, not taking risks or allowing people to do things by themselves</td>
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<td>2: community presence</td>
<td>having a sense of belonging to a local area by means of access and use</td>
<td>encourage a high frequency of use and involvement in local public facilities and amenities</td>
<td>using segregated services or not using local facilities enough</td>
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<td>3: continuity</td>
<td>having a past, present and future with key people and events in your life</td>
<td>meaningful relationships which last over time planning out your life's hopes and ambitions</td>
<td>stagnation and loss no past and no future, only the present</td>
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<td>4: choice and influence</td>
<td>being able to determine the course of events, looking at situations from your perspective</td>
<td>self determination, self advocacy, making your own decisions and choices because you want to</td>
<td>domination over protection, no involvement in the way your life is directed</td>
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<td>5: individuality</td>
<td>a unique person in your own right</td>
<td>individual needs and wishes, support that is responsive to individual demands</td>
<td>grouping and labelling,</td>
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<td>6: status and respect</td>
<td>having value in the eyes of others</td>
<td>raising others expectations and the removal of social stigma and prejudice</td>
<td>not placing value on a person by degrading them by age, culture or activity</td>
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<td>7: partnership and relationships</td>
<td>having meaningful interaction with other people</td>
<td>valuing interaction and friendship, promoting social networks</td>
<td>having no one in your life who is important, only associating with other devalued people</td>
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<td>8: well-being</td>
<td>having a state of physical, psychological and social health</td>
<td>to maintain a balance between all health needs, to promote health</td>
<td>accepting illness and disability, not securing appropriate health support and treatment</td>
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The eight domains to a quality life (taken from work developed by Chris Sterling from Choices Housing)
a practical example

A practical example may make this clearer. Imagine you are an advocate in partnership with a person with severe learning difficulties. The person has virtually no vocabulary, does not use a recognisable sign language and has lived in supported housing for most of his or her life. The service provider proposes to move this person to a new house. Despite the advocate’s best efforts s/he is unable to elicit any meaningful choices or views from their partner.

In this situation the advocate’s role becomes one of:
- examining the services already being supplied
- questioning whether they are focusing positively to the ‘eight domains’; or conversely negatively
- understanding the impact of the proposed change
- encouraging providers to apply the concepts embodied in the eight domains to provide an appropriate care package for their partner

When examining the services already being supplied the advocate establishes that their partner is currently provided with trips to the swimming pool. The partner reacts positively to swimming images and has a history of becoming agitated when trips are cancelled. This is relevant to the domain of ‘Community Presence’.

When focusing on the domain of ‘Partnerships and Relationships’ the advocate determines that their partner receives regular visits from a friend. The partner is always happy in anticipation of these visits and invariably reacts negatively if they have to be cancelled or put off.

The advocate can now test the proposal by questioning its impact on the eight domains to a quality life of their partner and, using the background information, focus on specific issues related to the ‘Community Presence’ and ‘Partnerships and Relationships’ domains.
a practical example cont...

When posing questions under the ‘Community Presence’ domain the advocate determines the proposed move will take their advocacy partner closer to a swimming pool, thereby having a positive impact.

When posing questions under the ‘Partnerships and Relationships’ domain the advocate establishes that the proposed move will take their partner further away from their friend, thus having a negative impact.

With this information the advocate can now re-iterate his/ her questions with regard to the foreseen negative impact in the ‘Partnership and Relationships’ domain and ask what actions the service provider will take to ensure that their partner will have the opportunity to maintain his/ her relationships.

The advocate may also legitimately ask what is being done to maximise the potential for positive impact in the ‘Community Presence’ domain. For example, are arrangements being made for the partner to use the swimming pool during open sessions. Conversely, the advocate may seek justification for the supply of services that effectively segregate their partner from the public and local community, e.g. arranging closed sessions at the pool.

By applying this technique to all aspects of their partner’s life the advocate can play a very active role in assuring a continuous and positive improvement in the quality of life of their partner; or counter actions and services which detract from the potential quality of life of their partner.

Note that for the purposes of this example we are focusing on two specific domains. In practice, the advocate would test each domain for relevance against the proposed change and ask questions as appropriate.
summary

Thus with the watching brief principle we have to ensure that a number of issues are clear:

- The advocate must ensure that service providers are made explicitly aware that the advocate is protecting ordinary life principles by the utilisation of the ‘eight domains to a quality life’ and not expressing a view of their advocacy partner. This distinction is crucial.

- The advocate must be clear in their own mind as to the difference between arguing in support of their advocacy partner’s ordinary life principles and disputing the service provider’s methods of care and implementation.

- Advocates must refrain from actively arguing for, or against, any particular care package; or any element of it. The advocate’s role is to use the elements within the ‘eight domains to a quality life’ to question and seek justification in order to promote services which undeniably meet the needs of advocacy partners.

- Where the advocate has used observation or background research to inform the questions asked under the ‘eight domains’, then the nature and reliability of source information should be made explicit to the service provider. For example, if it was proposed to move an advocacy partner to a new residence it would be legitimate to pose the question, “This person has a documented history of a special dietary requirement as a lifelong vegetarian - will the new location be able to support this choice?” under the domain of ‘Choice and Influence’.
the eight domains to a quality life

guidance on questions to use in practice

The next two pages address an issue that is often raised when applying the watching brief; what kind of questions can you ask without expressing an opinion or intimating you have a point of view.

These sample questions are a rough guide to the sorts of questions an advocate might use. They are not prescriptive and are intended as suggestions which may be helpful in deciding what to ask in relation to the ‘Eight Domains to a Quality Life’.

The term ‘proposal’ is used to indicate any change that may impact on a person’s life and includes situations where failure to change things could also have an impact.
How will the proposal:

**Competence**
- a) promote the person’s independence?
- b) support them to develop new skills and maintain existing ones?
- c) manage risk?

**Community presence**
- a) promote the person’s presence in the local community?
- b) affect existing opportunities?
- c) provide new opportunities?
- d) reduce social isolation?

**Continuity**
- a) help the person maintain links with their past?
- b) address their hopes and ambitions for the future?
- c) maintain continuity in their life?

**Choice and influence**
- a) offer options?
- b) involve the person in decision making?
- c) take their wishes into account?
How will the proposal:

**Individuality**
- a) address the person’s preferences?
- b) promote individuality?
- c) offer opportunities to express preferences?

**Status and respect**
- a) promote self-respect and the respect of others?
- b) reduce prejudice and social stigma?
- c) value the person in a way consistent with their age, gender, cultural needs etc?

**Partnerships and relationships**
- a) provide opportunities for interaction with others?
- b) promote development and maintenance of positive relationships?

**Well being**
- a) promote and maintain good health?
- b) recognise and address health issues?
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