Key practices for social workers

Voices for vulnerable adults

Lesley Ann Cull
One of the important issues for vulnerable adults is that they are able to have a voice and participate in decision making which affects their lives. The next speaker describes the work of her organisation which supports adults with learning difficulties

Becky Powell
My name's Becky Powell and I work with Camden and Westminster Citizen Advocacy. We purely provide advocates for adults with a learning disability. The aim is to find a person from the local community to be linked on a one-to-one long-term basis with an adult with a learning disability. The friendship that follows the long-term partnership allows the individuals on both sides, because it is a two-way process, it allows both the individuals to actually communicate better with each other, so the longer you know them as a citizen advocate, the better you will be able to understand their wishes, their concerns, where they want to go, and what assistance they need.

Lesley Ann Cull
Becky went on to describe the kind of people who work at Camden and Westminster Citizen Advocacy, the nature of the work undertaken, and where referrals are likely to come from.

Becky Powell
The actual citizen advocates are all volunteers. They are recruited from the local communities. We assess the individuals that have been referred to us and then we go and recruit the volunteers and assist them to build a relationship and a partnership. Once the partnership is made and secure, we will actually take a step backwards and just provide the continued support and supervision, and then we continue with monitoring of the friendship or the relationship. There's actually two main areas in which we get the referrals from. The first one is some major issue that a friend or a worker or a professional feels that this adult may need support with. The second is from, for example, key workers in the residential homes, or family members, parents, neighbours, who believe that this person isn't having the full opportunities in community open to them. They may feel that they need to get out more often because they only ever go out on weekends, or only ever go to the day centre which, they are picked up by social services transport and dropped home by social services transport, and someone may feel that the reason there aren't any complaints, the reason that this person isn't saying they don't like what's happening, so they don't actually understand the choices open to them. And that's where the actual citizen advocacy, the long-term friendship comes in.

Lesley Ann Cull
What does Becky see as the key role or task of the citizen advocate?

Becky Powell
There's two areas that are quite different with the citizen advocacy. When we have a partnership which involves a volunteer, we step back and leave those to it; we actually have approximately ten people per borough partnered at the moment. We also have approximately 15 people who are awaiting volunteers. We will not actually leave anyone without support, so as soon as referrals come through and we have made the initial contact, we will actually always provide advocacy for them. So if an issue arose for example, moving home, we would make sure that I would step in, or my colleague would step in while we are waiting for a volunteer.

One of the main tasks that the volunteer advocates do is to attend the independent programme plan. Which is similar to a case conference and in those meetings, traditionally, the users were generally excluded. So we've got to try and improve on that through putting an advocate there and the advocate can say did you understand that, OK, let's stop the meeting just while we talk and understand that, and use language that is appropriate, and the advocate generally will slow things down and prepare their partner to go into the meeting because it can be very daunting. So the partner would feel more confident because they had a friendly face there. And they will know what's going to happen, so it is something that is very important to us.

Lesley Ann Cull
How do professionals such as social workers or lawyers view the involvement of citizen advocates in cases?

Becky Powell
We find that in most cases they're very understanding. I think they find it hard to use accessible language because its not part of the culture. If a professional uses professional language all day, it's very difficult to get out of the jargon, so I think it's difficult for them, but we find that generally they are quite understanding once we get there. Some of the bureaucracy can get a bit annoying, especially when you consider our volunteers don't understand when they become volunteers, how social services work, and quite often won't actually recognise the language that's being used either. So that's one of the reasons we prefer to have someone from the community without social care background, because when they stop to ask, 'Well, what do you mean by that?', the user and the partner and the volunteer are actually on equal terms because neither of them know what's going on, and both of them are asking to stop and think about it, so it actually works very well.

Lesley Ann Cull
What practice issues are raised for the citizen advocate if service users disclose information which suggests that their welfare or safety is at risk?

Becky Powell
The advocate has only one person in mind, and that is their partner. If their partner said for example that they were a victim of abuse, then the advocate's task would be to support them in anything they wanted to do. And that would include providing information, talking through information, looking at what options there were for them to turn to and support them through that. If an adult with a learning disability, didn't actually want it to go any further, then obviously it wouldn't. The choices are made 100% by the service user, by the adult with the learning disability. But we will try to provide all the information that we possibly can to improve their understanding and improve their options and choices.

Lesley Ann Cull
You are now going to hear about the work of another organisation which supports vulnerable adults - in this case, users of mental health services.

Simon Foster
My name is Simon Foster. I am the principal solicitor at MIND. MIND was created in 1946 under the name of the National Association for Mental Health; it was an amalgam of some previously existent voluntary organisations brought together following the Second World War with the specific brief for service personnel with psychiatric difficulties moving back into the community. It was initially primarily staffed and organised by people with a medical background, but that changed quite drastically in the 19... late 60s and early 1970s when the more radical user movement came to the fore and at that time we took the name MIND in preference to the National Association for Mental Health, and we have been increasingly representing a voice for the user of services.

Lesley Ann Cull
I asked Simon who is likely to be involved in the mental health system.

Simon Foster
It’s very difficult to say who gets caught up in the Mental Health system. We work from the figures that 1 in 4 people have mental health difficulties during the course of their lifetime, and at any one stage probably around about 12 to 15% of the population is experiencing some form of mental distress. In terms of the composition of the group who engage with mental health services, there is no doubt that there is a greater representation among women and also in certain categories, particularly people who are detained patients, an over-representation of people from black and minority ethnic communities.

Lesley Ann Cull
What does Simon see as the issues raised by current practice of those working in the mental health system?

Simon Foster
We would say that there are several current issues in mental health practice. The most important from our point of view is the way that a medical diagnosis is seen to direct the proposed treatment of somebody asking for assistance. We think that this is very misleading, and this is the so called medical model which we really don’t go along with. We much prefer to see a holistic, person-centred approach, starting with the person’s needs and their difficulties they are experiencing, rather than going back to the formal diagnosis. There are several reasons for this, the most important being that an individual can be re-diagnosed by a different psychiatrist and there are many examples of this, and then that seems to trigger different interventions, different service. There is a well-known campaigner for rights for mental health services users who says he has had five different diagnoses at different times. He hasn’t changed but psychiatric opinion about him has. Another and closely allied concern that we have is that very often it’s seen as the professionals making decisions on behalf of the person, that the person is seen as being somehow a passive receiver of services, receiver of interventions. Again, we want to see the individual put at the centre of the services being provided, after all they are uniquely placed to know what they are experiencing, what they think benefits them and what doesn’t and plainly other people will have views about this as well. But nevertheless, consulting the service user and putting her or him at the centre of the assessment seems to be essential.

Lesley Ann Cull
Simon then spoke about the kinds of cases MIND gets involved in and why.

Simon Foster
Very, very occasionally we take on test cases and this will be probably no more than two or three in a given year. This is where a user of mental health services has hit difficulties because of the state of the law, particularly if a new bit of legislation has been introduced, or a court ruling has had what we regard as undesirable effects. We will then occasionally challenge it on behalf of that person who has been disadvantaged and take that through. Usually the people we take on are the ones who have, we think, a strong legal argument and no other immediate means of support, so people who don’t have a trade union to support them, people who don’t have their own financial resources to bring a case privately.

Lesley Ann Cull
How do social workers help service users to access MIND’s services?

Simon Foster
Social workers can be extremely valuable in telling users of services, people in mental distress, of the range of options available to them for seeking independent support and help. And many social workers we know have MIND’s telephone numbers and contact details available. We certainly have calls from social workers who are concerned on behalf of their client who they think is missing out on services and they are asking us for some suggestions and we are always very happy to do that.

Lesley Ann Cull
I asked Simon what are some of the main problems for people caught up in the mental health system.

Simon Foster
For somebody who is experiencing mental distress there are any number of things they are having to contend with. There's the effects of the condition itself, which can be frightening, alarming, terrifying in some cases. In addition to that, there's the way that they are regarded by people around them, the whole stigma of mental illness which can so easily be put upon somebody who is going through a difficult enough time at the best of times. On top of that, the common perception is that the professionals who are making decision about the individuals care and treatment seem to do this without reference back to the individual, what the individual wants, in a way that would not be the case if somebody was suffering from diabetes or cancer, or a broken leg, or indeed in distress for other reasons, if there had been a family break up etc. I would say therefore that when somebody is in this sort of vulnerable state it is very important for them to realise that they don't cease to have legal rights, they have just as much legal rights as any other citizen to say what they want, to say no to things they don't want. The law does provide certain powers for them to be taken to hospital and be given medication and other treatment without their consent. Any way that the individual can be supported to exercise their civil rights and to claim their own human dignity as an individual in society is very much welcomed, we say.

Lesley Ann Cull
Simon then spoke about the role and work of the Mental Health Commission

Simon Foster
The Mental Health Commission was set up in 1983 by the Secretary of State for Health and the commissioner's primary responsibility is to supervise the welfare of those who have been detained under the Mental Health Act. The Commissioners visit all psychiatric wards where there are detained patients and mental nursing homes where there are detained patients, they speak to patients, they speak to staff, and they investigate concerns and complaints which have reached them, around the conditions in which people are being kept under detention. The individual service user and patient in hospital has an absolute right to make a complaint to the commission, to ask the commission to look into matters. The commission then has the discretion whether in fact they will follow this up, sometimes they say 'this is outside the scope of our work, we are not allowed to', sometimes they will say 'we are allowed to do this, but on a preliminary view we don't think that this is something that really we are in a position to investigate'. But very often they will at least have a preliminary investigation to find out what is going on. And they're a very important watchdog which we at MIND value greatly as an independent body who can just keep an eye on what's going on in hospitals and mental nursing homes.

Lesley Ann Cull
I asked Simon whether he thought the aftercare provisions of the Mental Health Act 1983 work and if not why not.

Simon Foster
We have great concerns around the current provision of aftercare under the Mental Health Act 1983. If somebody has been a detained patient, under the Act, then section 117 says they are entitled to support equally from social services and from the health authority once they cease to be a detained patient and they leave hospital. However it's not specified what level of support they should receive or what this consists of. And because of financial cuts we know that some local authorities and health authorities have taken the view that they can discharge their duties by providing occasional visits to the home of the individual. Now there's a particular problem here, which is that the Department of Health have made it clear that support under section 117, the aftercare and provision, should be free to the individual concerned.. And providing domestic services, providing accommodation, of course, can be very, very expensive for the local authority, and equally for the health authority if they get involved in that side of things. The 1948 National Assistance Act, on the other hand, does allow councils to charge for these services, and in fact in the case of providing accommodation they are actually required to make a charge of what's reasonable for the individual to pay. So we are noticing that increasingly councils are saying, in fact, we are not providing support services and accommodation as part of the aftercare package, but we have

done a re-assessment under the National Assistance Act 1948 and this is how much it’s going to cost you. We have great concerns about this, we think it’s terribly unfair for somebody leaving hospital, who really in many cases will not have a choice of where they are going to live, it’s difficult enough to accept that social services are placing them in a place that they may not have chosen to go, but then to be presented with a bill for the privilege we think is very tough.

Lesley Ann Cull
What about guardianship?

Simon Foster
There is a provision under the Mental Health Act for an individual who social services believe constitutes a risk to themselves, or very occasionally a risk to somebody else to be placed under guardianship. This is similar to being put under a compulsory section and taken to hospital, but there is a key different which is that they continue to live in the community but they are under supervision of a social worker, and the social worker has powers to stipulate where the person should live, to stipulate that they should attend at a clinic for medical treatment and to stipulate that they should be engaging in some sort of therapeutic activity.
In order to receive someone into guardianship then the ASW has to carry out a formal assessment, and again support it with medical recommendations, but this time the application is made to the social services department, and not surprisingly it tends to be accepted.
However, guardianship is not used very extensively. There are, for example, some 20-25000 detentions in hospital under section in any year, and a handful of guardianship applications are made, and we are talking about hundreds. And the reason is not so difficult to see because there are no teeth attaching to the powers of the supervisor. The supervisor can say ‘I want you to live there, I want you to attend hospital for treatment’, but if the individual keeps walking away or keeps going back to where they would much rather be living, or keeps walking out from hospital, there is nothing much the social worker can do about it. In other words it needs to proceed by cooperation, consultation discussion, and try to persuade the individual to cooperate with services.