

Advocacy Workshop 24th March 2000

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Introduction

All agencies, service providers and practitioners will come into contact with individuals or groups who are advocating on behalf of another person or group of people. A recent review of advocacy from the Joseph Rowntree Foundation concluded that advocacy works best when there is knowledge at all levels about what advocacy is, and what it can do. A 'healthy dialogue' is needed about the potential advocacy might have to enable the voices of those who might not otherwise be heard, to make their views known and to influence policy and practice.

The workshop covered:

- What is advocacy?
 - the various forms of advocacy
 - the range and scope of advocacy
- Advocacy services
 - examples of advocacy in action
- What makes good or successful advocacy?
- How can advocacy facilitate the involvement of people who use health and social care services?
- Can practitioners and carers be advocates?
- What is the relationship between advocacy services and health and social care agencies and practitioners?
- Developing good practice guidelines for use of advocacy - to involve service users from the level of making decisions about their own care and treatment, to service planning and development.

Programme:

Advocacy - A way of including those whose voices are not heard?

An interactive day led by Joe Monaghan, National Development Worker for Citizen Advocacy Information and Training. Joe has been Co-ordinator with Liverpool Citizen Advocacy for 8 years, and chairs the Liverpool Advocacy Forum.

9.00-9.30	Registration, coffee and welcome.
9.35-10.15	The advocacy continuum - What advocacy is, and isn't - The range and scope of advocacy
10.15-10.45	Discussion - Who benefits from advocacy?
	Coffee
11-11.45	Advocacy in Action Practical illustrations of advocacy - <i>Hull and East Yorkshire Advocacy Forum</i> - <i>Mencap</i> - Advocacy for Direct Payments (including to people with learning difficulties and older people) - <i>Liesel Dickinson Independent Living Scheme Co-ordinator, Choices & Rights Disability Coalition</i> - Legal advocacy - <i>Humphrey Forrest, Humberside Law Centre</i>
11.45-12.30	Discussion - What is good or successful advocacy? -for the user -for the service or agency
	Lunch
1.30-2.0	Conflicts of interest and cultural sensitivity
2.0-2.30	Discussion - can staff and carers be advocates?
	Tea
2.45-3.15	Advocacy as a way of involving service users
3.15-4.0	Group work - Developing guidelines for advocacy to involve service users
4.0-4.15	Feedback and future action

Advocacy is about:

Empowerment of people, where possible to be their own advocates.

'We aim to empower people to sort out their own problems for themselves, and realise their own potential as citizens with the rights and responsibilities that entails.' (1)

Autonomy and self-determination.

'Advocacy enables people to be more in control of their own lives, by having information, support to make their views known and greater involvement in decisions'.(2)

Citizenship

Safeguarding rights, and working towards 'A way of promoting equality in practice'. (3)

Inclusion

Of otherwise marginalised people.

1. New Connections, Mental Health Advocacy Service, Annual Report 1997/98
2. Lochaber Advocacy Service Final Evaluation Report
3. Comic Relief Review of Advocacy

In: Atkinson D 1999 Advocacy – A Review Research Into Practice series Joseph Rowntree Foundation Pavillion Brighton

So What is Advocacy?

Advocacy is when an individual or more than one person have their views put forward by someone else (acting as an advocate). Sometimes we cannot put our own views and wishes forward for a variety of reasons, we may lack confidence or may not know exactly how to go about making our voice heard. It may be that we know how to say what we want, but are not listened to. Advocacy is about protecting and enhancing people's rights and ensuring that they have a voice in the decisions that affect their lives.

From: Liverpool Community Advocacy Development Project leaflet

Who could benefit from advocacy? all of us, in certain circumstances

people who are:

- physically or socially isolated
- vulnerable
- powerless
- dependent on others e.g. carers, services
- unable to communicate conventionally
- need help to understand information
- need support to represent their interests
- find difficulty in being assertive
- discriminated against or devalued by society`
- those who need safeguard against abuse

What is good or successful advocacy?

For the individual

- person enabled – to be heard, to speak out for themselves
- potential for increased self-confidence and self-esteem
- feels listened to and respected
- own wishes and point of view represented, not their 'best interest'
- own perspective understood and acknowledged
- understanding of options and rights
- increased choice/control/quality of life
- averting big problems by dealing with smaller ones
- desired outcome or satisfactory negotiated compromise
- more appropriate service

For the service

- ensures that the voices of users and carers, as experts in defining their own wishes and needs are heard, to increase sensitivity, effectiveness and appropriateness of services
- identifies areas where standards are not being met
- provides insight for staff into how service users and their families experience services
- resolution of conflict
- meets obligation to involve service users

Recognising advocacy

Some examples:

Supporting Advocacy Services

Managers will need to consider the most appropriate mechanisms for enabling users to utilise ..information to define their treatment in consultation with the specialist involved in their care. One particular method is by establishing advocacy services.

Advocacy is about giving the individual user a voice and getting the NHS and Social Service Departments to listen to that voice and take account of users' needs and preferences. In order to ensure there are no conflict of interests in the representation of users' views, advocacy therefore needs to be independent of service provision.

Purchasers can support advocacy projects by:

- Commissioning the provision of independent advocacy by a third party within the service provider setting
- Incorporating appropriate clauses within the contract with the provider to guarantee the advocate a voice

Seeking Local Views- chapter in Health of the Nation Key Area Mental Health Handbook 2nd Edition 1994

The 1986 Disabled Person's Act gave individuals the right to appoint an advocate and local authorities a duty to develop advocacy schemes. Although the Act was never fully implemented, it remains good practice to have the right to an advocate, and for advocates to have access to service users, written into service specifications.

*"...it is consistent with the aims of basing service provision on the needs and wishes of users that those who are unable to express their views..[should] be supported in securing independent representation."*¹

*"If ..advocacy was to be recognised as a means of empowering. . users (by advocates accompanying them to meetings), then many more of them would have a physical presence at formal events, rather than having their views represented by someone else while they stay at home.."*²

¹ Thompson S undated: User Involvement – Giving Older People a Voice Prospects Training Publications Wrexham p 35

² SSI/SWSG 1991b para 3.27 quoted in: In Their Own Homes – Incorporating Carers' and Users' Views in Care Management Social Policy Research Unit University of York 1993

How can advocacy promote involvement of service users?

User involvement might be defined as inclusion of service users in the planning and management of services as well as in individual decisions about care and treatment.

“The processes by which services learn from those they serve”³

The range of ways people might be involved:

- Individuals taking part in an assessment process or treatment decision
- Individuals contributing their own views and experiences
- Individuals reflecting the organised voice of a group with a particular interest in common

Contributing to:

- The strategic framework or vision for services
- Identifying and prioritising needs and allocating resources
- Planning and purchasing services
- Developing assessments and providing services and packages of care and support
- Monitoring, reviewing and evaluating services and taking part in inspections
- Staff selection, training and development

Advocates can help service users with:

- Having confidence to speak on their own behalf
- Understanding information
- Expressing choice and preference
- Making personal decisions
- At periods of transition
- Accessing services, benefits
- Support at community care assessments, reviews, case conferences, doctors appointments
- Links between residential care and the wider community
- Taking part in groups, meetings, committees
- conflicts with family/carer
- complaints procedures

³ Polley S 1995 Druglink

Material for development of Guidelines to support advocacy for service users

People acting as advocates might be:

- Service users themselves, as individuals speaking for themselves or on behalf of other service users
- Service user groups
- Someone from a self-support group or voluntary organisation
- Someone from an advocacy service
- Friends or family
- Legal advisors

Skills of a good advocate include being able to act as:

- a recognised independent agent
- a good interested listener
- a good communicator
- a translator into understandable language
- a support towards independence
- a reliable and accurate witness
- a seeker and provider of balanced information
- a protestor for and protector of human rights

Code of Practice - arrangements for advocacy

- Advocates are accountable to the people who use their services and to the people who use mental health services in general.
- There will be no charge for advocacy services.
- Conflicts of interest should be avoided, but where they exist they must be declared.
- People should be able to choose their advocate.
- Advocates should include people of different genders, ages and ethnic identities.
- Arrangements should be incorporated to offer advocacy to those people who may need continuous one-to-one support from a citizen advocate (who could well be someone who has used services). The principle of helping towards optimum independence still holds good.
- People are at liberty to dispense with the services of their advocate or to choose another available advocate at any time.
- Advocates should inform people of their working hours and be clear about how, when and where they may be contacted or will again make contact with them.

From:

Advocacy- a Code of Practice United Kingdom Advocacy Network
Department of Health 1997

You might want to consider:

- Staff training-have staff had opportunities to work through their fears?
- The consequences of your actions in changing the balance of power between staff and service users
- Resources needed
- Facilitating groups who will speak up for themselves
- Training and support advocate has access to
- Information for service users, and publicity
- Independence/conflict of interests
- Access
- Privacy
- Confidentiality
- Procedure for complaints
- Keeping advocates informed - changes and developments
- Involving advocates and their partners in policy and planning

Relationships with Staff - Key Lessons

There needs to be clarity of roles between staff and advocate. While staff may speak out for people, they cannot be independent advocates. While advocates may help people to feel better, they are not therapists.

Staff should not only recognise the person's right to an advocate, they have a duty to encourage advocacy and to acknowledge self-advocacy as a positive action, not label it as a symptom of distress.

Staff should recognise the independent role of the advocate, and the value of advocates as an independent resource for people with whom they may be able to form an alliance to improve care practice. Advocates may raise issues that staff cannot (because of conflict of loyalties) but advocates also have a role in commending good practice.

Advocates should always be introduced to the staff, so that staff know that the advocates have a legitimate right to access and to meet with people. Advocates should let key staff know when they are present in a unit.

Staff should have training, from people with experience as advocates, in what advocacy is, and what the roles and working relationships are. The role of an advocate support worker differs from that of a patients' council support worker, for instance.

Staff have a vital role to play in the provision of good quality, user-friendly, information. Advocates may usefully work with them on information strategies.

Staff have an obligation to respond courteously and to act, both on issues concerning an individual service user, and wider issues raised by people using the service. The advocate's role in providing feedback, without specifically identifying complainants if they do not have permission to do so, should be recognised. The advocate has a legitimate group self-advocacy role, and a duty of confidentiality to people who fear that speaking out may have negative consequences.

Managers should be clear that listening skills are not enough, there is an onus on them to also provide evidence of action on issues brought to their attention. Where there is no ongoing council of people using the service, such as in an acute DGH unit, there should be a meeting at least once a month between the advocates and managers, with a deputation of current service users, after the

advocates have consulted users. Where there is a council, it is vital that there are adequate mechanisms for following through the redress of issues; agreed methods of raising issues, preferably in writing; and a timescale for response.

There is a clear need for an in-built structure which looks at the ongoing relationships between staff and advocates, so that any problems may be raised and any misunderstandings clarified, at a time and a place that are mutually appropriate. This meeting is appropriate for information sharing, and requests for feedback and monitoring of the advocacy project from the perspective of the service, in terms of the working relationships, and any agreements or codes of practice.

In services in which advocates work extensively, staff recognition of their legitimate access and independence can be enhanced by the allocation of a clearly signed office and facilities to ensure confidentiality and external communication.

It should be clear that advocates are not members of staff, and are independent of management. For instance, they should only eat at staff canteens if they are public restaurants or there are no other facilities.

A healthy dialogue between staff and advocates will not be without tensions and differences of perspective, nor should it be if working together is to succeed in empowering both staff and the people they work with.

A real understanding of user-involvement by senior managers is vital. Their respect, encouragement and commitment to the process clearly expressed and vigorously communicated to all staff, greatly facilitates that process.

Ward or day centre staff who demonstrate that it is all right for people to speak out, without getting defensive, are on the way to accepting, and encouraging user involvement by respecting the rights of all to comment on the services that they receive.

From:

Advocacy -A Code of Practice

United Kingdom Advocacy Network Department of Health 1997