



# planet advocacy

news from **action for advocacy** and beyond

March 2005 Issue No 11

## Building Bridges for Health

The Kings Fund explores the potential of advocacy

**Charter in Action**

**The impact of Capacity Building**

**A non-representational approach to advocacy**

# Contributors



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Submission guidelines are available on request.

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Deadline for inclusion in the June issue is Friday 29th April.

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## Cover picture story

The Kings Fund have supported the development of advocacy in London through a variety of grants over the years. A recent research project "Building Bridges" has explored the potential for advocacy to now play a key role in supporting healthier communities. The report argues the opportunities should be grabbed by both hands.

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When the two words Advocacy and Politics have appeared together in the past, you would be forgiven for assuming they were used in relation to the seemingly never ending internal debates within the sector. I remember Marcia Ramsay of Advocacy 2000 describing her work in Scotland as a bit like 'herding cats!'

These days, however, it is much more likely to mean a trip to Westminster or a meeting with Civil Servants. The opportunities for dialogue with government and to influence policy at both national and local level are presenting themselves as never before and many people in advocacy are making the most of them. Just turn to the news pages to read about the exciting developments in Enfield, and the work of NAN and WASSR for example, who are asking for your help in lobbying MP's to raise awareness of the need for a national funding strategy.

And on page 12 we hear from Rick Henderson on what it was like to be invited to give evidence to the Joint Committee on the advocacy proposals within the draft Mental Health Bill.

Of course these opportunities bring closer scrutiny upon us and our practice. Questions of accountability, quality standards, regulation and consistency are never far away. On page six we hear more about the exciting new programme from A4A 'Charter in Action' which may help groups to address some of these issues. But importantly on page ten we also hear from Henry Fisher who offers us a timely reminder not to get too bogged down in the politics and lose sight of the people we support and the best ways of supporting them.

Please respond to the articles, tell us what you think.

Best wishes

**Karen Mellanby**  
**Planet Advocacy Editor**

# News Update

## Advocacy Trust Proposed

A new approach to advocacy commissioning and development has been proposed as part of the Enfield Advocacy Strategy. The advocacy trust aims to build capacity and ensure quality services whilst ensuring the continued independence of the sector.

**Karen Mellanby** reports.

On the 7th of January in Enfield, a consortium of statutory and voluntary sector providers proposed setting up an advocacy trust to meet the needs of the local community.

The advocacy trust will form part of a strategy that will ensure people have easy access to the type of support best suited to ensure their voices are heard. The proposal aims to increase the provision of quality advocacy services and promote a co-ordinated approach to its development. With the establishment of the trust, Enfield Council will not directly fund the provision of advocacy to individuals but support voluntary sector



advocacy providers via the trust.

Lynne Laidlaw, Capacity Building Officer at Action for Advocacy, a leading resource and support agency for the advocacy sector, welcomed the development. "With the proposed advocacy trust we will witness a real sea change, not only in the provision of advocacy but a real understanding and appreciation of the importance of independence in advocacy and the need to build capacity in this sector."

A project steering group, made up of representatives from all key stakeholders, developed the strategy with assistance from Action for Advocacy. The team studied models used elsewhere, future trends in respect of government initiatives and

legislation, and surveyed 100 voluntary sector organisations. The proposals suggest an alternative and new approach to advocacy commissioning that nobody has tried before. They now plan to hold three consultative workshops to develop the details of the trust, which will broker partnerships and streamline contracting between the

**↑** Lynne Laidlaw, alongside Ray James, Assistant Director of Adult Social Services in Enfield and Lorraine Davis, Head of Disability services, at the launch of the Enfield Advocacy Strategy.

**←** Lynne Laidlaw—A4A Capacity Building Officer speaking at the launch in Enfield.



Council and advocacy providers, as well as monitor the quality of provision and promote the sharing of resources.

Ray James, Assistant Director of Adult Social Services, Enfield outlined the Council's commitment to making the strategy work. "We want our front line staff to recognise the value advocacy can bring to certain situations. Advocacy is important to ensure that voices are heard; and to help make changes in the political context in Enfield. The more people we can help in getting their voices heard, the better our services."

Lorraine Davis, Head of Disability Services, Enfield adds, "The Draft Strategy is a huge step in the right direction; designed to invest in capacity, standards...and training, while ensuring the independence of advocacy providers."

The proposals are out for consultation until April 2005.



For more information on the proposals or to obtain a copy of the draft strategy contact Action for Advocacy on 020 7820 7868 [info@actionforadvocacy.org.uk](mailto:info@actionforadvocacy.org.uk).

## Mental Capacity Act Advocacy to be introduced

An amendment to the Mental Capacity Bill will be tabled at report stage in order to change the name of the 'independent consultee service' to 'independent mental capacity advocate'.

Baroness Ashton outlined the Government's intention as peers debated the bill in the House of Lords on February 1st 2005.

Six and a half million pounds will be available to deliver the service to people who are unbefriended and other vulnerable people who are unsupported and lack capacity. The Baroness said the Government is keen to build on existing advocacy services and a

national framework of standards for advocacy is planned.

Well known peer and supporter of advocacy, Lord Rix expressed his delight at the name change but made it clear that he was disappointed that the funding for advocacy had not been further increased.

The change comes following a long debate around the function of the proposed independent consultee service and calls from many campaigners for a clearer emphasis on Advocacy. The Advocacy Alliance, Making Decisions Alliance and I Decide Coalition all had concerns that a commitment to advocacy was lacking in the original proposals.

## Action for Advocacy selected to be an 'Outcomes Champion'

Action for Advocacy has been selected as an 'Outcome Champion' by the Charities Evaluation Service. The National Outcomes Dissemination Programme is a major national initiative which aims to increase the skills and understanding of outcomes within the voluntary sector. A4A's capacity building worker, Lynne Laidlaw is one of sixty seven 'Outcome Champions' chosen throughout the UK. She will be trained on outcomes and training others on outcomes and in turn offer free outcomes training to selected advocacy organisations.

**PLEASE CONTACT LYNNE LAIDLAW ON 020 7820 7868 TO FIND OUT MORE ABOUT THE ENFIELD PROPOSALS OR TO DISCUSS ORGANISATIONAL DEVELOPMENT ISSUES IN GENERAL.**

## MP calls for National Advocacy Funding Strategy.

An MP who hosted a debate at the national advocacy conference in November has tabled an early day motion calling for a national funding strategy for advocacy.

The early day motion (EDM 572), tabled by Andy King MP, has already obtained the backing of 31 MP's. Specifically it states that "This House welcomes the work of the National Advocacy Network, especially the commitment of independent volunteer advocates; but notes that there is no national funding strategy for advocacy and that the Network needs this to ensure its independence, sustainability and compliance with legislation and to support the continued invaluable work of the Network."

John McCarthy, the chair of the National Advocacy Network

welcomes the initiative.

"Currently, advocacy is primarily provided at a local level through the good will of individual Social Services and Health departments. There is no national strategy which assists the development of this vital service to the most vulnerable groups in society. NAN congratulates Andy King in taking this bold move and hope it engenders a wider debate about advocacy and its positive role for service users."

An Early Day Motion is a lobbying tool but requires the signature of at least 160 MP's to get it raised in parliamentary questions.

Contact your local MP to ask them to sign up to EDM 572 and to raise awareness of the work you do locally.

## UKAN propose shift in focus

The United Kingdom Advocacy Network (UKAN) Management Committee have proposed a shift in the focus of the organisation from advocacy to empowerment. This proposal was unanimously accepted by the delegates from UKAN member groups at the AGM held on December 8th 2004.

Rather than focusing its energies on projects that provide individual advocacy support, UKAN will now attempt to secure funding to support all user / survivor run

mental health groups, particularly groups focusing on self-help, mutual support, self-management and recovery. They are currently surveying member groups regarding the change in focus.

For more information on the proposals contact, Patrick Wood [patrickwood@btconnect.com](mailto:patrickwood@btconnect.com).

## Advocacy - who benefits? Who pays?

A report explaining the benefits advocacy brings to the statutory providers of services is to be launched at the House of Commons on Tuesday 24th May 2005 at 4.00pm.

The research is based on the work of Westminster Advocacy Service for Senior Residents (WASSR) and shows that local authorities and Primary Care Trusts are saving both time and money through the work of advocates.

Irene Kohler, Director of WASSR says, "we want as many MP's as possible to be at the launch to hear this important message in support of an advocacy funding strategy across the country. Please tell your MP about this event and urge him or her to attend the launch."



**Irene Kohler, Director of Westminster Advocacy Service for Senior Residents.**

## Partnership working will deliver 'voices through advocacy'.

Scope in partnership with BILD, Action for Advocacy and four locally based advocacy schemes have been awarded a grant of £459, 000 over 3 years toward the costs of the 'Voices Through Advocacy' project.

The project is in direct response to the current issues surrounding the provision of independent advocacy for disabled people with physical, sensory, communication impairments and high support needs. These were highlighted in the research undertaken by the Advocacy Alliance and outlined in the 'Advocating for Equality' report.

Wendy Lewington, Scope's Advocacy Advisor and co-author of 'Advocating for Equality' says, "Advocacy schemes identified that the main causes for the lack of provision were funding issues and a lack of skills and experience around working with these groups of people. We are really pleased to work in partnership with the key

agencies involved in the development of advocacy and local advocacy schemes to address this." The project has 3 main parts:

- Working with advocacy schemes, BILD and advocacy networks to develop and promote good practice for advocacy schemes working with people with high support needs.
- Working with local authorities to develop good practice guidance to be used when developing local advocacy plans.
- Increase in independent advocacy provision for disabled people in four geographical areas across England and Wales. Match funding is currently being sought, however it is hoped that the project will commence in Summer 2005.

For further information please contact Wendy Lewington, Scope's Advocacy Advisor on 01525 374 201.

## Advocates give evidence on the Draft Mental Health Bill

Organisations involved in the development and delivery of Mental Health Advocacy gave oral evidence to the Joint Committee on the draft Mental Health Bill on 2nd February.

Action for Advocacy, the Association of Mental Health Advocates (AMHA), UKAN and CYMAR were invited to respond to questions about how advocacy will operate in the Bill following detailed submissions to the committee. Questions and answers related to the essential skills, attributes and principles of advocacy, the lack of capacity within the sector and training and standards.



Preparing to give evidence, from left to right; Bev Mills of UKAN, Peter Munn of CYMAR and Hilary Dyter of AMHA

# Charter in Action

A range of literature and resources is being developed, based on the Advocacy Charter. **Rick Henderson**, Action for Advocacy (A4A) Director, tells us more about 'Charter in Action', the two year national programme that aims to bring this defining document to life.

It never ceases to amaze me that the Advocacy Charter has been used in so many different ways. It seems that hardly a month goes by when we are not contacted by an advocacy scheme somewhere that has found a new use for the Charter. And I'm not talking about using it as scrap paper, or as a temporary repair to a wobbly table leg!

The Charter has been used as a publicity leaflet, as a training resource, as a negotiating tool with funders, and as a quality assurance mechanism. In places as far and wide as Essex, Lancashire, Warwickshire, Leeds, Gloucestershire and Newcastle, the Charter can be seen to have had an influence on the planning and delivery of effective advocacy services to vulnerable people. More recently, we received a report from Poland which uses the Charter as the basis of a national advocacy strategy! It has gone to Sweden, America, New Zealand and Ireland. Who could have predicted, back in 2002 when we were drafting the Charter, that it would have such a far-reaching impact. Clearly, the Charter touched a nerve. My theory is that possibly for the first time in this country, the Charter offered an opportunity for the advocacy sector to unite behind a common set of principles, that transcend debates around the relative merits of different advocacy models, and is relevant across service user groups.

That is not to say there has been an absolute, unqualified acceptance of the Charter principles, far from it. We have received our fair share of criticism following the production of the original

Charter and the more user-friendly Accessible Charter. This criticism has tended to fall into two main categories. Firstly, from those within the advocacy sector who do not like being told what to do, let alone what to think. By defining key principles, they argue, we are in essence, prescribing those principles to a group of individuals who prefer to identify themselves as free thinkers and free spirits. The second criticism is that conversely, the Charter is a bit woolly, a bit 'apple pie'. Certainly it could have been written in much stronger language, especially in relation to the principle of independence. Many advocates felt that complete structural independence should be an absolute minimum requirement of all advocacy schemes. Our response at the time, and it still holds true to this day, was that so much of the existing advocacy provision in the UK is delivered by semi-independent agencies such as Mind, Age Concern, Mencap and so on and that to marginalise them would be counterproductive to the needs of service users. Sound like a cop-out? Maybe, but we firmly believe that there is much more to achieving independence than simply being a registered charity. Independence of thought and of deed are of equal importance, and the Charter enshrines this notion.

So, criticism notwithstanding, the Advocacy Charter has achieved a status within the advocacy sector that no single piece of A4 paper has any real right to. At Action for Advocacy, we are immensely proud of this achievement and it has

**designed to provide advocacy schemes with the tools needed to implement the Charter principles in their daily work**



certainly helped to put our organisation, and the wider advocacy sector, firmly on the map. However, it is just a piece of paper, and now we are preparing to embark on a new and exciting programme of work aimed at bringing the Advocacy Charter to life.

The Charter in Action programme, which has attracted funding over the next two years from Lloyds TSB Foundation, is designed to provide advocacy schemes with the tools needed to implement the Charter principles in their daily work. A series of five key publications will be developed and disseminated to advocacy schemes across the country at a very low cost. Each publication will stand in its own right, as well as being a piece in the Charter in Action jigsaw. The tools will be piloted and vigorously tested for their accessibility, relevance and ease of use. The five tools are:

1) Charter assessment system. The system will enable advocacy schemes to assess their practice against the ten advocacy principles contained in the Charter. It is designed to be used alongside and complement, other quality assurance systems such as PQASSO and the Community Legal Service Quality Mark.

2) Shared induction workbook. The workbook is an induction training resource pack for new advocates. It contains exercises and learning resources to be used directly by advocates, and by their line managers. It is based on best practice in current induction training, gathered from advocacy schemes across the country.

3) Commissioners' guide to the Advocacy Charter. This publication is aimed at health and local authority commissioners, and identifies the key implications of the Charter for commissioning effective advocacy services for local people. By educating commissioners, we hope to have a positive impact on advocacy funding in the future.

4) Code of Practice framework. The framework will help local schemes and

regional networks to develop their own Code of Practice for advocacy, based on national best practice.

5) Minimum standards and agenda for accountability. This will bring together work previously done on advocacy standards, and set them in the context of the Advocacy Charter

Our intention is to involve as many people as possible in the development of these resources, including advocates, Trustees, commissioners and service users. The A4A team is busy drafting the various materials and looking for both 'expert readers' and pilot sites for the assessment system and the shared induction workbook. We will be working with a designer to ensure the final products look good and are easy to read and use. The funding from Lloyds TSB should cover the cost of producing the materials, and we will disseminate them around the country, through a series of Charter in Action 'roadshows' organised in partnership with local advocacy schemes. These will take place in Autumn/Winter 2005/6 and will be well publicised.

Regular readers of Planet Advocacy will know that A4A is broadening its remit beyond Greater London, and developing more of a national focus for its work. Charter in Action is our first 'big national' project, and there are bound to be teething troubles. In particular, we need advice about how best to involve and inform the widest possible range of advocates and advocacy organisations. There is already a Charter in Action Advisory Group meeting regularly which includes representatives from advocacy schemes across the country.

We are keen to hear from as many stakeholders as possible about how the programme should progress, and what should be included. Ultimately, these resources should be a reflection of all that is good about current advocacy practice, and a source of support and inspiration to those wishing to get involved in advocacy.

# Building Bridges for Health

Government is increasingly reliant on voluntary sector advocacy organisations to help disadvantaged individuals access the health information and services they need. However, the lack of a strategic approach is leading to patchy and disjointed provision, argues a King's Fund research report published in December 2004. The author, **Baljinder Heer** outlines the findings and explores the potential of advocacy.



**B**uilding Bridges for Health: Exploring the potential of advocacy in London' points to several pieces of recent legislation and new initiatives that task statutory bodies with ensuring access to advocacy services, including:

- The draft Mental Health Bill 2004 proposes that all patients subject to compulsory mental health orders should have independent advocacy available to them.
- The Valuing People white paper stresses that people with learning disabilities should be able to access advocacy support.
- The Independent Complaints and Advocacy Service created as part of the 2004 Health and Social Care Act, and available to all users of health services on a regional basis.
- The Mental Capacity Bill 2004 is about enabling decisions to be made on behalf of people who lack the capacity to do so. The Government is now proposing to change the name of 'independent consultee' (outlined in the bill) to 'independent mental capacity advocate'.
- The Choosing Health public health white paper introduces the concept of accredited community based 'health trainers' to help individuals to change their behaviour and lead healthier lives.

However, little is known about what the advocacy sector looks like; how many advocacy organisations there are, and how these developments would impact upon them. We set out to explore these issues through original research, including an extensive literature review, in-depth interviews with people working in the advocacy sector and analysis of government policy.

Our research shows that the advocacy sector in the

UK has developed rapidly over the past 20 years, with there now being approximately 500 organisations delivering some form of advocacy in London alone. However, they have developed in an ad-hoc manner. Projects have been set up in response to the perceived needs of some of the most disadvantaged individuals and groups in society, rather than in a strategic way.

Some areas have high levels of provision, while others have little or none. They are often funded on a short-term basis and find it hard to survive, while they are largely uncoordinated and unregulated, relying heavily on untrained and unpaid volunteers.

In addition there is no agreed definition of what advocacy is or does, and many models exist, sometimes in competition with each other. Many would agree that advocacy at its simplest means supporting and empowering disadvantaged individuals to have their views and concerns heard in order to secure basic rights and entitlements. Yet, even within the advocacy world there are differing views of what advocacy means and advocates may perform very different roles.

The research also found that there is a lack of awareness of and identity for advocacy services. Advocates have been seen as an invisible workforce; they work behind the scenes in the most deprived areas with the most disadvantaged people. Yet they can often be the only link between the individual and health and social services. Their potential for improving health and wellbeing is enormous but there is little recognition or proper support for their work from statutory services.

Government is showing an increasing interest, driven partly by the need to ensure choice, public

participation and public health agendas reach disadvantaged and vulnerable communities, and partly by a growing realisation of the opportunities for partnership with the voluntary sector. But some advocacy organisations are rightly wary of how they can best work with statutory services without losing their unique and credible links to the communities they serve.

Furthermore, our analysis shows that the government has also failed to take a consistent approach. Different models of advocacy and different approaches to key issues such as funding, regulation and professionalism have been applied - some of which pose difficulties or even threats for many within the advocacy sector.

At the same time, there are huge strengths inherent in the advocacy sector. Advocates are committed, energetic, self-motivated and passionate about what they are doing, and there is evidence that they make a real difference to the lives and health of disadvantaged individuals, groups and communities.

However, we believe that a more strategic approach to the development of advocacy is now needed for it to fulfil its potential. Firstly, a clearer working definition of advocacy is needed, which not only encompasses its independence and its role in empowering individuals, but also recognises its potential for improving health and well-being, and promoting active citizenship in its widest sense.

Secondly, there needs to be a consistent and coherent strategy to developing advocacy services, and for advocacy to be available to all who need it. This needs to be supported by government commitment and funding, preferably within a national policy

framework, and by local planning and co-ordination. We strongly recommend the development of local advocacy plans, which should be drawn up by local authorities and primary care trusts in consultation with advocacy organisations and other stakeholders, to ensure equity of access, appropriate specialisation and adequate funding.

Thirdly, we believe that the advocacy sector needs to develop a strong identity and voice for itself which will put it in a better position to influence policy and delivery at all levels. This could be achieved by the development of a national advocacy alliance representing the whole advocacy sector and through standard setting and evaluation.

Health advocacy appears to be a long-standing idea whose time has finally come. With recent developments it is gradually shifting out of the margins and moving centre stage where it can be a real force for change. This is a crucial time for advocacy and the opportunities that now exist need to be grabbed with both hands.

If you would like a copy of the full report it can be downloaded free of charge from the King's Fund website at [www.kingsfund.org.uk/pdf/buildingbridges.pdf](http://www.kingsfund.org.uk/pdf/buildingbridges.pdf).



# In Your Own Words

It is still common to see advocacy described as speaking on behalf of people. However, **Henry Fisher** urges us to explore non-representational approaches, with a call for advocacy to be about people's voices directly being heard.

**F**or many years now I have been quietly getting on with doing advocacy work with people. I never knew very much about the links between what I was doing and other advocates' work, and I didn't really mind.

Then I got a job working with local refugees. I soon noticed that some of the refugees who spoke a bit more English were acting as informal advocates within their communities, quite like I had been doing. I realised that if I was going to properly support them I needed to find out a bit more about how advocacy really worked in the UK.

That was a little over two years ago, and since then everything's been in a bit of a spin. I've read lots and I've spoken to many people from Somerset to Tyne & Wear. Everyone was very generous with information and encouragement (I'm still sure that advocacy is the friendliest of all fields to work in), but the problem was that everyone had a slightly different angle on what advocacy is.

Since no one seemed to be able to decide on a simple definition, they often gave several alternatives side by side. Followed by discussions on different types of advocacy (citizen, professional, peer, crisis, etc), and views on what advocacy isn't.

The refugees I was working with had no experience of the voluntary sector, and often limited English. The distinction between a housing support worker, a Job Centre Plus Advisor, and an advice worker at the CAB was complicated enough.

Trying to explain how these long drawn out definitions of advocacy could be adapted and made use of was a character-building challenge indeed.

Rasa Advocacy Project is now quite independent and my role has developed into working with all the advocacy projects across Wakefield District; finding ways of supporting and developing provision. However I am still asked what advocacy is and i'm not sure it's really the appropriate question.

I'm happier with questions like 'what is advocacy for?' or even better, 'how does advocacy work?' In our practice as advocates these are the questions that really matter and that make a difference to what we do.

Rather than listing all the styles of advocacy, I prefer to think about Wolfensberger's 'expressive and instrumental' approaches to advocacy, or Henderson and Pochin's 'personal and technical' approaches. For me advocacy really is about relationships, drama and expression, as these authors suggest. Although I'm also delighted that more technical or instrumental interventions by advocates can also work well, when other professional approaches sometimes founder.

I was also very happy to hear Joel Rasbash make the distinction between a 'human rights' approach and a 'person centred' approach to non-instructed advocacy at the NAN conference last November.

One of the good things about all these

**It is far better to get people to speak for themselves and work through the drama of communication, argument and, hopefully, persuasion**



descriptions of how advocacy works is that they can be practised across all the different styles of advocacy. So, for example a professional advocate can adopt a person centred approach and a peer advocate can take a technical approach.

Also, all advocates can use these ideas to reflect on their own practice. On the other hand if we are simply given that old list of advocacy styles, it is quite tempting just to say “I’m a citizen advocate” or “I’m a crisis advocate”, and leave it at that.

The thing that really got me into advocacy however, and still cements my commitment to it, is what I call its non-representational approach and the debates around whether we should advocate on behalf of people or whether the emphasis should be on supporting people to speak for themselves.

In my own practice I come down firmly on the side of non-representational advocacy. There are plenty of people who act on behalf of others, but for me advocacy is more about disappearing into the background as your partner becomes better at speaking for themselves. Even for the very rare people who will never be able to speak for themselves, it is possible, as Joel described, for an advocate to gradually convert their observations and experiences with someone into simply expressed wishes.

It seems to me that if an advocate speaks at all to service providers, they should try to use the words of their partner as much as possible. The non-representational approach is thus very

close to person-centred advocacy. However, speaking on behalf of people can lead to a form of representation. Many advocates, in my experience, still see themselves as providing a ‘service’ where they talk to people to find out what they want and then write letters or speak to doctors ‘on their behalf.’ By doing this they ‘help’ people to solve their problems – a noble aim, but not much different from social work practice, and not necessarily very empowering.

There is another problem. When we decide ‘what’ someone wants, we form an idea or representation of it in our heads. Then if we speak on someone’s behalf, we are representing it again to a third party. Even when we, as individuals, try to decide what we want we encounter difficulties. It is far better to get people to speak for themselves and work through the drama of communication, argument and hopefully persuasion.

When we aim towards self advocacy, and support real empowerment and when we avoid the patronising attitudes of so many professionals, we are working in non-representational ways. However, society is steeped in the tradition of representation and it is very easy to fall into this way of thinking.

It is still common to see advocacy described as speaking on behalf of people. I would like to call for a conscious move against this and towards the emphasis on advocacy as being about people’s voices being heard directly.

# Question Time

Action for Advocacy (A4A) was one of four advocacy organisations invited to give oral evidence to the Joint Committee on the draft Mental Health Bill. **Rick Henderson** gives a personal account of what was involved.

It seems like only yesterday that a much younger, spikier-haired me was protesting about some long-forgotten cause outside the Houses of Parliament, placard in one hand and dog-eared copy of 'Socialist Worker' in the other. I think it was the bomb, or maybe vivisection, or the rise of the BNP – I was there for them all. And don't even start on the Poll Tax riots.....

Fast forward twenty years and here I am, along with several other smartly dressed, nervous looking advocacy 'representatives' (more of that later), waiting in a stuffy Commons ante-chamber, to be called to give evidence on the Joint Committee on the Mental Health Bill. Alongside myself is Karen Mellanby (A4A); Jonathan Coe and Hilary Dyter from AMHA; Bev Mills from UKAN and Peter Munn (UKAN/CYMAR). We've been invited to give oral evidence because we had previously submitted written evidence to the Joint Committee during the consultation period. The Joint Committee is made up of a number of surprisingly well-informed members of the Establishment (MPs, Lords and Ladies) and considers evidence from a wide range of stakeholders on key topics. So far they've met psychiatrists, carers and service users, and pretty much everyone in between.

But today is the final day of



**Action for Advocacy's Rick Henderson and Karen Mellanby at the Houses of Parliament**



evidence; it's the turn of advocacy to have the requisite 15 minutes of fame (Did I mention the proceedings are broadcast live? Shame the TV cameras were not present that day, we all looked great!). We'd been tipped-off about the questions we were due to be asked, and had prepared our responses meticulously. Well, that was the plan at least. In reality, although the Committee did stick to the script to an extent, the real tricky stuff was in the unscripted,

supplementary questions that followed. We'd already witnessed the carers' representatives being relentlessly grilled prior to our session, so had a fair idea of what to expect.

The questioning centred on four key areas: what skills do advocates need? How can advocacy help to improve service delivery? What do we think about regulation? And how much will all of this cost? Supplementary questions focused on the need for diversity in

advocacy provision, and the potentially confusing interrelationship between advocates, carers, nominated persons and lawyers (told you they were well-informed). We had already agreed amongst ourselves not to get drawn on subjects to which there is no easy answer, yet on the day that proved harder than we'd anticipated. On most issues there was consensus – of course we need more money, of course advocates need training, of course there needs to be standards. There was less agreement on the issue of regulation, and the Committee heard the full range of diverse opinion on the subject. We tried to be as representative as possible, without making false claims on behalf of our various advocacy networks, and the wider advocacy sector.

I feel we gave a good account of ourselves (readers can make their own assessment – the full transcript of our session is freely available on the Web). Certainly the buzz at the debriefing session was that we had made our points clearly and with authority. We only had an hour, so there were some 'wish I'd said that' regrets among the group, but overall we were pleased with our performance. As for the longer term outcome, that remains to be seen, but potentially the Bill represents a significant

shift in Government thinking about advocacy. We must continue to lobby for a greater awareness of the benefits of advocacy, in mental health and more broadly, and for a significant new investment in the sector.

Sitting in the pub afterwards, toasting our success, I was reminded of how far the advocacy sector has progressed in its brief history. Even a decade ago, I couldn't have imagined being in this position. We are being consulted at the highest level about the development of our own services. Advocacy has a place at the table. How we choose to use it is up to us. It's a testament to the efforts of many hundreds of advocates around the country that we are beginning to get the recognition we deserve and ultimately, to the thousands of people who use our services, whose interests underpin everything we do. These are exciting times.

A full transcript of the evidence session is available from <http://www.publications.parliament.uk/pa/jt/jtment.htm>

## CONTACT

### AMHA

The Association of Mental Health Advocates is a newly formed association which aims to provide a coherent structure and voice for advocates working with people who use mental health services. Enquiries by email only to [info@amha-online.org.uk](mailto:info@amha-online.org.uk).

### UNITED KINGDOM ADVOCACY NETWORK (UKAN)

is based in Sheffield and supports and develops user-led mental health advocacy groups. UKAN has been in existence for over a decade and has one full-timer. They recently published a training pack for mental health advocacy schemes and produced draft national standards for mental health advocacy. UKAN also produces a regular newsletter called 'The Advocate'. 0114 272 8171

**CYMAR.** The Welsh Association of Patients Councils and Advocacy Skills  
Tel. 07971 109158  
Email: [info@cymar.org.uk](mailto:info@cymar.org.uk).



# Building Capacity

**Lynne Laidlaw** reflects on her role as Capacity Building Officer for A4A and asks what impact does building capacity have?

A year into my post as Capacity Building Officer here at Action for Advocacy, and what have I learned? A lot: about you, about me, about advocacy, and about 'capacity'. I have spoken to many of you face to face, on the phone and via e-mail. I have visited your organisations and seen how you 'live'. I have provided advice, loads of funding information, and many of us have commiserated on the meaning of it all. Together, we have had some good laughs, and thankfully a number of successes: funding applications, Board development, away-days, and two organisations guided to independence. We have also done some cutting-edge work together (see the news about Enfield). The work we have done together has engendered in me feelings from general satisfaction to elation (and, as many of you know, I am not easily pleased!).

A clear lesson has been that there is more to do – an immense amount, and not just in London but throughout the rest of the UK where the advocacy sector is crying out for capacity building. I am referring not only to numbers of organisations to reach, strategic plans on which to advise, applications to edit and events to facilitate. There is a step change we need to prepare for. We are in the spotlight now more than ever thanks to, amongst others, government legislation, an obligation on local authorities to provide our services, and the

development of the Compact and code of practice for contracting services from the voluntary sector. In fact, as a result of some recent discussions, I am now of the view that numerous statutory service providers do not only feel 'obliged' to offer advocacy, but know it is 'right' to do so. No, this epiphany is not universal, but certainly one we can build on.

In considering this step change, I was also struck by a comment from one advocacy champion within Enfield Social Services who said: 'Exercising your advocacy role effectively sharpens our practices'; this was said with conviction -- that hearing the users' voices and their having a role in making choices about their lives is a positive outcome for all of society. Though heartened by this declaration, and pleased to know that advocacy 'sharpens' statutory practices, the next logical step as a 'capacity builder' is to ask, 'and what sharpens our practice?' The usual candidates: funders, users, peers and colleagues occur, but there has to be more, and these 'measures' need refinement and to be more formalised.

You may know by now where this is heading, however, it leads me to consider measuring the actual outcomes and impact, not of advocacy, but of capacity building. Research is scant but I was lucky enough in my searches to find an excellent book, *Managing at the Leading Edge*, by



Mike Hudson. He covers various areas of 'management' practices in non-profits in the US and considers their possible applications for the UK. It is his chapter on capacity building which lead me via his references to some thought provoking research on the topic. The McKinsey report on effective capacity building, drawn though it is, from research into a number of fairly large non-profits in the states, has, nonetheless, some highly applicable information for any charitable organisation, any size, anywhere.

For those of you who may feel 'put upon' by comparisons with America, please don't be. Sadly their charities suffer from the same problems as do ours in respect of trying to find the time and resources to build capacity. I had to chuckle when I read about America's 'dysfunctional funding environment' which favours donations made to projects versus



core costs, and a fear among donors that contributing to the 'perpetuation' of the organisation will only result in the growth in staff numbers rather than have an impact on the mission. Idiocy, in more ways than one, seems to prevail on both sides of the pond.

As users, funders and organisations, we all have a right and an obligation to ask, 'if I make an investment in capacity building, what impact will it have?' Further, as with most organisations, 'we need a good deal of investment, where do we start for the greatest impact?' The connection between investment and impact is, as McKinsey states, 'elusive.... [not] readily apparent'. The answer, however, is one of process and it arises from the research; and yes, it is all about aspirations and strategy, leadership and management, and patience.

The research indicated that 'success' was most assured when investments in capacity building were done in an holistic manner – all parts of the whole organisation were put on the table for re-examination and needs testing. When this was done, the undertaking which produced the most 'dramatic' results and 'greatest gains in capacity' was that of reassessing the organisation's aspirations: vision and mission, tightening 'institutional focus' and taking a second look at the road map.

Interestingly this too has been my experience in working with a

number of you: addressing your mission drift and your tendency to be funder lead ('there is money in that pot, let's go after it'). And let us be clear, a good number of those non-profits researched did not 'dumb down' their aspirations, but, in fact, 'raised the bar'. It wasn't always about being more modest, but being more focused.

The second lesson was that of the importance of strong leadership and management, and that importantly they are not the same and are usually not to be found in the same person. This is of course a real problem, as noted in the research, as few organisations can afford to invest in staff numbers at that level and strong managers are lacking in numbers. However, organisations can and should make the commitment to skill and train up those who have the potential to manage, what McKinsey referred to as 'building the capacity to build capacity'. Yes, it may take a number of you off the front line, but it will put your eye firmly on the ball – the well-being of the organisation, and stop us managing as martyrs.

Important for managers too will be the introduction of more formal performance management and benchmarking: how is each and every member of staff (even the loan worker) held accountable for the delivery on the aspirations and key objectives; and how, measurably, does our work stack up against others performing in the same sector? As other factors

contribute to our need to make step changes, this one will require a 'quick step' change, so I suggest that we begin to prepare for it.

The third key lesson from the research is the need for patience. 'The wise nonprofit manager takes a long-term view', cultivates and engages the key stakeholders, and is inclusive. It is all about planning for the future and for measurable successes; not rocket science, but hard slog. However, one final lesson, and it is one I have learned, the slog pays off - advocacy works.

Sources:

Managing at the Leading Edge: new challenges in managing nonprofit organisations, by Mike Hudson. Directory of Social Change, 2003.

Effective Capacity Building in Nonprofit Organizations, McKinsey & Company, Venture Philanthropy Partners, 2001. Download for free from [www.vpppartners.org](http://www.vpppartners.org).



# Advocacy Training

## Who is doing what and where?

In the past year lots of people have called me to ask about accredited advocacy training and who is doing what and where. I have also had lots of people tell me that they are in the process of either exploring the development of, or piloting various advocacy training courses. Telling people about the things I had heard from other colleagues or through meeting providers seemed too ad hoc and as a result this issue was brought to the London Advocacy Training Taskgroup. From there it was decided to call a meeting of accredited advocacy training providers to begin to compile some of this information. Not surprisingly there were many interesting debates and differences of opinion; however there were also some key issues that most people agreed on. Providing more information on accredited advocacy training is one of the key themes that came out of a meeting held with a number of accredited advocacy training providers.

A more detailed picture of who is doing what and where will help to inform people who want accredited advocacy training of a wider range of appropriate training opportunities. This is also relevant if you are in the process of planning to offer accredited training in advocacy. The information will be compiled and made available to the sector in a variety of ways including on the Action for Advocacy website as well as CAIT/ ARX and other websites.

To help us help you promote your training and answer the who is doing what and where question email [info@actionforadvocacy.org.uk](mailto:info@actionforadvocacy.org.uk) and ask for the accredited advocacy training questionnaire. Please complete a separate form for each of the accredited advocacy courses you offer (or intend to offer) and return the form, preferably by email to [info@actionforadvocacy.org.uk](mailto:info@actionforadvocacy.org.uk) or by mail to Action for Advocacy, PO Box 31856, London SE17 3XR.

6 April 05  
**Life Story Work**  
 (Kidderminster)  
 BILD  
 01562 723 025

7 April 05  
**Learning Disabilities and Mental Health Issues**  
 (Kidderminster)  
 BILD  
 01562 723 025

8 April 05  
**Human Rights and Mental Health**  
 (London)  
 Action for Advocacy  
 020 7820 7868

13 April 05  
**Housing Issues**  
 (London)  
 WASSR  
 020 7439 3131

14 April 05  
**Supporting People with Down's Syndrome and Dementia**  
 (Sheffield)  
 BILD  
 01562 723 025

19 & 26 April, 3, 10, 17, 24 May 05.  
**Dyslexia Awareness Training**  
 contact Natasha Nelson  
 020 7815 6267

20 April 05  
**Keeping Effective Case Notes and Records**  
 (London)  
 WASSR  
 020 7439 3131

20 April 05  
**Recruiting and Retaining Volunteers**  
 (London)  
 ARX (CAIT)  
 020 8880 4545

22 April 05  
**Professional Boundaries: Mental Health**  
 (London)  
 Action for Advocacy  
 020 7820 7868

25 April 05  
**Introduction to Advocacy**  
 (London)  
 Action for Advocacy  
 020 7820 7868

5 May 05  
**Challenges to Effective Advocacy**  
 (London)  
 Action for Advocacy  
 020 7820 7868

5 May 05  
**Breaking through Language Barriers**  
 (Birmingham)  
 ARX (CAIT)  
 020 8880 4545



6 May 05  
**Understanding People with Profound Learning Disabilities**

(Kidderminster)  
BILD  
01562 723 025

12 May 05  
**Extending Good Practice in Autism**

(London)  
BILD  
01562 723 025

16 May 05  
**Non Instructed Advocacy**

(Sheffield)  
Action for Advocacy  
020 7820 7868

18/19 May 05  
**Inclusive Advocacy**

(London)  
ARX (CAIT)  
020 8880 4545

20 May 05  
**Human Rights Act: Disability**

(London)  
Action for Advocacy  
020 7820 7868

25 May 05  
**Dementia Advocacy Network Meeting**

(London)  
WASSR  
020 7439 3131

27 May 05  
**Introduction to Advocacy**

(London)  
Action for Advocacy  
0207 820 7868

7-24 June 05  
**Training Volunteer Advocates Distance Learning**

ARX (CAIT)  
020 8880 4545

13 June 05  
**Understanding Autism Spectrum Disorder**

(Kidderminster)  
BILD  
01562 723 025

15 June 05  
**Introduction to Advocacy**

(London)  
WASSR  
020 7439 3131

16 June 05  
**Widening the Impact of Advocacy**

(Manchester)  
ARX (CAIT)  
020 8880 4545

27 June-15 July 05  
**Supporting and Monitoring Advocacy Partnerships Distance Learning**

ARX (CAIT)  
020 8880 4545

6 July  
**Challenges to Effective Advocacy**

(London)  
Action for Advocacy  
0207 820 7868

6 July 05  
**Dementia Advocacy Network Meeting**

(London)  
WASSR  
020 7439 3131

**The Association of Independent Living Advocates**

Tel: 01245 381658

is running the following courses in 2005:

**Direct Payments for People with Learning Disabilities, 2 Day course**

26/27th July 2005

**Accredited Training in Advocacy, 4 Day Course**

2/3/4/5th August 2005

1/2 & 28/29th November 2005

**Community Care Practice and the Law Course, 4 Day course**

27/28th April & 25/26th May 2005

23/24/25/26th August 2005

**MENTAL HEALTH ADVOCACY AND COMMISSIONING**

Action for Advocacy and the London Development Centre for Mental Health Advocacy Advisory Group, are hosting a joint event on Mental Health Advocacy Practice and Commissioning.

The event will take place on April 19th at The Kings Fund and is targeted at mental health advocacy providers and commissioners.

The aim is to highlight good practice in this area through dialogue, presentations and workshops.

Content will explore

- The relationship between the commissioner and provider.
- Advocacy competencies and practice
- Tools for effective evaluation
- Current policy initiatives and implications for future provision

There is no charge for this event but places are strictly limited.

To reserve your place call 020 7820 7868 or email [info@actionforadvocacy.org.uk](mailto:info@actionforadvocacy.org.uk)

**If you have any ideas for training that you would like us to consider please contact Katja on 020 7820 7868.**

# User Perspective

**Kay Sheldon** recalls her experiences of being detained under the Mental Health Act and reminds us why advocacy is so important.

**A**s many of you will know, being 'sectioned' is a very frightening and bewildering experience. The first time it happened to me I was absolutely terror-stricken.

Several people who I didn't know descended on my flat, one of them standing by the door, obviously to prevent me from leaving. My boss from work was also there asking for a letter of resignation. I had no idea who most of the people were. They fired questions at me that I didn't, couldn't, answer. They started filling in forms, making phone calls, talking in hushed tones.

'We think you need to go to hospital,' said someone.

'But I don't want to'.

'I'm afraid we can make you'.

My first hospital admission is a blur of numerous faces, endless questions, pills that had strange effects on my mind and body. I was scared, lonely and confused. I didn't know why I was there, why I couldn't leave and I was fearful for the future.

It soon became clear that I had to go along with what the doctors and nurses wanted in order to facilitate my discharge. I left hospital firmly resolved never to go back.

Probably because of this resolve, my second admission was rather dramatic and even more frightening. The police were involved, breaking my door down and carrying me off to hospital. When I arrived on the ward the staff immediately tried to give me the same medication that had caused me to have such severe side-effects during my first admission. I tried to explain this and, to my relief, the nurses went away. Unfortunately, they came back 15 minutes later with reinforcements and a syringe. I was jumped on, held down and forcibly medicated. I panicked, struggled

and was held down for several minutes. I could hardly breathe. I thought I was going to die. The drug caused me to seize up which prompted a diagnosis of catatonia.

This time, I was given a leaflet about being held under the Mental Health Act and told to read it. I could only manage the title as my eyes wouldn't focus. Noone explained my rights to me. In fact, at no point during my seven detentions under the Mental Health Act did anyone actually explain the Act to me or my rights under it. For my first two detentions I didn't know I had the right to appeal. When I eventually appealed during my third detention, I was discouraged from doing so by the staff and taken off the section by my doctor the day before the tribunal was due to be held.

As my 'enforced career' as a detained patient progressed, fear and confusion were replaced by despair and frustration. I was viewed as a non-compliant 'revolving door' patient who lacked insight. The medication I was forced to take made me feel worse rather than better and gave me intolerable side-effects- stiffness, shaking, and an excruciating inability to keep still. I tried to tell the staff but they just ignored me or told me that it was important to continue with the medication to keep me well or even that the side-effects were in fact the 'illness.'

I spent many months at a time languishing in hospital. I was desperate to go back to my flat and to return to work. These wishes were discouraged and seen as unrealistic, even 'delusional'. I was put on painful, long-acting deep intra-muscular depot injections, told I would never work again and referred to a nursing home. My sense of hopelessness was intense. Noone listened to what I had to say and yet, ironically, the mental health professionals said I wouldn't talk to them. They only

**As my 'enforced career' as a detained patient progressed, fear and confusion were replaced by despair and frustration.**

wanted to talk to me about accepting that I was ill, that I needed to take medication, and that I should live in supported accommodation. Even when I was referred for psychological therapy, the brief was to help me come to terms with this situation.

Eventually, I made a serious attempt to take my own life. My family were told that I was unlikely to pull through. Fortunately, I did. An anti-depressant was prescribed which had the seemingly wonderful effect of allowing me to sleep which in turn led to me feeling a lot better. That was my seventh and last hospital admission. I left hospital still on the depot injection, unemployed and homeless. Although I had no further hospital admissions, the battle continued in the form of prejudice and discrimination. These I faced in many aspects of everyday life – buying a house, getting insurance, obtaining a driver's licence, getting married, starting a family, returning to work.

For me a significant turning point on my personal journey was when I got involved in the local mental health service users' forum. To cut a very long story short, the knowledge and empowerment gained from this involvement allowed me to challenge the care and treatment I had received, and indeed was still receiving, from the mental health services. This challenge was initially through the conventional complaints process and, when this drew a blank, through legal proceedings that culminated in an out-of-court settlement of £58,000 just before the case was due in court.

The cost of my experiences is vast. I am very aware of the financial cost of the months and years that I spent detained in hospital as well as the cost of a five year legal battle. Not to mention the 12 years I spent dependent on state benefits. Then there is the emotional cost to me and my family which I have only touched upon. I don't need to spell out the points at which the help and support of an advocate would have been invaluable. Of course, it is impossible, even unlikely, to say that if

only I'd had an advocate, none of this would have happened. But the underlying theme, the underlying problem, is that I simply wasn't listened to. I know that if many of the things I was saying had been listened to, and heard, a lot of time, money and anguish would have been spared.

I am a strong supporter of advocacy. Being instrumental in the setting up of my local mental health advocacy project meant a great deal to me. One of my roles now is working as a Mental Health Act Commissioner which brings me into contact with many in-patients units and hundreds of people detained under the Mental Health Act. Advocacy is now more commonplace although access to it remains variable which is often linked to inadequate funding. Very often those most in need of advocacy, such as people from minority groups or who have communication or learning needs, are the ones with the least access.

In my work as a Mental Health Act Commissioner, I frequently come across detained patients who are hazy about their rights even though the paperwork indicates they have been given and understood this information.

Many people I talk to are unaware of the medication they're taking or what its purpose is, despite officially being seen as 'consenting'. The majority of people don't know if they have a care plan. I also come across people who although not officially detained are not allowed to leave the ward or are told they will be 'sectioned' if they attempt to leave or refuse to take the prescribed medication.

Mostly, though, I hear of difficulties relating to everyday things that we take for granted – the desire to go out for a walk, to have clean clothes, to be able to phone friends and family, to go to the shops, to be treated with courtesy and respect.

These are the aspects of peoples' lives upon which advocacy can have such an impact. These things can so easily be sorted out but aren't; and can make such a difference to the quality of people's lives.

# Letters

Dear Editor

## Bournemouth Decision

Following the final decision of the European Court of Human Rights in October 2004 in the case of HL v UK, widely known as the Bournemouth case, the following judgements are now applicable:

● Common law detention of patients who lack capacity, even if they are 'compliant' is a deprivation of liberty.

● Therefore, Article 5 (Right to Liberty and Security of Person) of the Human Rights Act applies to such detentions.

● Therefore, although the HRA allows for the detention of 'persons

of unsound mind', [in order] to comply with the Article it must be [comply with] 'due process of law' in particular, a right to appeal to an independent body against detention.

● UK common law detention for treatment in the best interests of the patient does not satisfy this clause.

In light of this ruling, North East London Mental Health Trust is unwilling to section every client who is judged to lack capacity. As a matter of good practice, they are looking to involve either the advocacy services or the Hospital

Managers in the overseeing of the care planning process for the clients. This would follow the non-instructed model of advocacy.

I wanted to share this proposed new use of advocacy with readers. Please contact me if you want the full transcript of the proposal:

**Jenny Gray, HUBB Mental Health User Group, 109 Rose Lane, Marks Gate, Romford, Essex, RM5 6NR**

**[jenny@eclipse.co.uk](mailto:jenny@eclipse.co.uk)**

Dear Editor

## Oral Evidence on Advocacy

I listened with interest to the transcript of the evidence the advocacy sector gave at the Joint Committee on the Mental Health Bill on the 2nd of February 2005. I just wanted to congratulate all involved.

As a mental health service user and volunteer advocate I believe strongly in the benefits of advocacy

and the need for people to have a right to it enshrined in any forthcoming mental health legislation.

On the whole I feel you represented the sector with clarity and passion and showed a clear commitment to meeting the needs of mental health service users. I hope the committee listened

carefully to what you had to say and as a result more people will have an understanding of advocacy and the importance of access to it in the future.

Thank You

**Robert**  
**Via email**

Dear Editor,

## Motivating and recruiting trustees

I read with great interest, the article by Lynne Laidlaw on trustees in the December 2004 issue of Planet Advocacy. Trying to make sure that trustees do have the information and knowledge needed to enable them to fulfil the requirements of accountability and responsibility, is a topic which has exercised us ever since an advocate raised the question with us – ‘But how do you know what we are doing and whether we are doing a good job?’

Some of the ways we have tried to address the question include, holding seminars to discuss advocacy issues with staff and trustees, social events with an introductory discussion for advocates, staff and trustees (the

last one looked at advocacy outcomes), quarterly reports to the trustee meetings presented by staff, and trustee attendance at occasional training sessions. However, we also need to be aware of swamping the staff by too much trustee involvement, for example too many trustees attending a training seminar could detract from the purpose of providing effective training to volunteers.

Trustees are such a scarce and precious resource when people have so many demands on their time so we also have to be aware of not overloading the trustees. We do however divide up the work of the trustee/management committee by setting up sub groups to work on specific areas such as finance,

policy development and publicity and we find this gives people a sense of ownership and involvement. We are also in the midst of developing a trustee induction pack and your article has given us extra impetus to do this work.

The fact that we have had three new trustees in recent months and another person interested, has encouraged us in thinking we have got some things right. However we know we still have much to learn. The article in Planet advocacy served to underline how important it was to try and get this right.

**Gill Howe**  
**Chair**  
**Oxfordshire Advocacy Development Group**

Dear Readers

## Advocacy Contracts

The Department of Health and the Department of Constitutional Affairs have started work on the implementation of the Mental Capacity Bill.


We are looking for information on existing contracts for advocacy, with a view to developing some good practice models. The contracts need to balance some accountability for the quantity and quality of advocacy with the freedom for organisations in how they deliver the advocacy.

Any organisation able and willing to help by providing relevant information or a copy of their contracts please send them to me at DoH, Wellington House, Waterloo Road, London SE 1 8UG.

**Many Thanks**

**Lucy Bonnerjea,**  
**Department of Health**

**Please send  
 your letters and  
 articles to  
 Planet  
 Advocacy  
 PO Box 31856  
 Lorrimore  
 Square  
 London  
 SE17 3XR**



**Action for Advocacy is organising a one day event on behalf of the Advocacy Alliance to explore issues around non-instructed advocacy.**

**Non-Instructed  
Advocacy Seminar**

**Sheffield  
Monday 16th May  
Hillsborough Stadium  
9.30-4.30**

The event aims to explore and evaluate different approaches to providing non-instructed advocacy and explore them in the wider context of the Mental Capacity Bill and potential future demands on advocacy schemes. Speakers and workshops will support participants to identify good practice and examine the ethical and moral dilemmas of providing advocacy to people who lack the capacity to instruct.

Speakers will include; Joel Rasbash (PoHwer), Jonathan Senker (Advocacy Partners), Sally Wells (Dementia Advocacy Network).

**Just £35 per person  
phone 020 7820 7868 now to reserve your place.**