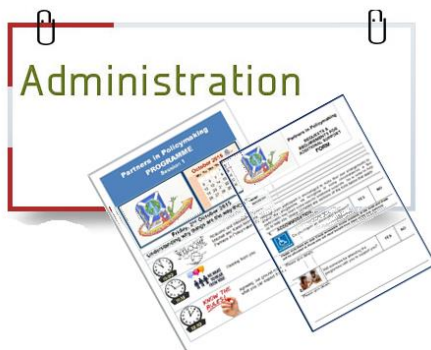


PARTNERS MATERIAL FOR WEEKEND SIX A GUIDE TO YOUR FOLDER



Rights and Self Advocacy ***Civil Rights, Legislation and Independent Advocacy***

COURSE ADMINISTRATION



- Programme for weekend six
- Contact sheets - details of presenters and facilitators

COURSE MATERIALS



- SAFEGUARDS AND PROTECTION
- TYPES OF ADVOCACY

MATERIALS FROM SIAA (*Scottish Independent Advocacy Alliance*)

- INDEPENDENT ADVOCACY – *Information for children and young people*
- INDEPENDENT ADVOCACY – *Information for parents*
- WHAT IS INDEPENDENT ADVOCACY?
- HOW CAN AN ADVOCATE HELP ME?
- ABOUT ADVOCACY
- EQUAL/FAIRER/HEALTHIER
- A VOICE THROUGH CHOICE

SPEAKERS INFORMATION



- Dr Pauline Nolan, Inclusion Scotland
- Sue Kelly, Inclusion Scotland
- Sam Cairns, Equal Say
- Tara Flood Alfie
- Steve Robertson, Self and Collective Advocacy
- Miro Griffiths MBE, In Control Youth
- Euan Mitchell, In Control Youth

CONTACT NAMES AND ADDRESSES



Jaynie Mitchell Partners Facilitator in Control Scotland, c/o Neighbourhood Networks, Pavilion 5A, Moorpark Court, 25 Dava Street, Govan, Glasgow, G51 2JA
jaynie@inspiringinclusion.com



Karen McIntyre Partners Facilitator in Control Scotland, c/o Neighbourhood Networks, Pavilion 5A, Moorpark Court, 25 Dava Street, Govan, Glasgow, G51 2JA
karen@inspiringinclusion.com



Keith Etherington, In Control Scotland, c/o Neighbourhood Networks, Pavilion 5A, Moorpark Court, 25 Dava Street, Govan, Glasgow, G51 2JA Tel: 0141 440 5250 keith.e@in-controlscotland.org.uk



June Dunlop, In Control Scotland, c/o Neighbourhood Networks, Pavilion 5A, Moorpark Court, 25 Dava Street, Govan, Glasgow, G51 2JA Tel: 0141 440 5250 june.d@in-controlscotland.org.uk



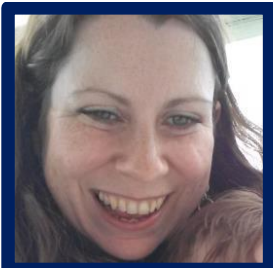
Tara Flood, Director, Alliance for Inclusive Education (ALFIE), 336 Brixton Road, London SW9 7AA Tel: 0207 737 6030



Miro Griffiths MBE, Tel: 07835 413 238 miro.griffiths@in-control.org.uk



Euan Mitchell, In Control Youth



Pauline Nolan, Projects Manager (Routes to Inclusion) Inclusion Scotland, Tel: 0131 281 0865 pauline@inclusionscotland.org

Partners in Policymaking

PROGRAMME

Session 6



March 2016						
Mo	Tu	We	Th	Fr	Sa	Su
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			


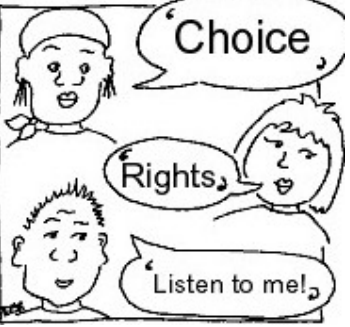


Friday, 18th March 2016

Civil Rights, Legislation and Independent Advocacy









Discrimination on the grounds of disability is not a medical, social work or educational issue; it is a human rights issue. During these 2 days we will be learning from powerful self-advocates about the growth of the disability movement nationally and internationally and the changes they want society to make. We will also be spending time improving our own presentation and lobbying skills and techniques.



 <p>11.00 am</p>		<p>Welcome Back and Feedback - <i>Jaynie Mitchell and Karen McIntyre,</i> <i>hearing from you about your assignments</i></p>
 <p>12.00 pm</p>		<p>Background to Advocacy, Mental Welfare Commission and Care Inspectorate</p>
 <p>12.30 pm</p>		<p>Lunch</p>
 <p>1.30 pm</p>		<p>Human Rights – <i>Dr Pauline Nolan and Sue Kelly, Inclusion Scotland</i></p>
 <p>3.15 pm</p>		<p>Comfort Break</p>





 <p>3.30 pm</p>	 <p>Inclusion Scotland Disabled People's Organisation Our voices ■ Our choices</p>	<p>Human Rights – <i>Dr Pauline Nolan and Sue Kelly, Inclusion Scotland</i></p>
 <p>4.00 pm</p>		<p>Citizen Advocacy, <i>Sam Cairns, Equal Say</i></p>
 <p>5.00 pm</p>		<p><i>Booking into Rooms & Settling In</i></p>
 <p>6.00 pm</p>		<p>Evening Meal</p>
 <p>7.00 pm</p>		<p><i>Tara Flood Alfie</i></p>

 <p>8.00 pm</p>		<p>Self and Collective Advocacy – <i>Steve Robertson</i></p>
 <p>9.00 pm</p>		<p>Close</p>

Saturday, 19th March 2016

 <p>9.00 am</p>		<p>Admin Surgery - <i>helping with problems, organising expenses, etc., June Dunlop, Partners in Policymaking Administrator</i></p>
 <p>9.30 am</p>		<p>Key Learning Points - <i>Learning to Listen - Jaynie Mitchell and Karen McIntyre</i></p>
 <p>10.15am</p>		<p>TBC</p>
 <p>11.00 am</p>		<p>Comfort Break</p>

 <p>11.15 am</p>		<p>DDA/Research/Campaigning - <i>Miro Griffiths MBE</i></p>
 <p>12.30 pm</p>	 <p>LUNCH</p>	<p>Lunch</p>
 <p>1.30 pm</p>		<p>In Control Youth Leadership - Work/Sharing Good Practice, <i>Euan Mitchell and Miro Griffiths MBE</i></p>
 <p>2.30 pm</p>		<p>Getting Organised, <i>Jaynie and Karen</i></p>
 <p>3.00 pm</p>		<p>Comfort Break</p>

 <p>3.15 pm</p>		<p>Getting Organised, <i>Jaynie and Karen</i></p>
 <p>4.00 pm</p>		<p>Close</p>

SAFEGUARDS AND PROTECTION

People who rely heavily on other people for day to day support are particularly vulnerable to neglect and abuse. This is especially true for people who had been institutionalised for a long time and have lost contact with or never had family and friendships in the outside world.



It was thought that one way to try to keep people safe was to gather them up in segregated environments like a long-stay hospital or a village community. Unfortunately, experience has shown that people are not always safe in these places. People are often frightened of other residents and staff, they may have nowhere safe to keep their possessions, they may be moved many times within the institution and have no sense of physical security, having no place to call their own.

Some people have to share all their living space with people who behave violently or unpredictably. This is stressful enough for staff, but is far more stressful for the other people who live there who have less confidence and authority and have to be in that environment for 24 hours a day.



As the numerous and recurring scandals at many institutions have shown, including the recent scandal at 'Winterbourne View' people are also at risk of deliberate sexual and/or physical abuse, either from staff or from other residents with the active or passive collusion by staff. People can be particularly vulnerable when they are not able to tell other people what is going on.

This may be one or two particular staff, with other people tolerating the situation out of fear or complacency. Or it may be part of the whole institutional culture, with people thinking it's perfectly ok to withdraw food, or impose punishments, or lock people up, or bully and tease them.

These situations can also develop in community settings, but there is more chance of an ordinary member of the public seeing that all is not well, and making a complaint. However, active safeguards are also needed. There are various safeguards in the service system designed to ensure the safety and wellbeing of vulnerable people who rely heavily on formal services.

WEEKEND 6 - *Civil Rights, Legislation and Independent Advocacy*

Care Management/Care Programme Approach



Care management was designed to ensure that each person with high support needs has an identified care manager responsible for assessing their needs, organising the care and support provided and monitoring the quality of their care. Unfortunately, pressure on resources and the way the system is organised often means that once people are 'settled', the care manager more or less drops out of the picture and leaves it to the staff in the residential service.

The **Care Programme Approach** (CPA) is a particular way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs.

Regulation, Inspection and Registration



The Care Inspectorate is responsible for the registration and regulation of all care services in Scotland using the National Care Standards set out by the Scottish Government, as a benchmark for how each type of service should perform. These standards are the minimum that you should expect when using care services. There are different care standards for different types of services



You can find out more about the Care Inspectorate and the National Care standards at:

- <http://www.careinspectorate.com/>
- <http://www.gov.scot/Topics/Health/Support-Social-Care/Regulate/Standards>

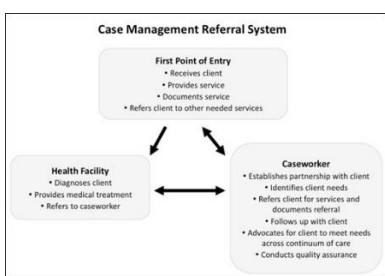
While a service is operating, the Care Inspectorate evaluate each service against up to four of the most important aspects of care. Inspectors make planned and unannounced visits where they check to see that procedures are being followed. However, this approach has tended to focus on issues such as the physical environment, the quality of records and the staffing levels



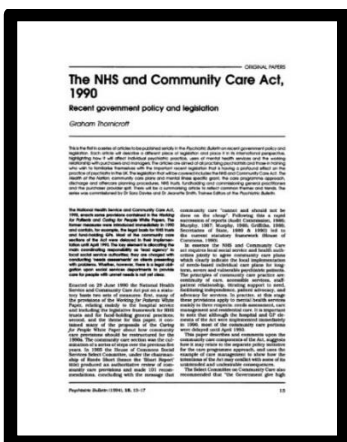
The Mental Welfare Commission for Scotland is set up to protect and promote the human rights of people with mental health problems, learning disabilities, dementia and related conditions. It focuses on five main areas of work – visiting people, monitoring the acts, investigations, information and advice and influencing and challenging policy and practice.

More information on each of these aspects of its work can be found at: <http://www.mwcscot.org.uk>

Contract Compliance and Complaints



When the local authority purchases a service from an independent service provider, it has the power to monitor the provision of that service to ensure that the agreed standards are being met. This approach can be something of a paper exercise, as the people working in purchasing and commissioning teams do not always have the time to look closely at the quality of service to individuals.



One of the provisions in the NHS and Community Care Act 1990 was to strengthen local authority complaints procedures, and everyone using services provided by or purchased by the local authority either directly, or by people directing their own support, should have access to a clear complaints procedure. It is well-known, however, that despite all these formal safeguards, people are not always safe. However, while some people experience abuse, far more experience neglect, a lack of attention to their problems and their quality of life, over many years.

Non-System Safeguards

There are other ways to keep people safe which are independent of the formal service system and which depend on involving ordinary people in looking out for their friends and fellow citizens. For most people the best safeguards are their family and friends, but when people do not have this sort of natural backup, it may be necessary to set up some backup, which is a bit artificial to start with, but which can become natural over time.

Three well-tried ways of doing this are:

- Citizen Advocacy
- Self-Help Networks
- Circles of Support.

The Scottish Independent Advocacy Alliance (SIAA) is a membership organisation that has the overall aim of ensuring that Independent Advocacy is available to any vulnerable person in Scotland. Independent Advocacy safeguards people who are vulnerable and discriminated against or whom services find difficult to serve, empowering people who need a stronger voice by enabling them to express their own needs and make their own decisions.

The Scottish Independent Advocacy Alliance (SIAA) promotes, supports and defends the principles and practice of Independent Advocacy across Scotland

You can find out more at <http://www.siaa.org.uk/>

Citizen Advocacy



This way of linking unpaid citizens with individuals at risk was developed originally by **Wolfensberger and O'Brien**. John O'Brien writes: "*Citizen advocacy responds to people's exclusion by making and supporting personal relationships between people with very few resources and people with many resources which have their roots outside the human service system. Citizen advocates can contribute in a variety of ways: they offer the benefits of personal relationship, provide introductions to new people, help a person make contacts or use their network of contacts on a person's behalf, enlist the support of community associations, and sponsor a person's membership in community association.*"

Citizen advocates may get involved in helping people achieve particular goals, speaking up for them when they are in trouble, intervening when their interests are being neglected.

Self-Help Networks



While individuals can be isolated and vulnerable, they can protect themselves and each other better if they are part of a network. For example, some networks of people with long-term mental health problems make arrangements to look out for each other, both while people are living in the community and when they go into hospital. In weekend 4, you heard about 'Neighbourhood Networks' and how they facilitate mutual support in local communities. Self-help networks can be good sources of information about people's rights.

Circles of Support



Circles start with a person in the middle, someone who either has an impairment or is in need of other people's help. But as they develop, they become less about people who can help and someone who needs help, and more about a group of people enjoying interdependence and making common cause.

A circle of support brings together a diverse group of people, some of whom already know each other, some who don't, to support someone who is stuck, or in trouble, or trying to get a different sort of life. Someone in the circle acts as facilitator, but the job of maintaining the circle is shared.

Like any group, the energy level in circles goes up and down over time. People leave and new people join. The balance varies between tackling specific tasks and simply providing a focus for support and friendship.

Circles can take the lead role in helping someone plan the services they need; can recruit and appoint support staff; can make sure the person's needs are being met by the service. But circles are not part of a service, and don't belong to a service. Like citizen advocacy, they are a deliberate way to engineer connections between people who would not otherwise meet, but although they start with a structure they develop organically as people find their own way of responding to each other.

Types of Advocacy

There are different types of independent advocacy. There is no one best model of advocacy, no *'one size fits all'*. The most appropriate model for any individual is likely to depend on their preferences, circumstances and situation and this may vary from time to time. In practice models of advocacy available will vary dependent on the area.

One to One or Individual Advocacy



This includes professional or issue based advocacy. It can be provided by both paid and unpaid advocates. An advocate supports an individual to represent their own interests or represents the views of an individual if the person is unable to do this themselves. They provide support on specific issues and provide information but not advice. This support can be short or long term.

Citizen Advocacy



Citizen advocacy happens when ordinary citizens are encouraged to become involved with a person who might need support in their communities. The citizen advocate is not paid and not motivated by personal gain. The relationship between the citizen advocate and their advocacy partner is on a one-to-one, long term basis. It is based on trust between the advocacy partner and the advocate and is supported but not influenced by the advocacy organisation.

Peer Advocacy



Peer advocates share significant life experiences with the advocacy partner. The peer advocate and their advocacy partner may share age, gender, ethnicity, diagnosis or issues. Peer advocates use their own experiences to understand and have empathy with their advocacy partner. Peer advocacy works to increase self-awareness, confidence and assertiveness so that the individual can speak out for themselves, lessening the imbalance of power between the advocate and their advocacy partner.

Group or Collective Advocacy



Collective Advocacy enables a peer group of people, as well as a wider community with shared interests, to represent their views, preferences and experiences. A collective voice can be stronger than that of individuals when campaigning and can help policy makers, strategic planners and service providers know what is working well, where gaps are and how best to target resources. Being part of a collective advocacy group can help to reduce an individual's sense of isolation when raising a difficult issue. Groups can benefit from the support of resources and skilled help from an advocacy organisation.

Self-Advocacy

The aim of all models of advocacy is to help individuals gain increased confidence and assertiveness so that, where possible, they will feel able to self-advocate when the need arises.

See more at: <http://www.siaa.org.uk/us/independent-advocacy/need-advocate/#sthash.eTRjlpIC.dpuf>

Commonly Used Terms

Advocate



An advocate helps people express their views and make informed decisions. An advocate helps people to find out information, explore options and decide for themselves what they want. Advocates can be a voice for the person and encourage them to speak out for themselves.

There are different kinds of advocacy, though they all share things in common. Advocates will never tell people what to do, or allow their own opinions to affect the support they provide. All advocacy tries to increase confidence and assertiveness so that people can start speaking out for themselves.

Independent advocates are as free from conflicts of interest as possible.

Advocacy



The process of standing alongside another, speaking on behalf of another and encouraging the person to speak up for themselves. Advocacy can help address the imbalance of power in society and stand up to injustice.

Advocacy Agreement



An Advocacy Agreement explains, for example, what the person can expect from their advocate, what issues they want the advocate to support them with, the contact details of the advocate, what happens at the end of the advocacy partnership and the advocacy organisation's complaints process.

Advocacy Partner

The person who uses advocacy. Some advocacy organisations use the term 'client' or 'service user'.

Capacity

Ability to reason, make decisions and consider choices, express views and receive and understand information. The law assumes that people have capacity unless a doctor's assessment shows that a person lacks capacity.

Commissioner

Usually representatives from the Local Authority or Health Board who fund advocacy.

Community of Interest

The group of people that the advocacy organisation has been set up to support, for example, people with learning difficulties or mental health issues.

Conflict of Interest

Anything that could get in the way of an advocate being completely loyal to their advocacy partner. For example, it would not be appropriate for an advocate volunteering for a mental health advocacy organisation to also work in the local psychiatric hospital, because this would affect their ability to be on the side of the advocacy partner. It would also affect their relationships with hospital staff. Other conflicts of interest could include relationships as well as financial investments.

Discriminatory Practices



Anything that an organisation or individual does that directly or indirectly shows prejudice or favouritism towards an individual or group of people.

Non-instructed Advocacy - happens when a person who needs an independent advocate cannot tell the advocate what they want. This may be because the person has complex communication needs or has a long-term illness or disability that prevents them from forming or clearly stating their wishes/desires. This usually takes place with people who have dementia or profound and/or severe learning difficulties.

Register of Interests



A register lists any conflicts of interest that people who are involved in the organisation have. The level of information recorded in the register will be decided by the organisation. The organisation will decide who is able to access this information in accordance with relevant legislation, such as the Data Protection Act 1998.

Safeguard



Ensuring that people's rights are protected.

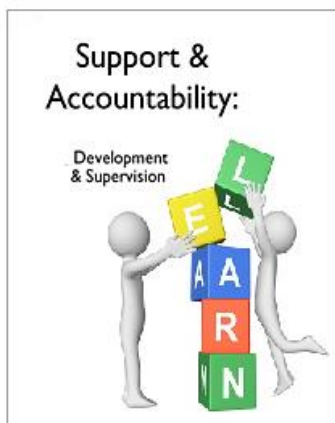
Service Provider

A person or organisation involved in giving support or care services to an individual.

Service User

The person who uses advocacy. Some advocacy organisations use the term 'client' or 'advocacy partner'.

Support and Supervision



Reflective practice, problem-solving, peer support, individual support and guidance for all members of staff and volunteers in an organisation. Supervision should be a positive experience for all and should take place regularly.

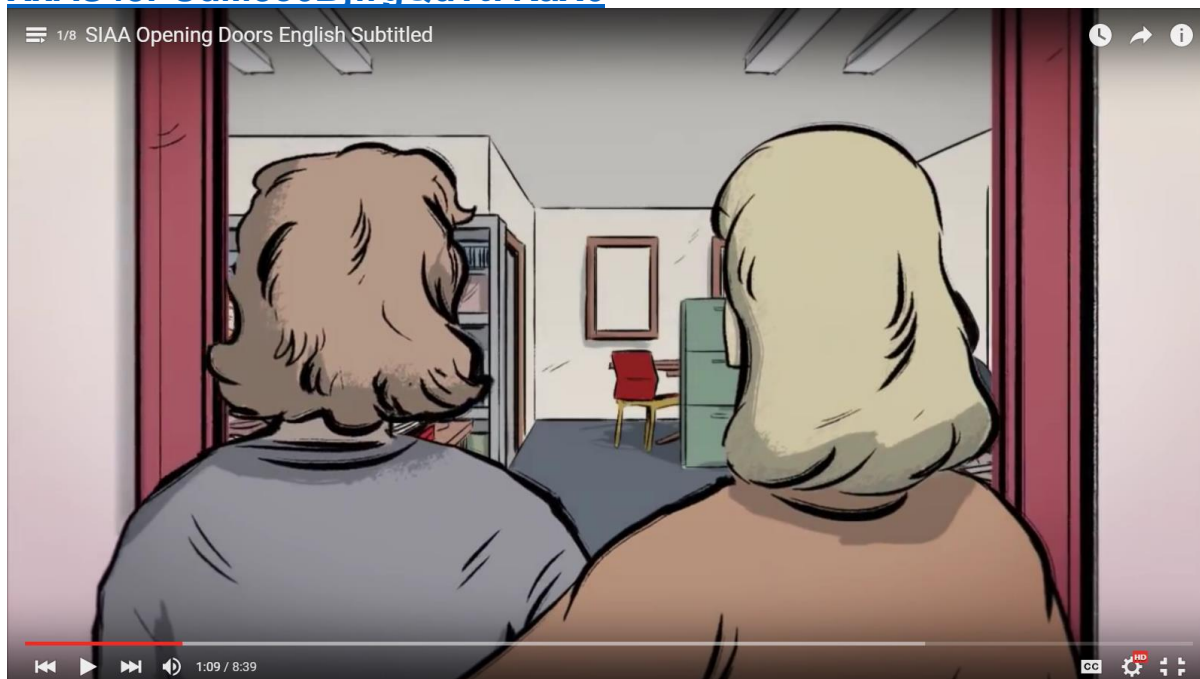
Advocacy information taken from:

The Scottish Independent Advocacy Alliance

London House, 20-22 East London Street, Edinburgh EH7 4BQ
0131 556 6443 | enquiry@siaa.org.uk - See more at:
<http://www.siaa.org.uk/us/independent-advocacy/glossary/#sthash.kD4L5VUE.dpuf>

SIAA Opening Doors

<https://www.youtube.com/watch?v=MnoUIm3QzTA&list=PLLABn2-XxAS48PUdM8e6BjwgQdTt7KaX6>



WEEKEND 6 - *Civil Rights, Legislation and Independent Advocacy*