

Support network for service users gets the green light

The Alliance has just been given the means to develop their longed-for national model of advocacy. Daren Garratt explains what this exciting development will mean for user involvement.

I can't, for the life of me, remember the name of the wise wag who said 'be careful what you wish for, it may come true', but I'd love to shake them by the hand.

In the last few days, those wonderful people at the Department of Health have confirmed that they are prepared to part fund the Alliance's proposed national model of advocacy. This exciting, daunting and unprecedented move will ensure that over the space of the next three years The Alliance will be in a position to develop and coordinate a fully integrated, countrywide system and network of peer advocacy that is completely staffed and run by local users.

So, what does this model of advocacy involve?

Well, the Department of Health's essential contribution will form the basis of a regional management and support structure that will enable us to develop our national model centrally, coordinate it regionally and deliver it locally. We will employ nine regional advocacy leads, who we envisage working within and alongside the nine established NTA regions. These appointments will be staggered over the next three years, with the first three probably based in the North, Midlands and South.

That said, this will not be an NTA owned project

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(although having their endorsement has proved invaluable), but we will be working closely with them on a day-to-day basis. Similarly, the model won't be reliant on the nine NTA regional user forums to grow and exist. We appreciate, acknowledge and understand that not all users are, or want to be, part of their regional forum, but we do want all users to feel that they can access advocacy, or develop their own advocacy skills. Therefore, these regional

advocates will be employed directly by The Alliance and will act as an independent and objective support mechanism for local activity, and a direct link to the Alliance centrally.

All local activity, we believe, should be developed within existing DAT areas, should be funded and supported by local DATs, but should not necessarily be DAT owned (look to Morph in Southampton for a marvellous, best practice example of how DATs can commission an effective user involvement and advocacy service, without having to employ the staff directly).

We are proposing that all DATs have a local user work alongside them in an advocacy role. This could work as a volunteer post, but we would encourage DATs to consider identifying enough funds in October's increased pooled treatment budget to ensure the advocate is salaried, although it is important to reiterate that this should not necessarily be as a direct DAT employee.

Where appropriate, the Alliance would be happy to provide training, mentoring, supervision and line-management for the advocate. We will also ensure that all localised/DAT advocates have access to an effective system of peer networking, supervision and support by expanding upon last year's 'user leads day', when user involvement workers from across the country were invited to London to share best practice and develop strategies for future working. We propose rolling this out on a larger, ideally monthly basis, as part of our mentoring/support package.

Essentially though, this model will be managed and delivered along the same lines as any other shared care or triaged system. The Alliance Helpline will remain the hub of activity and receive all calls and requests. Our trained volunteers will then assess the client's needs, and depending on complexity and/or location, will refer the case to our internal senior team, a regional lead, or a localised DAT advocate.

It's a relatively simple idea that can work. In fact, now that we've got the opportunity to turn this pipedream into a very real and workable reality, we've got to make sure it does work.

For the government to show faith and belief in a drug-user run advocacy system, and for the Department of Health to pledge three years' funding to ensure it happens, is frankly unbelievable. There have been a number of justifiable concerns expressed lately around Britain losing its way as the vanguard of harm reduction, or that user involvement is becoming increasingly tokenistic, but this model gives us the opportunity to achieve something truly exceptional, exciting and unique.

We've been given the chance to not only work towards securing better scripts and doses for heroin users, but better treatment and support programmes for ALL drug users, better psychosocial support for ALL users, and better employment opportunities for ALL users. Don't forget; we've now got the go ahead to develop a user-workforce of between 9 and 100+ salaried or volunteer advocates nationwide.

So, if anyone out there is privy to any gripes or grumbles about things not being what they used to be, or that The Alliance is no longer 'user led', do us a favour please; just smile tolerantly and move on...

