



# Finding the user's voice

**Southwark's peer advocacy project started this summer with the ambition of better co-ordination with service users. The benefits that have sprung from the scheme have already taken everyone by surprise, as DDN finds out**

➤ On a Saturday morning in summer, Philroy Forte, a peer advocacy co-ordinator, was pleasantly surprised to find his group of trainee advocates already waiting for him outside St Giles Trust, keen to get going ahead of their 10am class. His supervisor, Jane Bailey, on the train up to London from Brighton, was fretting that the newly formed group would not turn up, and it would be difficult to do the exercises they had set. She need not have worried. The trainee peer advocates not only showed for their first session, but maintained 100 per cent attendance throughout the training, every Saturday morning and Monday evening for two months.

The concept of peer advocacy has been around for a while, with the Alliance's pioneering advocacy training. The idea is to use the skills and experiences of ex and stable users to help people who need support in difficult or unfamiliar situations while they are receiving treatment. It might be to do with their treatment, or it might be relating to another aspect of their life – housing, social security, employment, or a court visit. The advocacy training supplements their knowledge and experience of drug and alcohol treatment with a range of professional skills, to enable them to take on case work.

For those organising Southwark's programme, the objective was

straightforward from the outset. 'The idea was to train ex and stable users to advocate for other service users within Southwark,' says Forte, who leapt at the 'exciting challenge' of developing the programme. From distributing leaflets to local services, he quickly began receiving phone calls from people wanting to become peer advocates. 'In fact, after a couple of months we were swamped,' he says.

Application forms were sent out, followed by a round of interviews.

'Most of them were really suitable – enthusiastic and willing to speak up for their peers,' says Forte. Sixteen people were soon ready to be trained as peer advocates, with further names on file for the next recruitment round.

'There has been service user involvement in Southwark in various shapes forms for a while,' says Rebecca Walker, the team's area manager. 'So to some extent it was natural progression. But Philroy was very clear from the outset about what he wanted to do and this has really motivated participants. They were very clear about what they were signing up for.'

Advocacy can mean different things to different service users, depending on the level of support they need. So the first thing for trainees to learn is that they will be the voice of the service user, says Forte. They won't initiate anything without the service user actually giving them the go-ahead

to do so, but will give them the options: 'would you like me to go with you and support you in taking the issue forward? Would you like me to be the voice for you, or just be there with you?'

Once the service user has decided the level of support and involvement they need, the advocate can move on to advising them about bringing issues forward in a clear and respectful manner. It may be that the service user just wants more information; whatever their need, the advocate can provide the right level of support.

Putting together the advocates' training programme was about choosing modules that would equip participants with the skills they would need to engage with clients, communicate, listen and counsel.

Course units were selected from Open College Network website, as the course leads to OCN accreditation – equivalent to NVQ level 2 in advocacy skills. The rest of the programme was informed by service user involvement from the start.

'We asked them 'what are your expectations?', 'what do you understand about user advocacy?', says Bailey. 'We got them to define for us what they thought the stable user would want. So they've had ownership of the programme.'

The induction programme over the summer explored different models of

advocacy, and drew on their experiences as a service user. The kind of issues they had come across became material for role-plays, and gave chance to examine how they resolved an issue, whether it worked at the time – or whether it could have been dealt with a different way. Situations where conflict was involved supplied interesting examples. 'We ask, what other route could you have taken? At what point could you have stopped, stepped back and looked at the alternatives?' Bailey explained.

Examining negative experiences can prove very illuminating in learning better negotiating skills, according to the team, as advocates learn to look at treatment services from the other side. 'They realise that emotional involvement often got in the way of getting what they needed,' says Bailey. For instance, 'If you're having trouble with your script, and you're physically suffering, you're not going to necessarily be presenting your

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The unpicking process lets participants look at what they did to worsen their own situation – and learn how to play the situation better for someone else's benefit. 'When they look at some of the negative outcomes they have had, they conclude that if they had had an advocate they could have dealt with the situation a lot differently, and better,' says Forte.

The project not only has benefits for the trainee advocate. Local services have been quick to realise its value and have welcomed advocates' involvement. 'It has spin-offs,' says Walker. 'The client receives a better service, and it's also a lot easier for the workers, as they're not dealing with someone hysterical.'

Getting to this point involved a rigorous process behind the scenes. Forte writes to the manager of services they want to send peer

advocates into, explaining to them what peer advocacy is about. He then arranges a meeting with the management and staff. After the training, he likes to visit the service with the peer advocate, and now has a strong relationship with local projects who have been 'very supportive and accommodating' to the advocates. The ongoing proposal is to have a slot at their team meetings, to address any anxieties staff members might have.

The training process is no less thorough for the advocates themselves. Each candidate compiles a portfolio of information for their accreditation, which has had them researching issues such as GP complaints, 'so there's plenty for them to be getting on with, even if they haven't had the opportunity to go out and deliver advocacy yet,' says Bailey. Their focus and commitment have had another positive side-effect, she adds: 'We

were getting very positive feedback from those services we had advocates from, saying they had seen marked improvements in the advocate's participation as a service user.' Walker has noticed that 'the level of responsibility makes them behave in a slightly different way'.

This is all part of helping the advocates move on to further training and work, says Forte. He encourages participants to get involved in Progress 2 Work courses, counselling and college courses. Some answer phones for Narcotics Anonymous. 'Part of the objective is that they themselves will begin to move on with their lives,' he says.

He enjoys seeing the transformation of those who gain new confidence with their advocacy role. 'I get peer advocates saying to me, "you know Philroy, it's amazing. I went into the doctor's surgery to get some information and I was actually



Left to right: Rebecca Walker, area manager; Jane Bailey, supervisor; and Philroy Forte, peer advocacy co-ordinator, outside St Giles Trust.

invited in. I couldn't believe I was treated with such respect'.

The team spirit on the course also helps. 'It's very supportive, very much teamwork,' says Forte. Trainees are encouraged to swap telephone numbers and work together on their portfolios. 'We said at the beginning, you will be supporting each other throughout this, as much as we will,' adds Bailey. 'And that team spirit has been there from the start.'

Finding skills and adapting them for advocacy has been an interesting process. Bailey recalls how 'a few difficult moments' during training made her realise that it was having the effect it was supposed to. She noticed members of the class were starting to challenge issues instead of accepting them – 'why are we doing it this way?', and 'you don't want that like that'.

'I thought what's happening here? Then, ah! It's working! They're beginning to challenge.' It was part of learning to apply advocacy skills in a practical way.

Reaching this stage also meant the group was ready to consider procedures and policies – also a vital part of learning to work with services and seeing situations from the other side. The group had to learn to impose rules, to deliver services, so they were given a question that applied to their own group: 'how are we going to use the services of stable users in advocacy?'

Forte says they were surprised by the clear response: 'The group said they surely would not like to have an advocate who comes to see them and is using.' So a definition was drawn up by the group of a stable user, as

'someone who's had experience of substance misuse, who no longer uses street drugs or alcohol, but who is taking positive action to maintain stability and move forward in their lives.'

This definition reflects the personal determination that many user advocates have experienced in arriving at this point, and signifies an ambition to carry on and work in the field. They get involved for no more short-term benefit than 'a cup of tea and a sandwich'. The benefits are all long term, enhancing skills and training while recovery is still new. For services who still hang on to the 'two-year rule', volunteering for different schemes gives a chance to develop skills within a tight support network until they are ready for permanent employment.

The contract for Southwark's peer advocacy programme is managed by Crime Reduction Initiatives (CRI), but this is kept necessarily low key, the team explains. It's about making it possible for advocates, who are not employees of CRI, to go into services. As Forte says, 'advocacy in its essence needs to have an aura of independence.'

The project has been met with such enthusiasm, and interest from neighbouring boroughs, that CRI are considering making peer advocacy an element of all their substance misuse services. Three months down the line the service is only in its infancy, but Walker, the area manager has already realised that it is 'incredibly cost effective and can have a massive impact because of the ripple effect it has'.

The others are equally convinced. 'It's a win-win all round,' adds Bailey. 'Everybody gains. It's logical.' **DDN**