

Project Evaluation: **‘Mental Health Advocacy’**

Project for Advice, Counselling
and Education (PACE)



Funded by The Kings Fund 2006/08

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(a) Executive Summary

This report was commissioned by PACE (Project for Advocacy, Counselling and Employment). Its stated aim was to offer an Evaluation of its Mental Health Advocacy Services. It builds upon a previous interim report which took place between November and February 2008. The rationale for this evaluation was twofold, firstly to achieve a funding requirement, but also to afford the service and the organisation an opportunity to reflect on the service thus far. The overall aim of this reflection should be to support the service in achieving insight into how the users of the service gain from their involvement and to give substance to and the broaden the understanding of how the service “impact’s on the empowerment of service users in relation to the issue/situation that they face ... and what is it, in particular, about this service that offers something to the LGBT community that other services might not?” Any evaluation of this nature should also afford the service the opportunity to learn lessons and disseminate these lessons in a wider environment. The evaluation therefore has focused to an extent on tangible factors (contained within service data, policies and working practices) but more importantly on less tangible factors mainly how service user feel about the service as well as their hopes, dreams and aspirations.

The report gives an overview of PACE itself by examining the aims and purpose of the organisation, followed by a similar introduction to the Mental Health Advocacy Service (henceforth called the service) including its aims and purposes. Also contained within this segment is a review of the main principles and values of advocacy followed by a review of the main models of advocacy and where the service fits within these models. Section 2 contains a description of the service including how it and the appointments work, and a review of where the service advertises. The section also starts to look at the qualitative data the service has including the number of interventions made. Section 3 contains an over view of the clients who attended the service including their demographic details, how many were worked with and what other services they may have accessed as a result of their appointments. In Section 4 the roles of volunteers are examined including their backgrounds and motivations as well as their route into volunteering including an over view of the training. Section 5 introduces the theme of empowerment including an examination of the outputs and outcomes of the service. Section 6 contains the 4 case studies which are a more in depth review of the client’s experiences of the service. There is also a review of the processes involved in advocacy from the volunteer advocate’s point of view. This is followed by the final section which attempts to sum up and draw conclusions from both the interim and final review

(b) Methodology

The evaluation began at the start of April 2008 and the fieldwork was completed by the end of June 2008. The fieldwork consisted of

- ❑ 4 semi structured interviews with clients
- ❑ 1 Focus group session with advocates (6) and staff (3).
- ❑ A review of current service data, including promotional material and literature, statistical analysis including outputs and outcomes
- ❑ An analysis of 12 returned questionnaires sent to volunteer advocates to capture their experience of the service

Section 1 Background

(a) Aims and Purpose of PACE

PACE was established in 1985 to provide a service to the Lesbian, Gay, Bisexual and Transgendered community. This was a direct response to the need to provide advice, counselling and education for and from a community under threat from discrimination and HIV. It has become one of London's leading services promoting the mental health and emotional wellbeing of this community. Its current portfolio of services include

Counselling services & coaching Youth work (for under 25's)

All of these services are offered free or at low-cost. PACE is an organisation of lesbian, gay, bisexual and transgender (LGBT) workers and volunteers who want to reach and support people from within the LGBT communities who struggle with, or suffer from, mental ill health and poor well being. Many in the LGBT community experience shame, self loathing, rejection and doubt over who they are. PACE aims to help people change the way they think and feel, change harmful or negative lifestyle behaviours and improve their relationships with others.

PACE supports and enables 1,200 LGBT people each year to speak up for themselves, increasing self esteem and build a healthy self acceptance. It strives to enable people to find jobs and play an active, positive and healthy role within the community. The overarching aim of all the services are to reduce feelings of low self worth, attempted suicide or deliberate self harm, isolation and the experience of discrimination and bullying, be that at school, in the workplace or within the family.

A snapshot of therapeutic interventions and practical services include:

- A 1-2-1 counselling service including a recent pilot online counselling service supporting drug and alcohol issues
- Family therapy and couples counselling, including a national family support helpline
- Support groups for victims of same sex domestic violence
- Support groups for people with HIV
- Mental health advocacy service
- Mental health user's forum and mental health group work
- Youth groups (2 single sex groups and 1 group for under 18s and another group specifically for under 16s)
- 1-2-1 youth worker support for young people at risk of homelessness

- Anti-homophobic bullying work directly in London schools
- Training on LGBT issues to mainstream services
- Therapeutic group work for gay men on HIV prevention, sexual compulsion and sexual health
- Coaching, vocational support and group work for people claiming benefits long term to help them find employment

(b) Rationale for the services

Findings demonstrate that LGBT people are at “significantly higher risk of mental disorder, suicidal ideation, substance misuse, and DSH than heterosexual people” (National Institute for Mental Health in England, 2008). For gay men this means they are over 4 times more likely to attempt suicide and lesbian women are 4 times more likely to become alcohol dependent than their heterosexual counterparts. A recent survey of 6,000 lesbian & bisexual women “Prescription For Change” finds that:

“One in five lesbian and bisexual women have deliberately harmed themselves in the last year, compared to 0.4 per cent of the general population. Young lesbian and bisexual women are ten times more likely to have self-harmed compared to others - half of women under 20 have self-harmed compared to one in fifteen of teenagers generally. Lesbian and bisexual women under 20 are eight times more likely to have attempted to take their life than teenagers generally. Lesbian and bisexual women are five times more likely to have taken drugs than women generally. Forty per cent drink three times a week compared to a quarter of women in general.”

These findings are reinforced through PACE’s perceptions gleaned from the work they undertake with the 1,200 people each year. An example of this: of the 200 young people a year that accessed the youth service last year 26% had attempted suicide, 28% had experienced prejudice or bullying and 16% were being treated for depression at point of contact.

Overwhelmingly it would appear from feedback and evidence collected that all the service users who present at PACE do so because they trust the service not to judge them and to help them negotiate with a world they feel and know can be ignorant or hostile towards them.

(c) Aims and Purpose of the Mental Health advocacy Service

PACE’s mental health advocacy service was established in 1997 with a 3 year grant from National Lottery Charity Board. Similarly to other PACE projects its inception sprung from research into the experiences of LGBT users of the mental health

services and other professionals which highlighted the negative effects of homophobic attitudes on the part of mental health and other professionals as well as prejudice from other service users. Its aim is to

Provide practical support, enabling lgbt people with mental health issues or who are in emotional distress to make informed choices, to represent themselves and to get the services that they need

In order to more fully understand the purposes of advocacy in general, but more specifically at PACE a facilitated focus group of staff and volunteers were asked to delineate between advice work and advocacy, and counselling and advocacy. The following are a representation of that group

Advice & Advocacy

Similarities	Differences
listening	Non directive
In clients best interest	On their behalf
Client can feel empowered (not the central purpose)	Support clients to find information
Provide information	Doesn't help client decide
	Advice tells you what you should do
	Advice is between an expert + client
	Advice is a one way process

Counselling & Advocacy

Similarities	Differences
Listening	How do you feel about that
Emotional support	Work with people's feelings
Reflecting back	Expert + client
Relieve clients distress (differently)	Longer process
Driven by client	Emphasis on practical issues
Offer a safe space	What would you like to do about that, whereas in counselling its more about "How do you feel about that"
Both based on research	May require 3 rd party involvement

Values underpinning Advocacy

- What the person says and wants is the most important thing.
- Advocacy enables individuals to do more for themselves and lessens their dependency on other people.

- ❑ Advocacy should help people to make informed choices. An advocate must ensure the service user is making real choices based on good quality information.
- ❑ Advocates should not have a conflict of interest. So that they can speak up for someone effectively, there must be no other pressures on the advocate. This is why the advocate needs to be independent of the service provider.
- ❑ People must have choice about the type of advocacy they use. Service users should be able to choose the type of advocacy that suits them best. Some service users feel that they need one person who is willing to act on their behalf whereas others will prefer the support of a group. Others will want to advocate for themselves, as far as is possible, with only the minimum of support.
- ❑ The choice of advocacy model will vary according to the person's needs.

Models (i) general advocacy models – where PACE fits in

- ❑ **SELF ADVOCACY** This is where an individual, or group of people, speaks or acts on their own behalf in pursuit of their own needs and interests - speaking up for yourself. Speaking up may be difficult because of a disability or illness or simply because people don't take service users seriously or think they are incapable of making decisions.
- ❑ **CITIZEN ADVOCACY** This is where someone else speaks up on behalf of the service user or helps them to speak up for themselves. It is based on the idea of a 'valued citizen' (i.e. someone who does not have a problem getting heard), working with a person who is discriminated against. The relationship may develop into friendship or just working together to develop the service user's skills or confidence to manage his or her own situation. Citizen Advocates usually come from a recognised and coordinated scheme.
- ❑ **CRISIS ADVOCACY** This is where an advocate is found to help with a one-off difficult situation or crisis. The advocate may be someone who is already a Citizen's Advocate.
- ❑ **PEER ADVOCACY** This is where service users who have experienced similar problems of not being listened to may help others to speak up for themselves. A peer advocate is likely to have a very good understanding of what other service users are going through.
- ❑ **PROFESSIONAL ADVOCACY** This can mean experts in a professional field, such as lawyers, being commissioned to speak up on behalf of an individual service user or group. They may or may not receive payment for acting as an advocate.
- ❑ **COLLECTIVE ADVOCACY** This is where a group of people, sometimes from very different backgrounds, campaign on behalf of themselves or others to try and change things. This could be a national organisation or a local one focusing on either national or local issues.

From the above it appears that the model adopted at PACE is a hybrid of a number of models. It draws its strength by harnessing principals from different strands, Citizen and Crisis being the main model. But it could also be argued that it draws on elements of Peer advocacy as one of its main strengths comes from some of the advocates having shared some of the experiences of the service users. This could be the case either by them having faced mental health crisis or openly defining themselves as members of the LGBT community. Service users stated time and again during interviews and feedback forms that they valued the fact that the advocates understood their concerns and experiences relating to sexuality and relationships; felt that they did not have to hide their sexuality and felt listened to and supported. Indeed this was the predominant reason cited by service users in their feedback for their choosing PACE as a service.

There was much debate amongst the volunteer advocates about which of the models would best describe the service at PACE, examples of this are contained in the boxes below. In the main most agreed that the predominant model appropriate for PACE was citizen with some elements of peer because of the LGBT element shared with clients. Some of the advocates acknowledged the element of crisis advocacy particularly as some clients present “when they have reached some kind of personal crisis and need some outside help. “

It was also observed that the service aspired towards self advocacy because it encouraged advocates “not to speak on the clients behalf but to empower him or her so they can represent themselves”

It would appear that this feedback supports the view that PACE operates a hybrid model of advocacy based on the needs of the service user and where they might be on their journey.

Section 2

(a) Description Of the service

Discrimination, homophobia and heterosexism mean that gay men, lesbians, bisexuals and transgender people are more likely to have mental health issues than heterosexual people. Many LGBT people are reluctant to access mainstream services or unwilling to disclose their orientation in case they experience discrimination or are misunderstood. This can reduce the effectiveness of the support that they receive or lead to less positive outcomes. PACE's mental health advocacy team aims to counterbalance these inequalities

The service aims to develop the skills and confidence of the service user. The service users are fully involved in researching their rights and options, constructing letters and rehearsing interaction's with service deliverers. This develops confidence that will have an impact beyond the duration of the direct advocacy intervention.

The service is essentially practical in nature and can offer support with letter writing, making phone calls, attend meetings and find appropriate support organisations to signpost to. Appointments with PACE advocates are an opportunity to talk about the issues of concern and obtain support in prioritising and making practical, informed decisions.

The following table and list are extracted from PACE's web site in order to give potential service users a clearer understanding of what to expect when approaching the advocacy service.

An advocate will:	An advocate will not:
be on your side	side with professionals
listen to what you have to say	tell you what you ought to do
provide information on your rights and available resources	speak to people about you without you being there
support you to represent yourself	
help you to get what you want from the system, e.g. contacting appropriate agencies, accompanying you to meetings, writing letters, etc.	

In order to achieve its aims the service provides access for LGBT people to a trained LGBT advocate. The advocate enables the service user to address concerns about the service they receive, supports them to make informed choices about the services and enables them to represent themselves more effectively. In most cases the advocates deliver sessions at PACE although where necessary they will accompany people to meetings.

The service is currently funded by The Kings Fund and is managed by 1 worker, in the form of a fulltime Mental Health Advocacy Co-ordinator with the support of a Temporary Volunteer Supervisor (3 days a week). This funding commenced in April 2006 and is due to expire in October 2008. The Mental Health Advocacy Co-

ordinator reports to the Operations Manager and is responsible to the Board of Trustees. PACE is currently reviewing which direction the project will develop after the end of that funding. In addition to paid workers the project has a dedicated group of volunteers who are responsible for the advocacy appointments. Both of the workers are then responsible for allocation of potential service users to these appointments, although in some cases both take part in the rotas of seeing clients. The workers are also responsible for ensuring that the potential service users fit the criteria for the service, i.e. are LGBT and are experiencing mental health issues or in emotional distress.

(b) How does the service work Service User Pathway (see appendix 1)

Pathway Narrative

In order to best illustrate the journey or progress of a service user from initial contact, through the appointment system and exiting the service, PACE developed a pathway document. The overview and explanation of that is detailed below.

- **Heterosexist Space**

Society in general. A space where sexualities other than heterosexual are not likely to be acknowledged, with the possibility of discrimination or of being misunderstood. Plus background of heterosexist mainstream support services of considering homosexuality a pathology.

- **LGBT individual** with mental health issues or in emotional distress (LGBT people as a discriminated group, more likely to have mental health issues than heterosexual people)
- When the individual decides the need to access a service for support, wanting to reduce the risk of discrimination, wanting acknowledgement of their sexuality without fear, wanting to have a common ground with the helper (peer)
- Client contacts PACE as a last resort, overwhelmed by the issues/discrimination/unfair situation they face.

- **LGBT positive space**

- Pace provides advocacy support in a safe space where sexuality is acknowledged without fear of being pathologised for being LGBT. Clients perceive a common background with the advocates because they are also LGBT. Clients don't experience the anxiety of coming out to their advocates. In this space, the building can be perceived as a symbolic sanctuary where, not only the clients but also the advocates feel safe (usually, professionals who are LGBT, when working for mainstream advocacy services are not out to their clients)

- **Interaction with the service**

Usual Advocacy interaction with the following particular elements:

1. Safe LGBT space- space to talk and being listened to is always crucial for any advocacy service. In this case what makes the space safe is the LGBT element.
2. Safe LGBT interaction- this is because the client is aware that everybody s/he interacts with in the building is LGBT. All the advocates are LGBT and the client usually will meet several advocates which reinforces the positive LGBT element of the interaction.
3. Not having a specific advocate allocated reinforces the element of empowerment in the relationship. The client is the one who knows about their issues.
4. Service itself is easily accessible. No long waiting lists.

- **Advocacy per se: What happens during appointments**

Exploring issues, options, prioritising, possible consequences of actions, informed choices, looking at ways of coming across and being heard.

Practical support on writing letters, phone calls, finding information and rights, attending meetings, discussing what to say to external professionals, planning next steps, emotional support, listening.

Emphasis in empowerment: giving options in the involvement of the client.

- **Outside the safe space**

The client due to both the advocacy support in a LGBT positive space and the knowledge that the service is open when needed, feels empowered. Usually the client keeps arranging appointments to manage their issues, until there is a resolution or until they feel they have enough help.

Afterwards the client keeps that positive space with them by knowing that PACE advocacy service is there, this could help in their general wellbeing. They have learnt how to use the service appropriately and a significant number make contact again when needed.

(c) How the clients find out about the service

The project sends regular mail shots to external organisations related to mental health, LGBT and diversity groups. This has included: Mind, ELOP, Metro Centre, Antidote, London Friends, and Stonewall Housing. These mail shots also include clients of other services at PACE, mainly Groupwork (this would be approximately 1000 clients at any one time). The purpose of these mails is to promote the service. In addition to the mail outs PACE also takes out adverts in the gay press examples of this include The Pink paper, G3 and Diva.

There are also regular leaflet drops and poster displaying the service and contact details available in gay places such as First Out, Gay's the Word, gay saunas, Lesbian pubs.

The service details are available on the PACE web-site – PACE is a well know and trusted brand name which is well known within the LGBT community Additionally the service also advertises on Ginger-beer website, in Gay and Lesbian switchboard and Stonewall's e-bulletin

The service has contacted several NHS Trusts e.g. Barnet, Enfield and Haringey mental health NHS Trust; Camden and Islington mental health and social care Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust. The first four Trusts have all agreed to publicise the advocacy service in various ways: either through the intranet, so that all staff in the NHS trust will get an e-mail with info on the service or through printable posters; some Trusts will publicise through the weekly bulletin which is circulated online. East London Trust has put PACE Advocacy Service on their website.

(d) Appointment system

Many incidents, issues or problems may have propelled the client into searching out advocacy. They may have heard about it on the grapevine, from friends or may have been in touch with other services at PACE or other LGBT organisations. One of the strengths of the service is that there is an ease of access into appointments. There are no long waiting lists and the process of obtaining an appointment is quick and simple. In most instances a client would make a phone call to PACE and speak either to a receptionist or connect directly to the advocacy team. The receptionist would either place calls directly to the advocacy team or ensure the team called the inquirer back. The first contact with the team would necessitate basic gateway information being established (i.e. that they define as LGBT and they have mental health problems or are in mental distress.) This would be followed by an explanation of the service clarifying expectations and what the client can expect. Basic information is then gathered (name, address, age, gender, race etc) in order to complete the database. A brief overview of the issues or problem is obtained which is also added to the database. Then an appointment is arranged. Volunteer advocates make regular time slots available to the service (discussed and agreed at the outset of their involvement) these are then added into the system and the client is offered a range of appointment times from which to choose. A new client is given a reference number that is used by the volunteer advocate just before each appointment in order to check the information on the database. Therefore at each appointment they will have basic details about the client, whether they are a new client, returning after some time or needing additional support from a previous session and an over view of the presenting issue in order to give focus to the appointment. The volunteer advocate can also view the outcomes of previous appointments if the client is an established one.

The service model established at PACE is such that clients are not necessarily offered any subsequent appointments with the same advocate. This is similar to the model of service offered throughout the Health Service. When presenting at a GP surgery a patient would see whichever doctor happened to be on duty that day. It also aids the service's ability to respond quickly to demands by clients and supports the central thesis of the service aim, that of empowerment. The clients themselves are in charge of their issues, they are the experts, and are in control of what they want to do to affect the issue. The role of the advocate is to assist rather than direct, and although establishing a rapport is important the relationship between the client and the volunteer advocate is less important than the empowering process.

The advantages and drawbacks of this particular model were discussed by the Volunteer Advocate's and staff at a focus group and the following feedback was gathered

Advantages and drawbacks of existing model

Advantages	Drawbacks
It reduces dependence on the advocate and therefore encourages independence Clear relationship between the service user and the service as oppose to individuals representing the service	It can lead to client frustration when they have to clarify everything again with each advocate.
Working with a number of advocates could actually increase a client's self-confidence and esteem	The client may feel a lack of consistency particularly if it is a complex case.
It empowers the client because they have to lead the advocacy process rather than depend on one individual	
Being able to interact with a number of different advocates can be a positive experience. It can offer the opportunity for the Service User to develop several positive and affirming relationships. It can also offer the client other perspectives. It exposes clients to different advocates different skills gain different insights and wider range of skills.	
No risk of personal attachment in relying on one person to gain personal empowerment, thus more likely the client will feel more ownership and responsibility of their empowerment	
There is some evidence to suggest that repeating issues/problems or stories acted as part of the process of coming to terms with or externalising issues. Also by having to spend time recapping at the beginning of sessions could assist in the client in formulating/organising their thoughts and feeling comfortable in discussing their issues/concerns	
It can prevent the process from becoming an "end" rather than a "means" which could contribute towards institutionalisation.	

(e) Average number of Advocacy Interventions (including face to face appointments and Advocacy support over the phone)

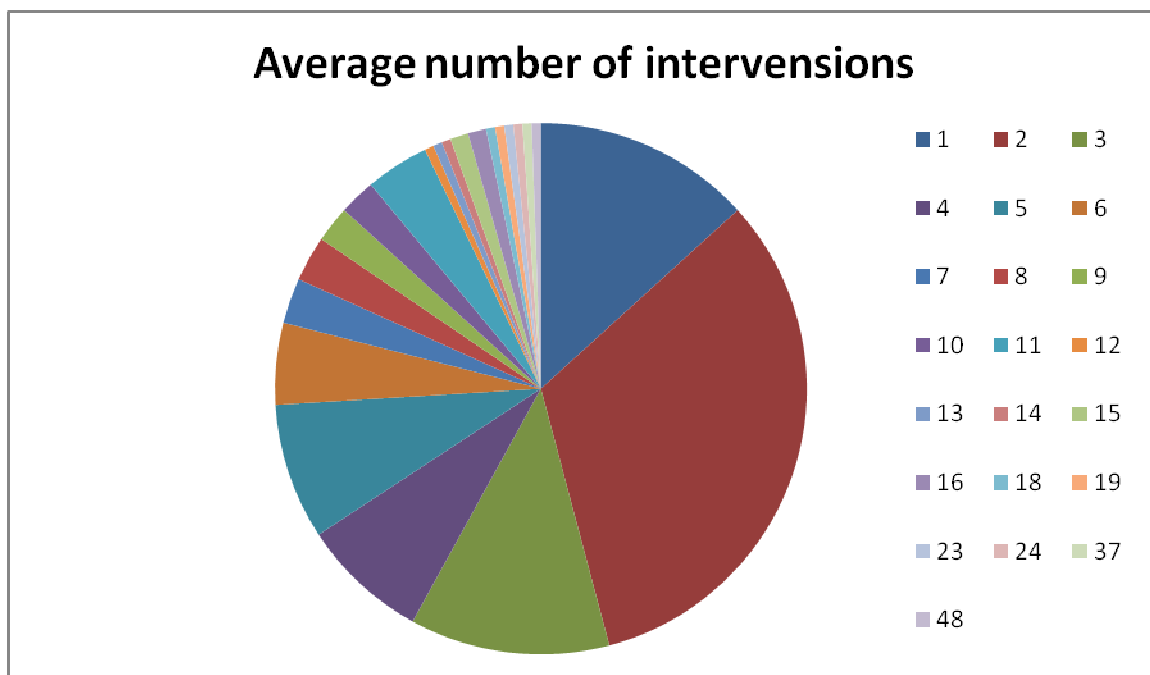
It was noted that a percentage of appointments were not captured on the database, although efforts were made to recover some of this data manually it is likely that some appointments are not included in the data used in this report. It is therefore likely that the figures used within this report are lower than numbers actually supported.

Number of contacts	Number of clients	Percentage	Cumulative percentage
1	24	13.26	13.26
2	59	32.60	45.86
3	22	12.15	58.01
4	14	7.73	65.74
5	15	8.29	74.03
6	9	4.97	79
7	5	2.76	81.76
8	5	2.76	84.52
9	4	2.21	86.73
10	4	2.21	88.94
11	7	3.87	92.81
12	1	0.55	93.36
13	1	0.55	93.91
14	1	0.55	94.46
15	2	1.1	95.56
16	2	1.1	96.66
18	1	0.55	97.21
19	1	0.55	97.76
23	1	0.55	98.31
24	1	0.55	98.86
37	1	0.55	99.41
48	1	0.55	99.96
Total	181		

An analysis of the above table demonstrates that over 58% of clients had 3 contacts or less. This contradicts initial perception of the service as being dominated by multiple or repeat contacts. It is possible to speculate that clients present, gain some support and insight into their issues and go away with a set of choices which they can then choose to act upon. Conversely they may well present and make a decision that advocacy is not a service that suits them. Given that the highest proportion of contact was 2 (32.6%) it appears that clients gained enough from their first session to want to return again. It is however not possible to draw definitive conclusions from this.

During the period of funding (April 2006 – To date)

- Total Advocacy interventions: 891 (this would include face to face and advocacy over the phone)



(f) The Building

There was considerable feedback from clients and volunteer advocates about the role the building played, contributing to the positive experience of advocacy. The building itself is set back from a relatively quiet street. After passing through a gate there is a small courtyard which is full of plants and a comfortable seating area. Its setting therefore delivers a space which is peaceful and removed from often chaotic atmospheres of the outside world. The words frequently used are ones of a refuge or sanctuary. Clients describe the building as safe, tranquil, comfortable and peaceful. There is a relaxing space within the PACE building for clients to sit while waiting for an appointment. They also felt that although the building was set up for counselling and advocacy appointments, it did not have an “overly clinical feeling”

“Very good building – its peaceful no traffic noises, quiet, helps me feel less stressed, area outside is well maintained”

“I think the design and atmosphere all work to put clients at ease.”

“Calm, quiet and professional”

“Clients seem to like the fact that the building is small and has an air of calmness about it.”

“.... experience it with great comfort and a complete lack of any form of hostility or intimidation, like I did! It’s a great building, a great space within a fantastic neighbourhood and central setting, and well hidden for a feeling of safety and security. The whole place has a great energy flow and peaceful aura about it. “

There was a bit more of a mixed discussion about Room C, where all the advocacy appointments take place. There was a recognition that the practical tools in the room reinforce the practical nature of advocacy but a concern that this left it with a bit of an “officey” feel”

Section 3 The clients

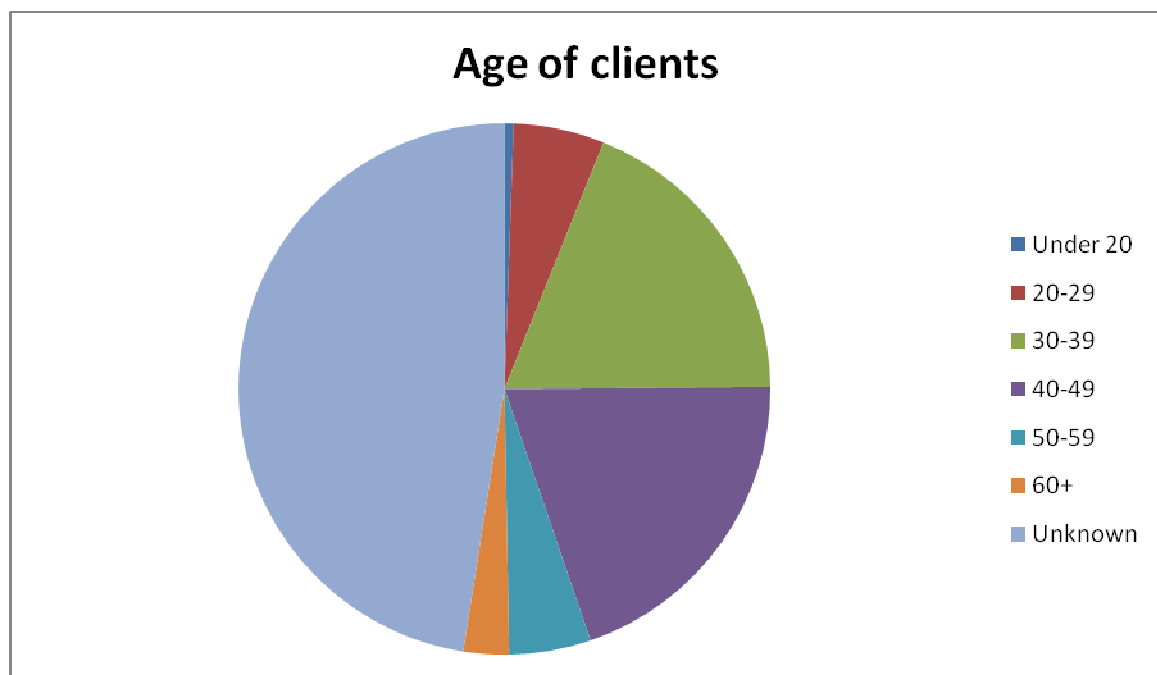
How many were seen

- Total number of client contact during funding period: 181

Demographic breakdown:

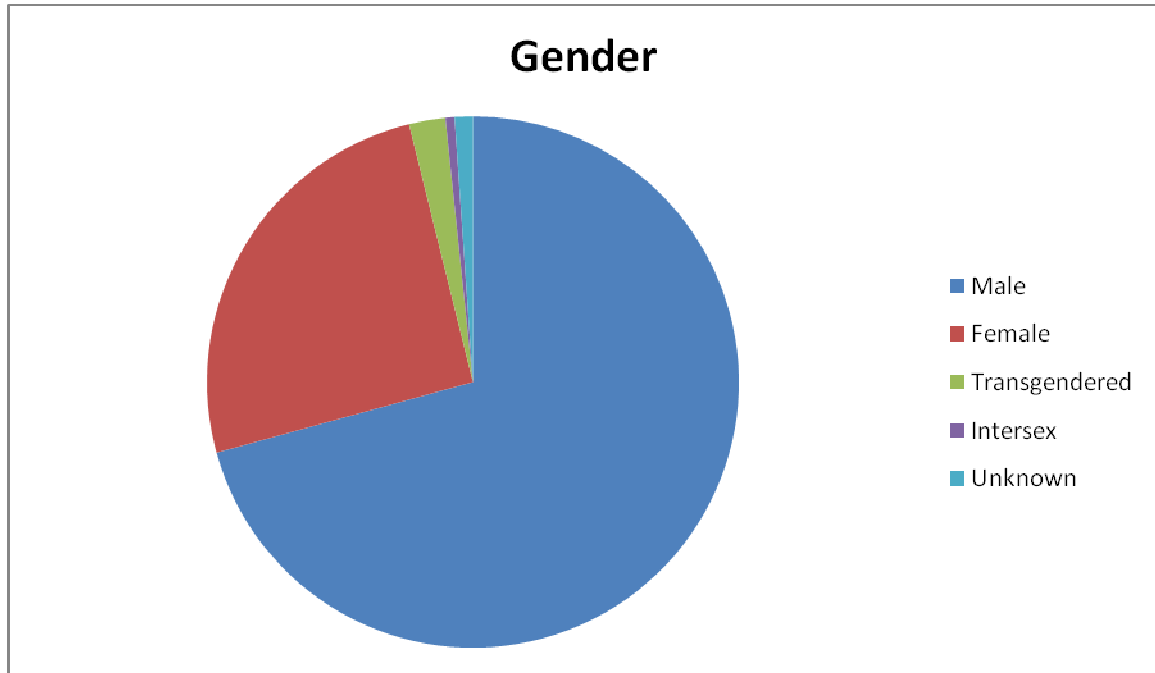
(i) Age

Under 20	1
20-29	10
30 – 39	34
40 – 49	36
50 – 59	9
60 +	5
Unknown **	86



(ii) Gender

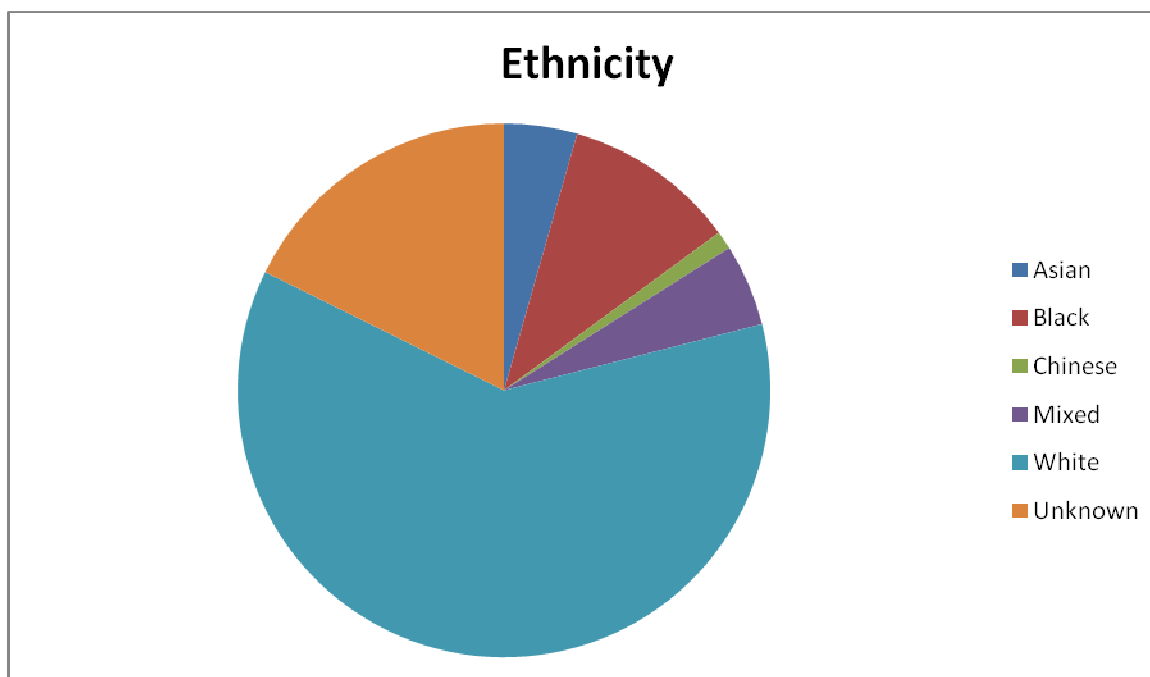
Male	Female	Transgendered	Intersex	Unknown
128	46	4	1	2
		Male to female 1		
		Female to male 3		



(iii) Ethnicity

Asian	8	Black	19	Chinese	2	Mixed	9	White	111
Bangladeshi		Africa	4	Other	2	White & Asian		British	67
Pakistani	1	British	8			White & Black African	1	Irish	9
Indian	1	Caribbean	6			White & Black Caribbean	2	Other	35
Other	6	Other	1			Other	6		

Not specified 32



(iv) Borough of Origin

Borough	Numbers	Percentage
Barnet	1	0.55
Brent	1	0.55
Bromley	1	0.55
Hammersmith	2	1.1
Barking	1	0.55
Hounslow	2	1.1
Waltham Forest	2	1.1
Croydon	2	1.1
Kensington	3	1.65
Tower Hamlets	3	1.65
Merton	3	1.65
Newham	3	1.65
Enfield	4	2.2
Wandsworth	4	2.2
Lewisham	7	3.87
Haringey	9	4.97
Hackney	9	4.97
Southwark	12	6.62
Westminster	16	8.84
Lambeth	15	8.28
Camden	16	8.84
Islington	21	11.60
Unknown	34	18.78
Out of London Boroughs	7	3.86
Homeless	4	2.21
Total	181	

(v) Disability

Disability	None reported
59	122

(vi) Sexuality

Lesbian	Gay	Bisexual	Questioning
41	123	11	6

A snapshot of main presenting Issues Throughout period	Number of times occurring
Legal	70
Mental Health Act	27
Neighbour disputes	32
Homophobia	129
Transphobia	9
CMHT services	70
Inappropriate services	44
Access To Services	354
Access To records	74
Housing	412
Benefits	141
Complaints	178
Debt	23
Domestic abuse	17
Employment	52
Isolation	35

An examination of the presenting issues demonstrates the high numbers of clients seeking support with housing related needs. This maybe due in part to current trends of unavailability of sufficient affordable housing. Whether this affects LGBT clients disproportionately is not possible to say with any degree of authority.

The table below was compiled from a monitoring of presenting issues from January 08 to date, it also gives examples of which service clients may have been signposted to as appropriate:

Issues presented by client	Where they were signposted
Benefits and Debt	
Incapacity Benefit	Accompanied to PCA
Incapacity Benefit	No signposting
Incapacity Benefit & DLA claim	No signposting
DLA	No signposting
Benefits, back to work	No signposting
DLA application & appeal	No signposting
Debt, HIV, isolation, benefits, finances	Wandsworth money advice service, insolvency helpline, THT, CAB, Social Groups, Paddington Hospital
Debt, access to services, other, legal	No signposting
Housing	
Presenting as homeless	Signposted to Hackney Housing Officer, Shelter, Alone in London & Stonewall Housing.
Housing, homeless	Stonewall Housing, Mind infoline, Hyde Housing.
Housing, homeless, debt	Stonewall Housing, Surveyor, Solicitor.
Access to services, housing, discrimination, disability	Health Ombudsman, Community Legal Services.
Housing	Stonewall Housing.
Dealing with partner's estate after death	Chelsea CAB, Kensington & Chelsea Housing.
Housing issues with Social Worker	No signposting
Housing, access to services, access to records, issues with Social Worker, Transgender issues, harassment	Mind, Housing Ombudsman
Neighbour dispute, housing	Stonewall Housing
Access to services, access to housing	No signposting
Housing, alcohol	No signposting
Housing	No signposting
Homophobia and transphobia	
Complaint, legal, other, abuse, homophobia	Gallop, counselling, LGBT Officer, IPCC
Housing, homophobia, complaint	Gallop, Stonewall Housing.
Transphobia	No signposting
Mental Health Services	
Mental Health Issues	No signposting
Accessing Support Worker & gender clinic	No signposting
Suicidal Thoughts	Counselling (PACE), Samaritans.

Issues with mental health professionals, inappropriate services, homophobia	Stonewall
Problems with GP	No signposting
Back to work pressure, issues with CMHT	No signposting
Complex mental health related issues	No signposting
Dispute with neighbours, benefits, access to services, suicidal	No signposting
Access to services and records, HIV, isolation, CMHT	Cascade Service
Immigration, access to services	GP
Inappropriate services, access to services, access to records, housing	No signposting
Access to records with CMHT, complaint, inappropriate referrals	No signposting
HIV	
Employment, housing, HIV	Stonewall Housing, Positive East, Naz Latina, THT, Brent Social Services, GP, Physiotherapist, Nutritionist.
HIV, isolation, access to services	No signposting
Employment	
Employment Issue, Visa	Lesbian & Gay Immigration Service.
Employment hearing	No signposting
Access to services	Life Coaches, Working PACE
Employment	Counselling
Isolation	
Access to LGBT social networks	Switchboard, Friend, Mind, Weight Watchers, Gay Sunday Walks.

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Section 4 The Volunteer Advocates

How many were seen

In all there were 24 Volunteer Advocates during the whole period of funding. These were recruited from three separate recruitment drives. Currently the service has 13 active volunteers. Their demographics appear below

Demographic Breakdown:

(i) Age

20-29	2
30 – 39	6
40 – 49	5
50 – 59	
60 +	

(ii) Ethnicity

White	Total	British	Irish	Other
	12	7	1	5
Latin American	1			

(iii) Gender

Male	Female	Transgendered
9	4	N/A

PACE were concerned about the under representation of female advocates throughout the life of the project. Steps were taken to counter this by specifically advertising for female advocates from time to time, however overall the proportion remained lower.

(iv) Sexuality

Gay	Lesbian	Bisexual
9	4	N/A

(v) Disability

Yes	No
2	11

(vi) Involvement In mental health services

As a user of services		As a Professional	Both
6 **		2	1
Counselling response removed	Those that Included Counselling		
2	4		

** Volunteers have included contact with counselling services within this category

Motivation of Volunteers

The thirteen active volunteers were canvassed for their reasons and motivations for their decisions to become advocates and also for their continued involvement in the service. Broadly speaking their responses fall under 5 categories, some responses falling into more than one category.

Personal Professional Development

“Understand the difference between how I work and an advocacy model (work in sector)”

“Wanted to broaden my skills.”

“To gain experience in the field of advocacy and mental health work.”

“To increase my confidence and gain new skills.”

“Wanting to learn more about mental health and therefore increase my personal/professional development.”

”I have aspirations to train as a counsellor and wanted some experience of client work”

“To gain further experience of the mental health sector and working with client group”

Used the service in the past and wanted to support it

Used the service myself found it helpful, vital roleits unique..... huge need”

Value of LGBT services

Wanting to give something back to the LGBT community

The fact that Pace is an LGBT organisation

Because lgbt issues are close to my heart

To give something back to the community, specifically the LGBT community

I wanted to use some of my time giving back to the London community

Experience of mental health services and the value of the advocacy role

I have strong feelings about mental health especially within the LGBT community and was keen to get involved in that

To get more practical experience of working with people that suffer from mental health problems

The fact that mental health is highly stigmatised: those who are affected by mental distress rarely get the support they need. Even sympathy is a rarity. Becoming an advocate could mean giving someone the little bit of help nobody around them is prepared to provide.

A belief in the need and power of advocacy services to make a real difference in the lives of LGBT people.

Interested in volunteering

I was interested in participating in some voluntary work and noticed an advertisement for PACE mental health advocacy training. I enjoyed the training and thought it would prove to be quiet challenging.

A belief in the need, importance and power of volunteering and what it contributes to society.

“I wanted to use some of my time giving back to the London community”

Motivation to remain Involved

Interestingly overwhelmingly the rationale for continued involvement is both the personal satisfaction of the role and the fact that it appears to have a significant impact on the lives of vulnerable people.

Feeling providing an important service, own professional/personal development, positive feedback I get

I get personal satisfaction from being able to support service users and enjoy working with a great supportive peer group within PACE. I also get gratification in giving back to the gay community.

The clear value that clients place on the service, the variety of cases.

Although I often find the work difficult and demanding in some ways It is often very rewarding, especially for something that only takes a few hours out of my week.

I often feel like the LGBT community is a myth or at least it exists in a purely commercial sense. PACE and organisations like it, remind me that that isn't the case exclusively. It does me good and makes me feel good about myself to be part of it.

Additionally, though, having now started doing the work, the sense of usefulness to service users provides motivation to attend and carry on

I have a natural propensity to want to help people, this is one of the reasons I'm doing the courses I'm doing too. And, to further these, I wanted to gain experience and confidence in dealing with all kinds of different people on a one to one basis so that I become better at it. I'm also big on personal development in general and felt this would be an integral part of much that I'm doing in that area.

Volunteer Training

An essential part of the process of becoming a volunteer advocate are the training days. Eight days of training are delivered over four different weekends. This has been carried out both on consecutive weekends as well as over a longer time period. The advantages of the consecutive weekends are that it built up a good group dynamic amongst the volunteers and PACE were able to move prospective volunteers through quite quickly. However it was also found to be very intensive and exhausting so any subsequent training has been more spaced out. Six different facilitators were involved in the eight days. This was deliberately organised so to

ensure that Volunteer advocates could have exposure to different perspectives and styles. The facilitators were previous & current advocates, staff and a mental health service user. The training (as with the Open Evening) is fully participative with lots of feedback and chances for discussion. The training consists of a mixture of knowledge based methods:

- ❑ **Overview of Housing law** - Including how the advocacy service is able to support with housing issues as well as general housing issues
- ❑ **Introduction to Mental Health Act:** - sections 2, 3, and 17. The role of nearest relative, Approved Social Worker and other professionals,
- ❑ **Trans awareness:** definitions, why being inclusive of trans people at PACE, coming out as a transgender, transphobia in society, in mental health services and in the gay community, dysphoria, the transition, specific issues to trans, how to acknowledge a trans client, a trans advocate perspective.

And developing interpersonal skills

- ❑ Listening skills
 - What does it mean to listen? What are listening skills?
 - Why is it important for advocates to have good listening skills?
- ❑ Communication skills
- ❑ Boundaries and confidentiality.
- ❑ Making assumptions/ judgements

The training also consists of exercises designed to support volunteers gain insight into the experiences of clients by appreciating how they might feel and how they might have been treated in the past. In addition to attendance at the training days the volunteer advocates are expected to complete a homework assignment which is designed to get a better insight of the principles of Advocacy and to write clear notes of work undertaken.

Theme of Empowerment

Why this theme was chosen

For PACE Advocacy service, the concept of empowerment is crucial in the training and delivery of the service.

Advocacy is supporting people to represent themselves; supporting them so that they can be more in charge of their lives. The clients are supported so that they have a say in those decisions affecting their lives (when those decisions are taken by other organisations).

The service supports its clients by: exploring and clarifying their issues, exploring options available to them, making informed choices, being aware of possible consequences of their decisions.

This approach means an empowerment process during the advocacy session. To emphasise this, the support is done by an equal, somebody that is not an *expert* on

the issues; somebody that enables/aims to enable the client to represent themselves.

It is this concept of Advocacy what differentiates our service from other approaches based more on *key working*.

Empowerment: to give somebody power or authority. To give somebody a greater sense of confidence or self-esteem.

Many of the clients, when accessing support services, are used to being told what they should do. At PACE, they are given a safe LGBT space and time from PACE's advocacy perspective, helping the clients to regain power and take decisions or actions (or deciding not to take action) with a sense of having been completely responsible for them.

One definition of empowerment offered by volunteer advocates was "empowerment as the culmination of a process whereby a person is left with an increased sense of self-esteem and positive mental well-being. Furthermore a direct result of the empowerment process is the development of skills and coping strategies to ensure that a person is better able to maintain their mental well-being without the need of the support of an advocate or other support professional."

It helps give an understanding of why the theme of empowerment is so central to the concept of advocacy. This theme is returned to in the next section under skills and specific Interventions.

How does PACE define 'empowered behaviour?' (The service started implementing the new database and collecting these outcomes from December 2006)

OUTCOMES Of Involvement in service

Outcome	Number of occurrences	Number of clients
Service User comes to PACE to seek support: Service Users who have difficult attending appointments (due to agoraphobia, alcohol, anxiety, depression, etc) attend appointment with Advocacy.	60	30
New appointment booked at PACE. During appointment or over the phone, service user books new appointment	232	102
Issues explored by Service User: Service User was able to explain and clarify their issues during appointment with Advocacy.	134	75
Service User's issues prioritised: Service User was able to prioritise their issues during appointment with Advocacy.	100	62
Service User's options explored: Service user was able to explore their options during appointment with Advocacy.	81	58
Service user and Advocate researched during appointment. Researched appropriate services, information, advise and/or rights during appointment.	50	42
Service User will research appropriate services and/or rights. Service user will research about appropriate services, information, advice and/or rights on their own outside of the appointment with Advocacy.	20	18
Service User says what they want to an external professional: Service User was able to articulate their issue	29	23

or needs to an external professional (e.g. doctor, housing officer).		
Service User is supported in an interaction with an external professional: Service User got support from an Advocate to carry out an interaction with an external professional (e.g. doctor, housing officer).	59	26
Phone call made by Service User: Phone call made entirely by service user during appointment with Advocacy.	10	10
Phone call made by Advocate: Phone call made entirely made by Advocate during appointment.	44	26
Phone call made by Service User and Advocate: Phone call made by both Service User and Advocate during appointment.	8	6
Service User will make phone call: Service User will make phone call on their own outside of the appointment with Advocacy.	18	17
Letter written by Service User: Letter written with the Service User in the lead – drafting the text or providing instructions - during appointment with PACE.	5	5
Letter written by Advocate: Letter written with the Advocate in the lead and little input from the Service User during appointment.	23	14
Letter written by both: Letter written by both Service User and Advocate during appointment.	17	12
Service user will write letter: Service User will write letter on their own outside of the appointment.	6	4
External meeting held and led by Service User: Meeting led entirely by	16	9

service user accompanied by Advocate.		
External meeting held and led by Advocate: Meeting led entirely by Advocate with some input from service user.		
External meeting held and led by both Service User and Advocate: Meeting led by both Service User and Advocate	3	3
Action plan agreed about Service User and issue: Action plan agreed about what the Service User will do about the issue outside of appointment with Advocacy.	69	48
Action plan agreed about Service User and PACE: Action plan agreed about what to do in following appointments at PACE Advocacy Service.	42	39
Service User sign posted to an external organisation: Advocate provides Service User with information about other organisations providing relevant services.	50	42
Appointment booked for Service User with an external organisation: Appointment is made for Service User with external organisation during appointment.	11	10
External organization contacted by phone/letter and waiting response. It could be a new organization or regarding the organization the service user is having issues with.	24	17
Positive feedback received from Service User: The Service User makes remarks that indicate positive feedback about support received during appointment with PACE.	95	59
Positive feedback received from an external professional. An external	6	4

professional makes remarks that indicate positive feedback about support received by service user during appointment at PACE.		
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Hard Outcomes

It's important to notice that in the majority of cases the service would not be aware of the hard outcomes.

Actual Outcome	Occurrence	Number of clients
Claimed benefits	3	2
Received benefits	1	1
Kept benefits	3	2
Got positive change in benefits	1	1
Received wanted service	15	13
Kept wanted service	1	1
Withdrew from unwanted service	1	1
Made a complaint	6	4
Made a successful complaint	2	2
Was re-housed	1	1
Got wanted change of medication/treatment	4	4
Kept wanted medication/treatment	2	2
Harassment stopped - regarding creditors, neighbours, council, etc.	2	2

Case Studies - Clients

(1)

JS

JS is a white European in his early 40's. He defines as a Gay man and is employed in a self employed capacity in the fashion sector. He did not consider himself to have a disability.

A complexity of issues (HIV status, issues over benefits, council tax) had brought him into contact with the service and he had attended 6 or 7 appointments as well as receiving support via several phone calls. He felt that he had been left to "rot" during an acute psychotic episode by all other agencies; he stated that he had no help from healthcare network even though he was suicidal and very isolated. His benefits had stopped 3 years ago and because of his illness he had been unable to fill out claims. There had been no offers of help or support from anyone at all. All other organisations had backed off. He had been suffering from OCD and diabetes. He felt his stress levels were through the roof and that he was completely isolated and felt like no-one cared and did not feel protected, he felt as though he was being treated like a fugitive. He had ended up being evicted because of the issues of his rent and council tax arrears PACE had tried to stop the eviction but he had not approached them in time for it to be prevented. They had helped him look at his housing options as well. He was now rehoused in a flat

He had seen PACE Advocacy service advertised in a gay men's journal. He felt it was the only service to get things done. He started coming to the service about a year ago He finally attended the service because he was frightened by what he might do (this was particularly in reference to suicide). During the appointments he was supported to write several letters to Housing Benefit and Council tax. He felt he had been discriminated against because of mental health status and because he was a gay man. He was eventually taken to court and made homeless. He described the experience as "like being in a foreign country I didn't speak the language no-one was responsible for me.... (I felt I was) thrown to the side, made to feel invisible" He said that attending the appointments had started to feel like he was a valuable part of the community again. Again he stated that he was "amazed I survived it, don't think I would have without support from PACE, they saw something in me and drew it out"

He had found the experience of different advocates helpful because it meant that he had not become too dependent on anyone and he could do more and more for himself as the session progressed. The service had helped him put things in a language he could understand; he felt they understood his distress. In addition to that he felt that they had "faithfully reported me and my situation" (i.e.)They also assisted him with gathering information and helped him organise it into a logical order. He received positive support whenever he used the service and was left "feeling safe and like I matter" He felt it had made him feel stronger. He described the service as "like lawyers pointing me in the right direction" He has felt important and stronger and that he did not have to deal with issues alone. He was able to create an impact and as a result was thinking of approaching a TV series about his

experiences in order to produce a video for healthcare professionals because he felt that they had got a lot to learn about the LGBT community still “it’s not just about dancing”

He was supported to realise that he had rights and that he was not a criminal, he felt that people at PACE believed in me. The process had empowered him to deal with the problems and had stopped him feeling like a victim. He was left feeling “safe and protected ... I feel calm about being a gay man, encouraged”. It had helped him improve his self image & self worth and was enabled to see through “the hysteria”

It had felt so comfortable and helpful to know that he was in a one to one appointment with another gay person. It had given him a good positive image. He had never felt criticised by his advocates. He had concerns about his self image because he had put on 3 stone because he had not had the right medication which had left him feeling uncomfortable about himself. He had also issues with his aging so he felt it was important to have someone who believed in him and understood him and what he was going through. He described one very sensitive issue whereby he was able to discuss his low libido which had been caused by his medication. He felt able to discuss this with an advocate who had made no snide comments, no jokes or assumption being made about him as a gay man unlike his experience with other mental health professionals.

The advocates were able to draw a picture for him that helped him to rebuild his life he felt that he moved from being a non person. He could now see a light at the end of the tunnel; he had started exercising again become fitter which had helped with image. He had gained “faith back in life again” previously as a damaged person he had spent so much time watching daytime TV. It had helped him “seek clarity about his life”

The service had assisted him to contact other voluntary organisations, and a HIV community nurse at Chelsea & Westminster

Case Study

(2)

CT

Aged 35, CT defined his ethnicity as white Spanish and his sexuality as bisexual. He was housed and defined himself as having a disability (that of his mental health status). His last employment was a couple of years ago when he was coordinator of an educational organisation.

He had come to PACE originally looking for a discussion group, and there was a workshop here which was advertised on line or in a publication Jan/Feb 2002.

He had attended about 15 or 20 appointments, and for this particular issue he had come to two separate appointments. This was an on-going issue with his GP and his need for verification of his incapacity benefits.

His stated aim of using the advocacy service was to deal with situations he did not know how to approach, or if he couldn't cope with something. He also used it if he was not sure what his choices were. He felt they were able to take account of the disadvantages he faced because of his mental health status. He chose the project because it said (i) it was aimed at LGBT people and also (ii) because it understood people with mental health experiences. They have helped him find solutions, to explore choices and plan a course of action. He described advocacy as being about getting things done and not about how you feel about things which is how he saw counselling.

His main presenting problem was that he was facing homelessness because of his physical health problems as well as mental health problems. PACE was able to make a real difference, it gave him information on how to go about things and support with filling out forms and information about benefits. He felt that he was too traumatised to deal with anything he did not understand. He felt understood and that better helped him to reformat questions. It helped him face up to things he did not want to think about. He felt that he could not have done things without the support of PACE. His problems had been causing distress and that PACE was able to create a safe space and a dedicated time to look at the problems or issues. "I know I am going to deal with things at my appointments so I don't have to worry at other times." He felt that in the past he had allowed problems to build up which had caused him stress and had been the trigger to at least one psychotic episode. He now felt that he was not dealing with things alone; there was someone there who could help him direct his thoughts. He saw the appointments as a reality check, a place to suggest other ideas and "to safely explore these other ideas. I don't worry about things if I know I am coming here." He felt he was able to think more clearly after being at an appointment.

He felt that he had been given clear information at the onset about what advocacy was and what it could assist with "definitely make things clearly understood what was going to happen.... (they) make things really easy to understand." They were also there to help you to "understand the process of what is going to happen how we are going to approach things". He was able to gain insight into how things work, what the solutions might be or ways to plan how to deal with things or contingencies if things do not go according to plan. He felt that it was "a journey to take decisions or to make better decisions". Someone who was on the outside (external) who understands the system. Advocates have an impartial view and can help by offering constructive feedback. On occasions advocates were able to challenge your assumptions by asking questions. "This can have an effect within you "having someone external who directs the process and is able to present real facts which can alter your perceptions. "If you know you are getting feedback, your mind is alert. It really does work". He felt that his self image had changed by attending advocacy appointments, "before I came to advocacy I would sometimes feel helpless, like I didn't have resources which led to me feeling I couldn't cope". Advocacy gave him focus, he felt it increased his confidence, and that he had "some power over your condition or your emotions". He said that he felt the power within you (and that) you become resourceful"

He also recognised that not all of the outcomes from advocacy were positive but even then being involved in the process was positive. The example he gave was that

you might have come to advocacy to get help in obtaining benefits. You get support from the advocate to write letters and you may get awarded the benefit. You would feel good both because you received the benefits, but more importantly because you had written the letters, you feel as if you have some control over your life. This means that even if you do not get the benefits you have achieved something, you have found a voice. He felt this was the bigger benefit “I get a sense of control, like I have contributed to the process, I expressed it, wrote it and sent it. I realise I have done something, I feel more active, more confident, even if you can't change the world you have your say – even people like me who need help to do it – the world feels safer”

He also felt that at times he could not trust his mind or his emotions, which in the past had led to a build up of stress and even triggered further psychotic episodes. By coming to PACE he felt he could play a part in his own recovery, he was active in doing something. He felt that there was an intervention which managed his stress “I can express things safely.”

Case study

(3)

DG

DG is a 34 year old, Gay man of Chinese ethnicity, not currently employed (until 2 months ago worked in the retail sector) He did not consider himself to have a disability. He had attended his first appointment with the advocacy service the day before our meeting.

Main presenting issues was that he had been dismissed from work (there had been an upheld accusation that he had sold goods for profit that he had received at discount). He was finding the aftermath of the experience traumatic. He hoped that the appointments would be able to explain to him what right of redress he had and what his options were. He had found out about PACE when he attended a job fair in which PACE employment service (Working PACE) had a stand. He had started to attend some of the workshops/training events organised by them and they had suggested requesting an appointment with the Advocacy Service. He had no idea what to expect from the service. Before he attended he had been told that someone would talk to him about what he could do about the issues. He had read the leaflets which told him that the service would help him write letters or accompany him to meetings. He found it difficult to explain what his hopes were about attending his appointment; he didn't necessarily expect anything tangible. He had wanted to consider his options whether to approach an employment tribunal, so he wanted to gather as much information as possible. He had approached other places to get help: a CAB, however it was closed and it seemed difficult to get an appointment; he was told he would have to join a queue and might not get to see anyone that day. He had attended the advocacy appointment because it was very accessible. He said he wanted to get some control back into his life.

When asked what he felt advocacy could do for him he replied that he thought it was similar to legal aid & that it would help him to sort out what he should do about his problems. The first session had helped him feel less stressed, he and his advocate had found out some information and he was currently composing a letter (to the company secretary) which he would bring back to the advocate when he had completed it. They had spent most of the appointment talking things through and he felt that he had been given help with the practical tasks of embarking on the process of clearing his name. He felt he would get emotional and practical support to see the process through.

The advocate had asked lots of questions so that he could understand the situation, background information, he felt the aim of the meeting had been fact finding, to know as much about the background as possible. He did think the advocate was unprepared and could perhaps have asked more relevant questions. By this he meant to the particular case rather than what he wanted to do about it.

Case Study

(4)

AP

AP White male aged 47, defined as a Gay man, employed by a NHS trust for the last 5 years.

He felt that advocacy was a safe space in which support is provided in a practical and empowering way. He felt that a client presented the key issues to someone who is independent of those issues and then "you could be supported to think through the process". An independent person may offer different methods of dealing with the issues. Alternatively an advocate may present different types of approaches. The advocate is there just for you which might make it similar to counselling however he felt it was different because you might not see the same person at every appointment. He also felt that it also differed from counselling by the fact that it was not constrained by time factors. The example he gave was that counselling usually involved a long commitment of time whereas advocacy may only require 1 or 2 sessions. He also felt that advocacy was more task orientated, working towards outcomes. He also felt that one of the main outcomes would be the empowerment of the client. He saw this happening by the building of confidence & clarity and insight into presenting issues. Therefore the empowerment lasted outside of the advocacy process it was on-going. The process itself influenced the confidence and skills of individuals through validation and lots of encouragement. "I have often arrived at an appointment feeling overwhelmed and not able to deal with whatever the issue is (however) through the questioning and reflecting back I have felt supported and protected and able to reflect on issues and then develop the ability to deal with them." He had used the service several times in the past. On this particular occasion

his issues were concerned with his employment focussed mainly on a dispute with management. He thought that he had approached the advocacy service on four different occasions in the past. On this occasion he had received 3 different appointments. He felt as if he had achieved 100% of his hoped for outcomes. He had wanted a safe forum to explore what his options were in dealing with his issue and now felt he was clear about this. He felt more in control, able to objectively evaluate what he might do next. When asked about whether he had received a clear explanation of what advocacy was at the first ever session he had, he replied that he had been so unwell on that first occasion that he was not sure he understood or if it was explained however felt that his understanding of what advocacy was “sort of evolved and my understanding grew as my fear diminished” He felt that it was important to acknowledge that sometimes even if the outcome of the issue is a negative one “you can come to view it differently because its helped you gain more control of your life” He felt as there had been a “concrete shift in perception ... (which) helped me come through very difficult and adverse things in my life”. He felt the advocacy service had helped him to develop a degree of self confidence

He described some of the process involved in advocacy as being: listening skills prompting, reflecting. This assisted him in developing action plans and with discussions about how to approach and prioritise practical matters. When he described the changes that advocacy has brought about he stated that he felt that things had changed in the core of him, his confidence had grown. Also his perception of things had altered as well as his abilities to deal with difficult situations. He could place issues in advocacy and could return to them when he felt stronger. He therefore was able to “get on with his life”. He also felt that all of the issues he had brought to advocacy had had a positive outcome. He had been accompanied to a hearing which meant that he felt he had been taken more seriously. At a previous hearing where he had not been accompanied he felt people had been angry and abusive towards him. He felt that people had been more cautious because he was with an advocate, and that he had been treated with more respect and consideration.

Previously attended GP primary care trust, CPN, MIND, Day services therapy and PACE

Volunteers

Skills and specific Intervention at various stages as described by volunteer advocates

One discussion at the focus group centred around the stages of the process of advocacy, at the start of the review it was felt necessary to try to represent clients at various stages of their “journey” through advocacy. That is initial contact, engagement, exploration and at the outcome of that process – empowerment. However it has become apparent that in some cases clients journeys are a more circular process, there is not necessarily always a beginning, middle and end. It can be an ongoing process sometimes devoid of definitive outcomes if the client has many obstacles to overcome.

However it was pointed out that each session or task had a beginning, middle and end to it with clear steps to follow. There is a problem that is discussed and a solution or option considered. Each session follows this pattern. We therefore clarified and defined the process of involvement as being episodic.

Volunteers

Skills & Specific interventions

Stages	Task	Technique	Purpose
Initial contact	Make client feel comfortable	Introduction	Minimise anxiety or hostility
		Reassurance	Enables client to relax
		Informal conversation	
	Explain service overview	Clear and concise information	Enabling client to develop trust and confidence in service and advocate
		Ensuring client understands	Minimise client disappointment
Engaging	Clarify & manage expectation	Honest about limitations	Encourage client independence Prevents client from thinking advocate can wave magic wand
	Establish a rapport	Empathy	Shows understanding Demonstrates acceptance
Exploration	Enable client to tell their story	Open questions	To gain information & explore further

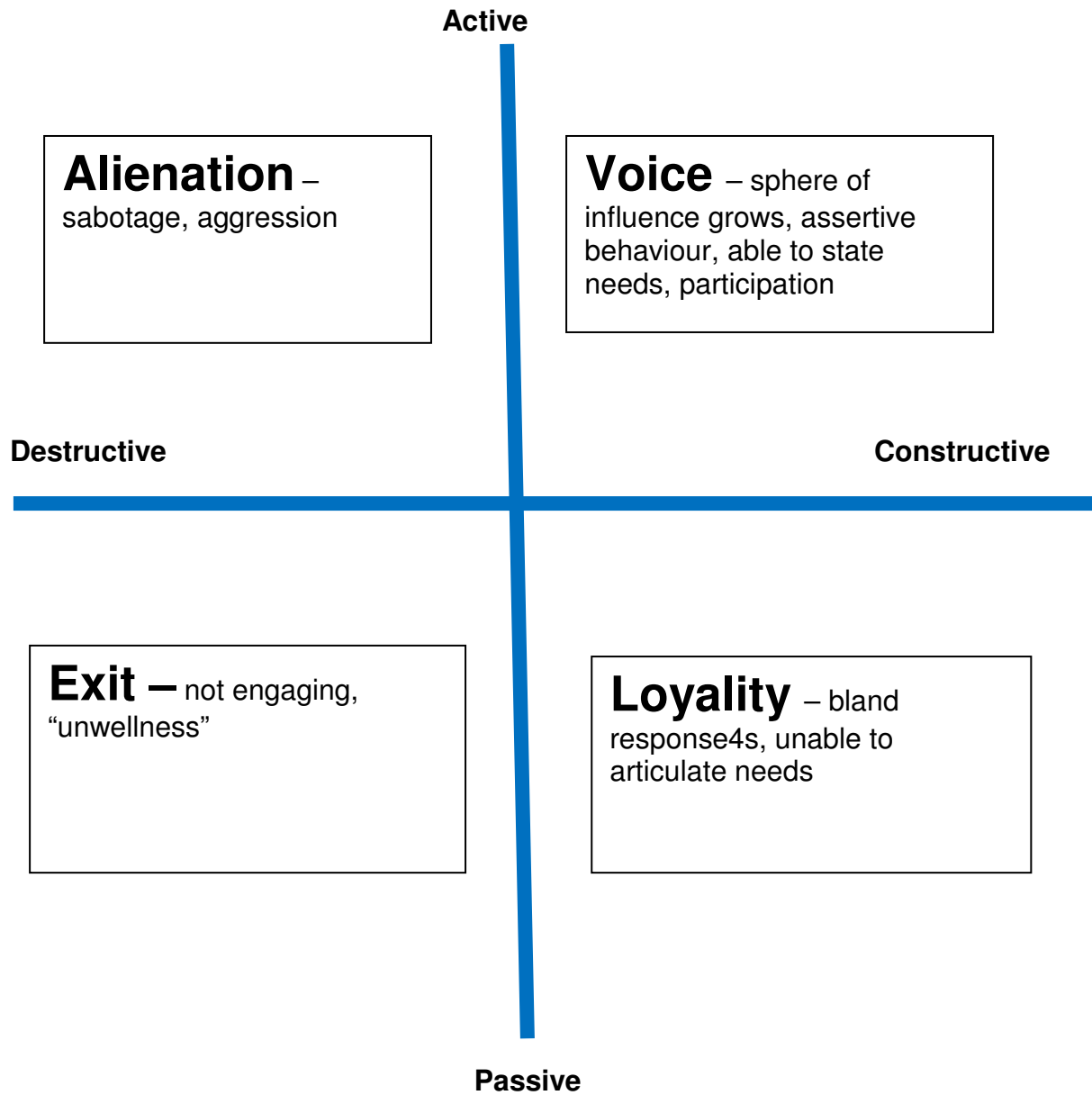
		<p>Clarifying</p> <p>Active listening /Verbal prompts</p>	<p>To get more facts To enable a fuller exploration It gives an idea of where the client 'is at' in their thinking</p> <p>To show interest and encourage to continue</p>
		Prioritising/ Action plans	<p>Route of issues, prevents client from becoming overwhelmed</p> <p>Establishes how client want to deal with issues</p> <p>Maintain order and organisation in each session</p>
		Exploring options	<p>Prevents clients getting stuck</p> <p>Encourage peer relationship</p> <p>Decreases resistance</p> <p>Enables client to see beyond obstacles and barriers</p>
		Reflecting	<p>Show understanding</p> <p>Helps clients understand their own feelings</p> <p>Encourages to look at other aspects of the matter being considered</p> <p>It enables the advocate to 'decode' what has been said so as to <i>understand</i>, not presume</p> <p>It lends itself to empathy</p> <p>It reduces defensiveness - the client feels understood</p> <p>It encourages the client to further explain thoughts / feelings and hence work through problems</p>

		Focusing	Helps to explore more fully Helps to separate issues Organising issues
		Summarising	Checks advocates have understood, gives overview, brings together, provides a springboard to move on
	Increase clients self belief and determination	Affirmation & Validation	Demonstrates acceptance Supports motivation
	Maintain boundaries	Non-directive interventions	Advocate does not present as an “expert” although this needs to be balanced with need to achieve credibility with client Client maintains control over issues Minimises dependency

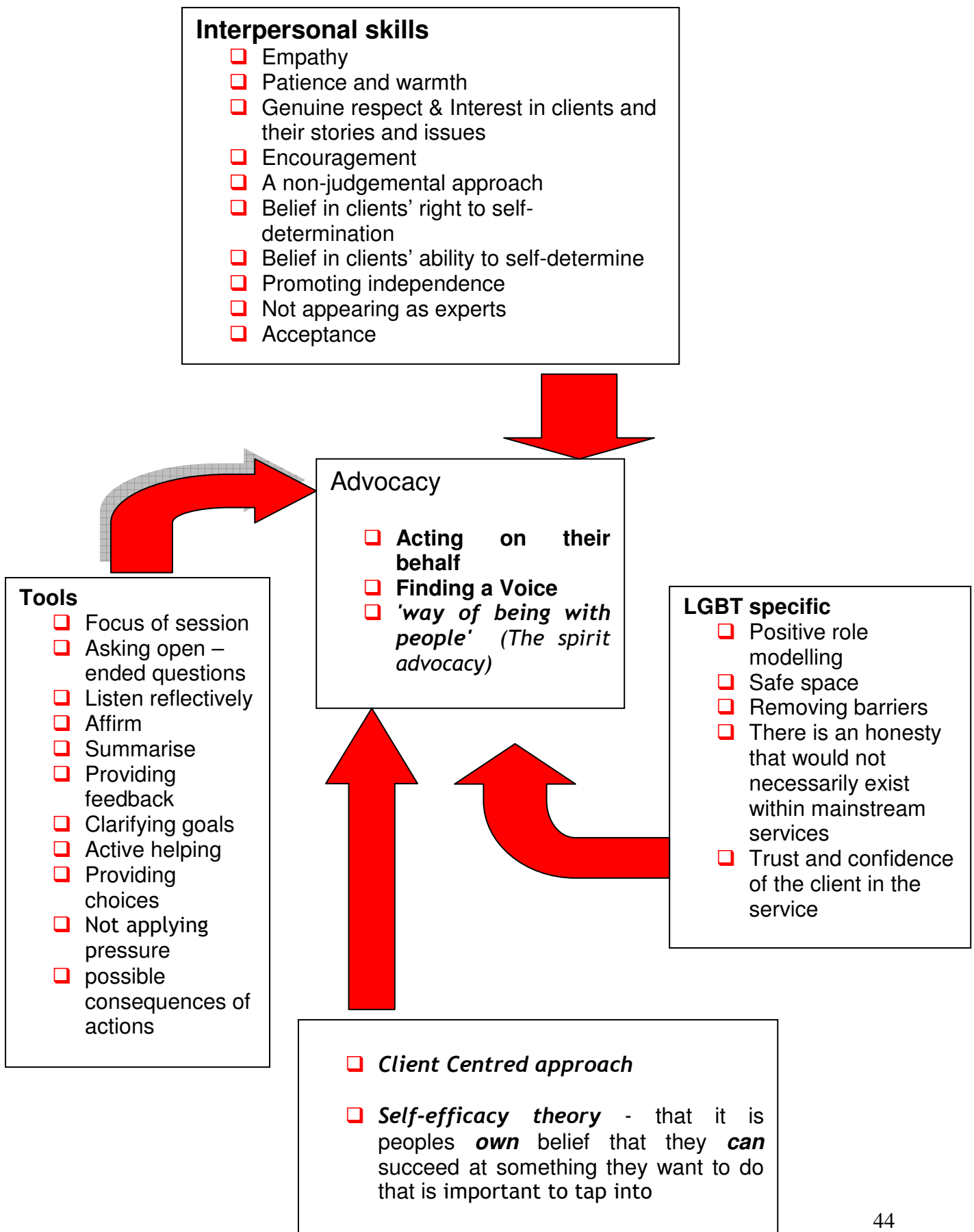


Empowerment

The process of advocacy strives for the outcome of empowerment. The client is supported through the stages outlined in the above table towards making choices about issues in their lives. This can be linked to the process described in the diagram below. That is supporting client towards an active, constructive outcomes by moving away from a marginalized or destructive behaviour. Lowery, de Hoog & Lyons characterise this as either Alienation (active destructive behaviour) or Exit (passive destructive behaviour) in which a person is not engaging or potentially “unwell”. It supports clients in the process of finding a voice and thus towards inclusion and active participation. It also underpins the advocacy process of contributing towards clients managing their mental health by enabling them to externalise issues or problems and preventing them from becoming stressed and therefore relapsing.



Towards an understanding of the component parts of advocacy at PACE



Summary and Conclusions

Several themes emerged in conducting this evaluation

- The value the clients put on their involvement in the service. Their stories demonstrate tangible results and outcomes from that involvement. All of the clients participating in this final evaluation and the interim report (17 interviewed and 20 questionnaires analysed) spoke highly of the service they have received at PACE. They were keen to take part in the evaluation which they saw as repayment for the quality service they had received and could also demonstrate a sense of ownership of the service. They often described their experience of other services of having let them down, and the transformation of their lives by their involvement at PACE. The experience of the service appears to last well beyond the appointments and resolution of the issues and also appears to have positive effects on other parts of their lives. The advocacy process appears to have had an impact on both the presenting issues and on other aspects of client's lives. It appears to have contributed towards:
 - Supporting marginalised people find a voice
 - Build self esteem and confidence
 - contributed towards their well-being & "wellness"
 - preventing relapse
 - taking control of their lives
- The unique service that PACE has in being able to combine the dual role of mental health advocacy within an LGBT service. Clients referred to this on a number of occasions. They often describe the sense of isolation from the services from LGBT community because of their mental health problems and visa versa. Having seen adverts and being informed of this unique service they felt that this was a "direct fit for them"
- The service appears to have acted as a positive image for LGBT clients. It appears to have a powerful impact on service users in terms of positive role modelling. As a result of this it is able to build trust and confidence of service user in service and helps promote positive self image.
- The service appears to have built a group of dedicated and skilled volunteers and staff. There was much evidence in the focus groups and questionnaires of a shared vision and high level of commitment to the service and the principles and values of advocacy.