



Forth Valley Advocacy

Page

Mission statement

Annual Report & Accounts 2010/11

“To PROMOTE the rights, freedoms and dignity of vulnerable people, to SUPPORT people to have their say and to DEFEND disadvantaged people from abuse and exploitation.”

Registered Charity No SC034510
Company No. 251723

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Forth Valley Advocacy

What is Independent Advocacy?

Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives. Independent Advocacy organisations are separate from organisations that provide other types of services. An Independent Advocate will not make decisions behalf of the person/group they are supporting. The Independent Advocate helps the person/group to get the information they need to make real choices about their circumstances and supports the person/group to put their choices across to others. An Independent Advocate may speak on behalf of people who are unable to do so for themselves.

The main themes of advocacy are:

- Safeguarding 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.
- Enabling people to gain access to information, explore and understand their options, and to make their views and wishes known.
- Speaking on behalf of people who are unable to do so for themselves.

It is important to recognise that an effective advocate will use their knowledge, experience and skills to enable their advocacy partner to have the best life possible. This might mean that the advocate tells their advocacy partner about an option that the advocacy partner does not know about or would never have thought of themselves. The SIAA believes that this is an example of an advocate helping to broaden an individual's life.

Extracts from Scottish Independent Advocacy Alliance

Our service

As independent advocates part of our focus is on empowering individuals who may find themselves disempowered by or dependent upon powerful systems. They may also feel they have no one within these systems who will take their wishes or opinions seriously.

Forth Valley Advocacy provides an independent advocacy service to people of all ages with mental ill health and to older people living in the Forth Valley area. Advocacy Workers deal with a range of issues, many of which involve problematical, complex and time-consuming casework; involving representation of people's views and expressed interests.

Our service uses different models of advocacy appropriate to the needs of the client to ensure the service is sensitive and bespoke to the individual. At the same time it seeks to work in co-operation and harmony with health and social services.

In addition to paid advocacy workers we also have trained Volunteer Advocates who provide advocacy services to older people living in the community across the Forth Valley area.

Stats for people accessing advocacy support between 2010/11

Number of clients: **719**

Hours spent delivering advocacy: **6562.5**

Issues:

Issue	Number
Treatment / Physical Health	15
Legal	41
Mental Health (Care and Treatment)(Scotland) Act 2003	389
Finance	109
Housing / Accommodation	116
Employment	25
Complaints	48
Quality of Life for Care Homes	2
Talking with Professionals	318
Info requested / supplied	43
Care Issues	299
Family / Relatives / Carers	56
Support at meetings and or Representation	105
Voluntary Sector	1
School / Education Issues	10
Children Issues	36
Adult Support and Protection Act	43
Adults With Incapacity Act	84
Power of Attorney	16
Advance Statements	3
Total	1759

Our supporters

Forth Valley Advocacy is indebted to Clackmannanshire Council, Falkirk Council, Stirling Council and NHS Forth Valley for their commitment to our work and their financial and practical support over the past year.

Forth Valley Advocacy would also like to thank all our supporters who have provided valuable information and training to the team as a whole.

Our service is contracted to...



...but independent from

Directors Report for the year ending 31 March 2010

I am delighted to present this report on behalf of the Board of Directors of Forth Valley Advocacy, in what again has been a busy year. The developing service is confidently led by our Manager, Wendy Sharp, who ensures we deliver advocacy to a high standard and that we fully comply with statutory legislation.

The Directors continue to support the organisation and are actively involved in the service management and development.

Our Funders remain as Forth Valley NHS, Clackmannanshire Council, Stirling Council and Falkirk Council.

I shall leave the details of our present services to be highlighted by our manager and staff on the following pages.

I would like to take this opportunity, on behalf of the Directors, to thank all of our Funders for their support and to our Manager, Wendy Sharp and her staff for their hard work and dedication to Forth Valley Advocacy over the year.

We all look forward to our continued success within the service.

Margaret Cheyne
CHAIRMAN

Managers Report for the year ending 31 March 2011

2010/11 is the second year in our ongoing programme of improvement as we persistently strive to 'do better' than the previous year. At the heart of all that we do is the need to ensure we deliver a high quality, accountable service that is open, fair and transparent.

To this end, we have also made our 'Comments, Complaints and Suggestions' process more accessible to encourage additional feedback. We already have questionnaires that go out to our clients but we welcome feedback from all who have had contact with our service.

At the end of the last financial year we commenced work on improving how we measure the difference advocacy makes to people accessing our service. This continued into the current financial year and is reflected in how we have presented our case studies in this annual report.

We also began the process of measuring our Social Return on Investment (SROI) and were overwhelmed and humbled by the comments made by our clients during their SROI interviews. The benefits they identified included improved mental health, increased confidence and increased independence. One person stated that **'advocacy was my passport to freedom...I'm now free to be myself again, the person I was before'**. Powerful stuff indeed.

Our Direct Observation process for all advocacy workers is now well bedded-in as is our Solicitors Listing Criteria. The latter of which, or similar, is something the Scottish Independent Advocacy Alliance is considering introducing for all advocacy services as best practice.

In June work commenced on 'Stroke Point', a user-led project aiming to create a peer advocacy service and information point for stroke survivors and carers. This is funded by the Stroke Association and is one of four pilots across Scotland.

We have established a new and solid working partnership with Central Scotland Regional Equality Council (formerly Central Scotland Racial Equality Council) and are confident this will enable us to provide a fairer and more equitable service across Forth Valley. We continue to build on our relationships with our colleagues in Social Care, the NHS, Locals Authorities and Care homes.

Our reputation goes from strength to strength as we successfully complete additional high profile pieces of work, particularly in relation to Adult Support & Protection Legislation

December saw the service delivery affected by the inclement weather. But we are proud that we managed to maintain the service and learnt valuable lessons in the process. We now have a robust Business Continuity Plan in place and have conducted a consultation on more flexible ways of working for staff.

This has been a year when staff have stepped up to the challenge and have remained loyal despite the uncertainty that faces our organisation. As a team we always embrace the opportunity to improve ourselves as we further improve our service. For us, it's business as usual.

**Wendy Sharp
MANAGER**

Senior Advocacy Workers Report

As the senior Advocacy worker I support the manager as required and cover for her in her absence. I also support the staff on a day to day basis. I have an open door and advocacy workers come to me to discuss and seek guidance on any of their cases. I deliver advocacy in IPCU, give monthly supervision, twice yearly observations and Annual appraisals with all advocacy workers. I also chair the weekly allocation meeting where referrals are discussed and allocated using our priority criteria. This ensures that people who are under legislation are given priority.

Each advocacy worker is evaluated for quality and knowledge through our formal recorded observation process. Twice a year I shadow the advocacy worker to a meeting with a client to observe them 'in action', I then complete a report which we go over together that helps identify areas of achievement or areas that require further improvement and additional training. This ensures we provide a quality service with well trained and knowledgeable staff.

Advocacy workers have monthly support and supervision where we discuss all their cases, allowing me to oversee all their work and support them with complex issues. Supervision is also a time to look at training needs and requirements and is a safe environment to bring forward any work/personal issues.

I also work in IPCU (Intensive Care Psychiatric Unit) ward 19 at Falkirk Royal this is a 12 bedded locked ward. Most of the people in IPCU are under mental health legislation and my role is to make sure that they are aware of their rights support them to access and speak to the lawyer. I also attend a number of Kardex meeting with clients to help them to get their views and wishes across to their consultant.

In August this year the mental health unit moved to their new location at Forth Valley Royal and IPCU is now in ward 1. This was a big change for everyone Advocacy Workers, Nursing staff and clients but we worked together to ensure that the transition was as smooth as possible for our clients.

In January the manager and I started training for SROI (Social Return on Investment) this took place over a five month period where we learned the process of how to conduct an SROI. This was funded by the Scottish Independent Advocacy Alliance to help to show a consistent approach to measuring the impact of advocacy across Scotland. The question we used for the SROI was: "To measure the impact of advocacy on people with mental health problems one year on. As part of the process we conducted interviews with a number of our clients (some of who's quotes are included in the report) to establish there views. The SROI is a work in progress.

SROI Quotes

"Helps with anxiety and gives me mental clarity "
"I've seen that the power balance can be shifted in my favour"
"I have been empowered to do most tasks myself"
"Without advocacy I wouldn't turn up to appointments"

Martine Turner
SENIOR ADVOCACY WORKER

Stroke Point

In 2009, the Stroke Association along with Forth Valley Stroke MCN (Managed Clinical Network) conducted research with stroke survivors across Forth Valley, resulting in a publication entitled "Personal Stories from Forth Valley".

These accounts identified some common themes and issues, among them being the following 5 gaps in service:

- Easily accessible information about the support and services available in the community
- Emotional and psychological support – to help people deal with the impact of their stroke including any changing roles and abilities
- Physical exercise classes for people who've had a stroke
- Peer support – 1:1 and in a group
- Support to help people back into work or volunteering

Consequently, in 2010, the Stroke Association approached Forth Valley Advocacy and arranged to fund a pilot project facilitated by Forth Valley Advocacy but run by some of the stroke survivors who had taken part in the initial research. The aims of the group were to focus on providing peer advocacy support which would be undertaken by stroke survivors or other interested parties with knowledge or experience of stroke. Advocacy training would be undertaken by Forth Valley Advocacy and thus would begin a cycle of people helping others to help themselves.

Marion Robinson, Project Facilitator

CASE STUDIES

To follow are actual examples of client work undertaken across all areas covered by Forth Valley Advocacy, produced with permission of those involved.

1. Profile – ‘Wee Jimmy’	
a. Gender	M
b. Age	68
c. Ethnicity	White British
d. Client group	Older people
2. Length of time from identifying issue to outcome	
<p>“Wee Jimmy” has been known to our service for around 7 years, initially as a Mental Health client. Indeed, it was while on the Mental Health wards that his falls were finally diagnosed as being MS, not behavioural.</p>	
3. The Issue	
<p>Due to his age, he then transferred to my client list and we worked together on and off to support him. Over the years, on several occasions, I broached the subject of him taking a long-term view and preparing a Power of Attorney (POA) naming someone of his choice to take over financial and welfare decisions should he become incapacitated. He would have none of it.</p> <p>Things came to a head ultimately during a hospital admission following a serious stroke. At this point, divisions emerged within his large family where one person claimed to be the family spokesperson and made various complaints which, when Wee Jimmy recovered, he did not agree with. He decided that the time had come to prepare his POA and his Will.</p>	
4. The Steps Taken to Address the Issue	
<p>Jimmy chose a lawyer from a list provided by Advocacy – it was someone he had used in the past but needed prompting to remember the name. The main potential problem would be that we did not want anyone at any time in the future to challenge Jimmy’s capacity at the time of making his POA. Jimmy’s Consultant went on holiday and it took weeks of calls to various Ward staff before we were able to tie down the Consultant who knew him and to get a statement regarding his capacity recorded in his notes. Simultaneously, the lawyer Jimmy had chosen visited him in hospital – he was happy to take instruction but agreed that it was a good safety net having the Consultant’s views on record.</p>	
5. The difference advocacy made	
<p>The POA has now been signed and registered at the Office of the Public Guardian and can be used if and when required. In addition, his Will has been prepared. Without the support of Advocacy to provide information and look at his options, Jimmy might never have taken this action to safeguard his wishes regarding his finances and welfare. He is a great family man and would not wish to be unfair to anybody but ultimately, it was the action of the “spokesperson” which forced him to seek out our independent service to help him. Having organised these things, Jimmy feels he can now sit back, relax and enjoy the rest of his life – he is relieved that he took control and took action with our help.</p>	
6. The Challenges and how they were met	
<p>As an Advocacy Worker, it has been frustrating for me to watch Wee Jimmy decline but not be prepared to make decisions to prepare for his future. I found this really challenging, however, patience was rewarded when he asked about making a Power of Attorney. The</p>	

next major challenge was to “strike while the iron was hot” and there were frustrations here due to the absence of the Consultant. Timing was crucial, as recurring infections and the ever-present danger of another stroke occurring would have put paid to the planning. Ultimately, patience was rewarded and everything is now in place to protect Wee Jimmy’s wishes.

Sadly however, he will not be going home as he is now requires 24 hour care and we will now begin the process of choosing a suitable Care Home.

7. Conclusion

Wee Jimmy was fortunate that he fitted our criteria – first as a Mental Health patient, then as an Older Person – and that advocacy was always available to him. Without support, he might have missed the boat and waited until it was too late and his capacity to make decisions was gone. Having made these decisions and put things in place, it will save any future rows within the family over who should become his Guardian if he should lose capacity in the future. Preparing a POA is one of the most considerate things a person can do for their family.

1. Profile – ‘Holly’	
a. Gender	Female
b. Age	65+
c. Ethnicity	White Scottish
d. Client group	Older People
2. Length of time from identifying issue to outcome	
5 months	
3. The Issue	
<p>Holly is an elderly lady who first contacted the service regarding her husband Colin who had been diagnosed with Dementia and was in the later stages of the disease. Colin had been given four weeks notice from the nursing home he was in. Holly felt that this had been done in breach of contract and only because she had been complaining about Colin’s care and his diet that was not appropriate as Colin was diabetic. Holly felt intimidated by the manager of the home and sceptical of the input from social work, both of which made her feel disempowered.</p> <p>It was agreed that I would support Holly in any meetings/reviews regarding her husband to ensure that her voice was heard and that her views were taken on board. Holly felt that Colin’s place in the home was at risk because of her complaining and wanted answers as to why the four week notice had been given.</p>	
4. The Steps Taken to Address the Issue	
<p>I contacted Social Work and arranged for a meeting to take place with all interested parties to establish a way forward and ensure Colin’s future was secure. This was agreed and the 4 week notice was withdrawn and some time was given to solve issues and a date arranged to meet.</p> <p>I met with Holly beforehand and took down her views and issues with the home. During the meeting I spoke on behalf of Holly and ensured her voice was heard and her views listened to. The outcome of the meeting was that Colin’s place in the home was safe and we would review again in 8 weeks time. I asked that Holly have a nurse she can meet with</p>	

on a weekly basis to ensure that any issues are dealt with promptly and appropriately and not left to build up.

Holly had on going contact with the appropriate nurse, but felt when it came time for the next review meeting to go ahead she felt she could not attend the meeting as she was too upset. I therefore went on Holly's behalf and put her views forward.

5. The difference advocacy made

The main outcome was that after the last review the next meeting was not scheduled for 6 months and more importantly Holly was content with the care her husband was receiving and that his placement was secured.

Holly received the support she needed. This allowed her to be empowered and get her views across. Holly was left secure in knowing her husband's place in the home was safe for the foreseeable future. She was very grateful for this and sent me a thank you card saying- "Thank you for all the support you have given me, keep up the good work."

6. The Challenges and how they were met

Initially the main challenge was overturning the four week notice- this was met head on and was in turn withdrawn as I made it clear they could be in breach of contract as no meeting took place before notice was served.

The next challenge was speaking on behalf of Holly as she felt she could not attend the review meetings- although this allowed her voice to be heard it was important for Holly to meet with them face to face and in time, with my support she felt empowered to do this.

7. Conclusion

After the last review, which Holly attended, it was agreed that the next review for Colin would not need to be for another six months. It was also agreed that Holly's meetings with a named nurse were helpful as it gave her the opportunity to raise concerns immediately and allow them to be dealt with appropriately.

Unfortunately Colin has since passed away, but Holly was very thankful for the support she received- **"You have helped get peace of mind in my husbands last few months, thank you."**

1. Profile – 'Mary'

a. Gender Female

b. Age 50+

c. Ethnicity White British

d. Client group Mental Health

2. Length of time from identifying issue to outcome

4months

3. The Issue

Mary has had a history of chronic arthritis most of her adult life and required a shower to be installed in her home to help with her personal needs as a bath was not feasible. Mary had just moved into a new home that was to signify a fresh beginning but found it impossible to access the bath without help from others, this she stated disempowered her

and she felt she was losing her dignity. Initially when she had moved in to her new home she had felt more independent than she had in a long time, and her depression had improved, but now she felt this situation was making her mental health deteriorate again as she felt very embarrassed and uncomfortable having to rely on people to help her bathe, thus losing the independence she had once gained.

As a result of this invasion of her privacy Mary began refusing baths leaving her feeling unclean and embarrassed to go out, therefore her mental health and self esteem were affected.

Mary stated that a shower would make such a difference to her overall well being as she now was reluctant to venture out. She referred herself to Forth Valley Advocacy after finding one of our leaflets in her Drs surgery and although she had many professionals working with her all who were extremely helpful, she felt that being an Independent service we would be able to stand alongside her to support her to try and get a shower for her.

4. Steps Taken to Address the Issue

I had several meetings with Mary to ascertain the issue and where advocacy could help. I then had various phone calls and meetings with the Housing Association, Social Work and Occupational Therapist to progress her issues.

5. The difference advocacy made

3 Months later a shower and cubicle was installed.

Mary stated that this had been a “life changing situation” and in a follow-up thank you note stated that “having the shower installed will help immensely”.

During a courtesy call to see Mary she informed me that she hadn’t felt this good in a long time, not only due to being able to shower in private but because the professionals actually listened to her. She said felt “**empowered and secure**” in the knowledge that if she ever required support in the future, she knew that our service was available to help.

6. The Challenges and how they were met

As my biggest challenge was to try and get a shower as quickly as possible I contacted the Housing Association to ascertain their views of the situation; they stated that they were not prepared to make adaptations to the house as this should have been carried out prior to her taking up the tenancy and moving into the property.

I informed them that Mary was unaware of this and explained how her health was deteriorating due to this issue and the matter of dignity in regards to her having to bath in front of strangers.

The Housing Association after hearing the situation took the matter on board and agreed to carry out the necessary adaptations if social work department would pay for it.

I contacted the Social Work department to explain the situation from both Mary’s and the Housing Associations point of view and asked them if they could carry out an OT assessment for my client. I also asked that this be fast tracked due to Mary’s circumstances.

An OT assessment took place and it was confirmed that a shower was essential for my client’s needs.

<p>7. Conclusion</p> <p>Resolution: Social Work agreed to pay for the essential works to be carried out and the Housing Association agreed to carry them out.</p> <p>3 Months Later: A new shower and cubicle was installed in my client’s home.</p> <p>Mary said that she would have had the confidence to speak to anyone regarding this matter and would probably have sorted this out for herself. However she felt with her severe depression and low self esteem she did not have the confidence, strength or concentration to tackle this issue on her own at this time.</p> <p>Mary stated that “having an Advocacy Worker by my side made all the difference”.</p> <p>I felt that as an advocacy worker whose role is to support my client through this situation, I regularly have to work with a variety of different professionals and often have to challenge decisions to ensure I get the best outcome for my client.</p> <p>Mary got her shower installed and her mental health has improved, but she also knows that she does not have to take these challenges on by herself.</p> <p>I believe this case study proves that small changes to someone’s home can make a huge difference to their lives.</p>

1. Profile - ‘Ahmed’	
a. Gender	Male
b. Age	Mid-30’s
c. Ethnicity	Pakistani
d. Client group	Mental Health
2. Length of time from identifying issue to outcome	
One year	
3. The Issue	
<p>Ahmed’s wife left due to financial issues taking their baby and all house contents. House at risk due to mortgage arrears. He had no money, no winter clothes and no transport.</p> <p>Ahmed was isolated and alone without family or friends in the local community facing barriers due to difficulties as he had limited English language skills. He also had physical health issues and was unable to receive his treatment as he had no fridge to store his medication.</p> <p>Sadly, Ahmed had also been a victim of racial abuse.</p>	
4. Steps Taken to Address the Issue	
<p>As a result of the hospital admission Ahmed was able to access advocacy services in Falkirk allowing the advocacy worker to immediately action the following:</p> <ol style="list-style-type: none"> 1. Referrals for income maximiser and debt advice 2. Negotiation with mortgage company to secure Ahmed’s mortgage payment 3. Community Care Grant application made 4. Fridge sourced 5. Supported to attend local mental health resource to help reduce isolation and improve 	

<p>confidence</p> <p>6. Referred to Social Work</p> <p>7. Referred to Falkirk District Association for Mental Health (FDAMH) for a befriender.</p> <p>8. Supported to attend meetings (benefits/debt/G.P./Social Work/FDAMH)</p> <p>9. Referred to Victim Support and Witness Service</p> <p>10. Second hand winter clothes sourced</p> <p>11. Application made for free bus pass to allow him to attend meetings/appointments</p>
<p>5. The difference advocacy made</p> <p>Improved mental health, increased confidence, increased independence, accessing other services, improved financial situation, engaging with other professionals.</p> <p>“ I had nobody to help me, I was needing food, clothing and heating”</p> <p>“ I called my family in Pakistan and told them how you helped me they said you’re a good woman and my whole family is praying for you that good things happen for you, you have been like family to me like my sister”</p> <p>“ Thanks to you I have money, clothes and support and my tension in my head is better”</p>
<p>6. The Challenges and how they were met</p> <p>There were some challenges for example communication and cultural barriers were difficult at first when trying to build a working relationship with Ahmed as he had felt he could not trust anyone. However, over time he started to understand that advocacy was a voice to trust. Equally, a translator was used to help with communication difficulties in the beginning but as his English improved he felt a translator was not necessary as long I and others spoke slowly and clearly. To sum up, challenges were met through working at the clients own pace and being available for him.</p>
<p>7. Conclusion</p> <p>Ahmed has improved social circumstances as now has support from social work, a support worker, links with support groups, and access to benefits, support from a debt advisor, and support from Victim Support.</p>

1. Profile – ‘David’	
a. Gender	Male
b. Age	17
c. Ethnicity	White Scottish
d. Client group	Younger person with Aspergers syndrome
2. Length of time from identifying issue to outcome	
5 months	
3. The Issue	
<p>Following admission to a psychiatric inpatient unit relating to claustrophobia and panic attacks, David was admitted to ‘X’, Falkirk, the closest appropriate unit suited to his needs.</p> <p>David is from Glasgow and all his family and friends live there, he stated that while he did not dislike ‘X’, he felt like he was treading water there, that he was not making any progress and not doing anything productive, and that above all he wanted to be back in Glasgow.</p>	

David's parents are divorced, both work shifts and neither had suitable accommodation for him.

David is highly articulate but becomes fixated on issues and at times has to be supported to remember to eat, wash, sleep, take his medication etc.

4. Steps Taken to Address the Issue

I met with David on a number of occasions and supported him to identify what he wanted to achieve, these were;

- Move back to Glasgow
- Practise practical skills including using public transport.
- Access to further education
- Support to learn more about Aspergers Syndrome

I contacted David's social worker and advised him of David's views and wishes.

I supported David to attend his social work review and to prepare a statement for the review.

I made enquiries about supported accommodation and education courses that would meet David's needs.

I discussed with 'X' staff David's wish to expand his practical skills.

5. The difference advocacy made

David felt confident for the first time to attend his own review and although he was very anxious in advance, at the social work review all of the issues David raised were addressed;

- his social worker agreed to look at accommodation and education courses in Glasgow, including the options I had identified.
- Northmeadow staff accepted that David needed to be challenged and that using public transport and finding his way about Glasgow on his own were important steps.
- A referral was made to The Scottish Autistic Society to find someone who could support David and his understanding of Aspergers Syndrome.

6. The Challenges and how they were met

David's social worker researched and visited various options in Glasgow for David and sent me information on the ones he felt were most appropriate. I discussed all the options with David who decided on a short list of two.

David then visited these with his social worker and his father and decided on a residential college placement. Throughout this period David was anxious that he had made the right decision and I accompanied him on another visit to the college to reassure himself.

'X' staff prepared a weekly and long term calendar for David, highlighting where and when he would address his practical skills and when the move to college would take place.

7. Conclusion

In the interim David's father had moved to accommodation which was suitable for David, and David made the decision that he would stay at college during the week and spend

weekends and holidays with his father.

David is now confident using local transport and has a mobile phone which he uses to navigate around. He has moved in with his father prior to starting college and is helping out with cooking and shopping.

Although a referral to The Scottish Autistic Society has been made no contact has yet taken place.

David said on my last and final visit “***without Jill’s support I think I would still have been treading water and becoming more frustrated.***” David also said and his social worker agreed with him ‘I need to have an advocacy worker in Glasgow.’

1. Profile – ‘Jean’	
a. Gender	Female
b. Age	31
c. Ethnicity	White
d. Client group	Mental Health
2. Length of time from identifying issue to outcome	
10 months	
3. The Issue	
<p>Jean has two children who have been in foster care for over 5 years, following a breakdown in her mental health. Jean has little contact with her children, and Social Work now want to reduce contact to twice per year.</p> <p>Jean felt there was little point in attending core group or children’s panel meetings, as she felt she was never listened to. She also felt that she would never be able to get her children back as these meetings were a foregone conclusion.</p>	
4. The Steps Taken to Address the Issue	
<p>I met with Jean and discussed the current situation. She stated that she wanted contact to be increased, not decreased.</p> <p>She stated that she had worked hard to turn her life around, had moved to a larger house, and accessed community support for herself, and now had a close relationship with her family for the first time in years.</p> <p>She now felt that she was in a stronger position and wanted the children to be rehabilitated back to her care.</p> <p>I offered support for Jean to attend the forthcoming Child Protection case conference, as it had been many years since she had attended any meetings concerning her children. We met prior to the meeting, and wrote down the issues she wanted to be raised.</p> <p>At the meeting she became overwhelmed, and we had to leave the meeting for a spell, however with support, she was able to continue with the meeting. Jean felt unable to speak at times during this meeting, but was happy for me to speak on her behalf. She felt that her views had been heard for the first time.</p>	

I continued to support Jean with both core group meetings and children's panel meetings, ensuring she went to these meetings prepared, and spending time afterwards reflecting on the meeting.

I supported Jean to access and go to a lawyer to appeal the decision of the children panel that contact should not be increased.

5. The difference advocacy made

After 10 months, Jean had attended every meeting regarding her children. She had asked for the children to be rehabilitated back to her care, however her eldest child was happy to remain with foster carers, but wanted increased contact and overnight contact with her mum.

The younger child wanted to return to his mothers care and was eventually rehabilitated to Jean on a full time basis following a child care plan which saw increased unsupervised home visits, and overnight stays.

Support in the form of Social Work/Family Support was put in place to support Jean.

Jean states, '**I never thought I would ever get my children back, but I felt so much more confident knowing you were there with me**'.

6. The Challenges and how they were met

Building up Jeans confidence to attend Child Protection/ Children's Panel meetings. This was met by helping Jean be prepared for meetings and supporting her to attend same. Jean gradually became more able to speak for herself.

Gathering the appropriate information Jean required and guiding and supporting her to appeal decisions and know her rights.

7. Conclusion

Jean now has full care and responsibility of her younger child, and increased contact with overnight stays with the elder child.

Jean's children are now part of the extended family, and enjoy contact with them also.

Jean's youngest child has moved school, and is now settled and attaining.

Jean now has the confidence to attend meetings on her own, and no longer needs advocacy support.