

A Voice for the Vulnerable

We all find it difficult to communicate at some time in our lives. In some ways we might even think it's difficult to communicate at all: particularly in today's fast moving society with so much information to process, so many fleeting and impersonal meetings, so many opportunities to make a mistake. The majority of people manage pretty well. We understand each other ok. When we leave the comfort of our homes we can get about, talk to bus drivers, doctors, friends. We know that we live in a society with rules and expectations and we manage to fit in. We can find answers. We can learn sign language if life takes us that way.

Many people however, and in particular I'm thinking of those who we sometimes label as vulnerable, or who are at risk of becoming vulnerable, don't always find communication so easy. I've just started a new job supporting and strengthening advocacy work around Wakefield District, and as advocacy is about making sure people's voices are heard I've been thinking a lot about communication recently. Advocates often work with very vulnerable people in a wide range of situations, so this newsletter seems a good place to share my thoughts.

There are two other ideas about communication that complicate things a little bit, but I think I need to take them into account, and that they will turn out to be useful. The first is body language. The word language is a bit of a red herring here, because we understand the signals from people's bodies in a different way from the way we understand language: we absorb them as feelings, but they certainly communicate a great deal - you know that sinking feeling sometimes when you see someone you love in pain - even before speaking you understand their body language and you *feel* for them.

The second idea is that geographers and planners use the word communications to mean roads, railways - the ways we move around our communities and our world, and also importantly the movements we make along them. This meaning of communication as path and movement is very important. You can think of it as suggesting that there is a link between communicating by street slang and communicating by taking a shortcut down a ginnel, or a link between a Government statement and the M1. Of course if today I'm dodging down a ginnel, tomorrow I might be driving down the M1 to sign a record contract, and all these different communications have their place.

These reflections on communication are important because one of the key barriers that vulnerable people face is in effective communication. The people Adult Protection services of all kinds work with are often isolated, this isolation can lead to less movement, a whole variety of mental and physical infirmities can then easily develop, it can become more and more difficult to talk to people (although that doesn't necessarily mean you've got nothing to say...). A variety of other factors can also influence things: chronic diseases, physical, mental or sensory disabilities, different cultural histories, trauma or emotional distress to name but a few. All of these factors lead to further restraints on people's abilities to move and communicate. Finally, all sorts of statutory and voluntary support may be offered to a vulnerable person, but sometimes just the fact of having to communicate with these helpers can be distressing in itself - an issue which can effect the efficacy of the help if the helpers are left to guess the person's needs.

I think that these ideas about communication can help us to think in new ways about how people become vulnerable, how we might understand their vulnerability, and how people might move forward and become less vulnerable. Carl Jung, the man that laid the basis for psychological therapies in the twentieth century, did a similar thing. Thinking about how people became depressed, he said that as we find our path in life we develop various strategies or habits, ways of dealing with things, but as the world is constantly moving around us sometimes our habits stop working so well. At this point, while we seem to be moving against the world, everything seems to go wrong and we may get depressed, turning back in on ourselves. This is a very important moment in our self cure however, as it is only by slowing our bodies down in this way that we can move out of our old habits and begin to find new ways of living.

All this thinking, and all the time I've spent with different people over the years, has got me into advocacy. For a long time I didn't realise I'd been working as an advocate, and in many ways I wasn't, but as I look back I can see that it was inevitable. Advocacy is about making sure people have a voice, and one of the first lessons I learned was about really listening to people - of course this takes time, you have to get to know someone quite well, and often you need to let go of some of your own beliefs and inhibitions, to begin to reach a proper understanding. The next step in my practice was to try to support people to do what they wanted, not to mould them into whatever role was needed at the time. This is one of the key differences between advice and advocacy: you can advise someone to fill in an incapacity benefit form because they are entitled to it and you believe it is in their best interest, but an advocate may end up supporting someone to maintain their personal feeling of dignity by not getting benefits and looking for other ways to live, if that's what they want.

Advocacy isn't a service: over the years it has developed as a way of working with people who don't feel their voices are being heard and who want some help to get people to listen. It helps people to access services - and at the same time it helps services to work more effectively with their clients. Some powerful but simple techniques are brought to play in very effective ways. These are reflected in the principles of advocacy which include independence, loyalty and tenacity, maximising inclusion, and empowerment, amongst others. The benefits of advocacy have been summarised as: extending choices; improving access to services; ensuring people are treated justly; supporting them through problems and conflicts; empowering people to help themselves; encouraging social development; and helping services to develop to prevent recurrence of problems.

These benefits are being increasingly recognised by many people around the country, including policy makers both nationally and locally. As a result of this Wakefield MDC commissioned some research last year into advocacy provision locally, and following the recommendations of this research my post was created.

Throughout the months of September, October and November I will be running daily workshops in every town and village in Wakefield District to share information about advocacy, to think about how it might affect people's lives, and to develop a plan to move things forward. This work will culminate in a stakeholder event at the end of November where workshop participants will be invited to look over all the feedback and suggest some ways forward. These will then be developed into a strategy and draft business plan to be presented at a further event planned for February.

If you have been interested by what you've just read, get in touch. I'm looking for people to get involved in all sorts of ways. The best ways are to book a place at a workshop, book me in to do a workshop with your group or team (and help me advertise and organise a room), or volunteer to help out with a workshop or two. If advocacy is about making sure people's voices are heard, we are determined to make sure this work follows that principle.

Of course in the long run we need to help each other by finding positive ways of improving the quality of life of all our neighbours, and if that means putting a few hours into working for a bit more advocacy, I expect that will be time well spent.

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The Advocacy Network Steering Group, which oversees and supports my work, includes representatives of Age Concern, Barnardo's, Carers Wakefield and District, DIAL, MENCAP, Rasa Advocacy Project, the Richmond Fellowship, Social Services and Health, and the PCTs. Full contact details and any other information about our work is available on request.