

Advocacy and the Organisation

Change is influenced from many quarters. Consumers and carers bring their own perspective to the requirements for change, as do service providers, administrators and a range of concerned individuals. Some of the time, the objectives of all the players appear to be the same. Where this happens, opportunities exist for collective action.

Recognising that there are certain individuals within the organisation who can help bring about change is the first step. It's quite likely that they may chair a board, committee or working group where votes are taken on various issues and a shared sense of going forward. Advocacy activities need to involve all members. The sort of advocacy that you will provide to an organisation may depend on the interest people have in the issues which you are concerned with and what roles you hold.

Advocacy needs to be tailor-made to suit each situation. You will need to consider what the issues are for the organisation and what they will mean to the people who are in a position to facilitate change. When undertaking advocacy and perhaps developing alternatives, consumer and carer advocates should always attempt to present their alternatives in ways that are most likely to provide benefits to the organisation or the community as a whole.

Generally, the people you are trying to influence will have some interests that agree with your advocacy issues and some interests that do not agree. When this occurs develop and use strategies which strengthen your perspective.

In the early stages of advocacy with a particular organisation, board, committee or working group, it is important to structure arguments so that individuals in positions of influence are not pushed into a corner. It is far more likely that you will be successful, if you are objective and see as far as you can, all positions and perspectives.

Public or Private

There are some important issues which you need to be aware of. Are you involved in advocacy in the private mental health sector? If so, then you will need to be aware of whether the organisation you are engaged with is a 'for profit' or a 'not for profit'. Whether the organisation is a 'stand-alone' or a 'corporate' entity. This will determine what sort of changes your advocacy very broadly, might achieve.

In the public mental health sector for example, the *National Mental Health Strategy* was developed in the 1990's including *four (4) National Mental Health Plans* and a *National Mental Health Policy* provided a structure for advocacy. An emphasis of these documents was on increasing and supporting the advocacy and participation activities of consumers and carers. Public mental health services are often guided by committees within a particular geographic area, local health network etc, established for a particular purpose. This might be a clinical network, safety and quality committee or management committee.

Consumer and carer participation and involvement in service delivery, policy direction, service evaluation, educational experiences for staff is becoming the norm mostly influenced by the *Australian Commission on Safety and Quality in Healthcare's National Standards for Accreditation – Standard 2: Partnering with Consumers*. This is providing increased opportunities for those with 'expert' consumer/carer experience to become involved as employees and consultants. Sitting on committees; evaluating services; giving 'expert' advice to policy writers; reading documents from a consumer or carer perspective; sitting on employment interviewing panels; running education activities is **work**. A fundamental focus of these types of activities is to ensure that those involved in such work are adequately resourced, trained, supported and well paid.



With the increasing focus on peer workers, advocacy in this areas is increasing with the roll out of *Certificate IV in Peer workforce*. These people are currently employed by some private psychiatric hospitals and area mental health services, and local health networks etc.

Community managed organisations

The employment of consumers and carers by non-government organisations or the now recognised term 'community managed organisations' (CMOs) has been far more common than their employment by public or private mental health services. They have often worked as advocates whose authority derives from their independence from the service system. The actual independence of community managed organisations is sometimes challenged by those who argue that, while they rely on government funding, CMOs cannot be fully independent of elected governments and departmental bureaucracies.

Organisation

Sustainability of advocacy activities is increased through organisational support. Change can be difficult to implement. This is particularly true in larger organisations or corporate entities.

Despite a well-constructed cause and message, advocacy activities may not produce the outcomes sought because of factors that may not be apparent. Sometimes a good idea is just too challenging at that time or in a particular situation. Financial and other issues impact markedly on either 'for profit' or 'not for profit' private sector organisations. Many of the challenges are to do with financial systems.

Consumer or carer 'worker'

In whatever capacity you are involved in an organisation, **you need:**

- Information about the organisation.

- Clearly written job description.
- Know to whom you are accountable.
- Support and supervision in your role.
- A healthy and safe work environment.
- Be covered by insurance.
- Be reimbursed for out-of-pocket expenses.
- Be informed about matters which directly or indirectly affect you and your work.

However, you also have **responsibilities** to the organisation:

- Be reliable.
- Respect confidentiality.
- Carry out the specified job description.
- Be accountable.
- Be committed to the organisation.
- Undertake training as requested.
- Ask for support when you need it.
- Give notice before you leave the organisation.
- Carry out work you have agreed to do responsibly and ethically.

Dealing with organisational culture

Large systems like health services either public or private, are very complex or organise and manage. They involve many people, each needing to find his or her place in the organisation as well as to do their work. Every organisation, irrespective of size, has its own culture. Sometimes an organisation's culture can be identified through what it says or writes about itself. Usually though, the culture tends to surface in the way people who are part of the organisation think, talk and behave. The cultural identity of an organisation is influenced



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by its purpose, history and experiences. People in the organisation, especially those in positions of power, affect what is seen as important and influence beliefs and values. Over time, people in the organisation adopt the beliefs and values of the organisation and become part of that culture. This can sometimes mean that they think and behave in certain, sometimes predictable ways, in keeping with what is generally expected in the organisation.

Organisational culture can be a 'good' thing. It helps create order around complex differences, it provides a strong focus for an organisation's survival and it creates cooperative strength. The people within the organisation are supported through being part of a collective. They are provided with a level of certainty and predictability and are able to operate freely within certain limitations.

The more that is known of the culture of the organisation, the more likely the success in influencing it. Messages can be tailored to fit and be delivered in accordance with achieving the best hearing and response.

Just remember, change will come through people working in many and various ways towards the same ends.

Individual action can bring about change and can inspire others to take action. Just look at the changes which have been achieved in the areas of the environment, civil rights, equal opportunity, freedom of speech and mental health, much of which would not have happened without political and social will. For consumers and carers involved in advocacy at an organisational level, their greatest motivation is to see change happen, where it is needed. The way people do this, is to work within the organisation and the system you

find yourself in.

You can make a difference, and it is important for you to recognise that you can. It is worth remembering that today's advocacy activity can influence the organisation of tomorrow.

Disclaimer:

The Network acknowledges the source of material for this resource as *The Kit, the advocacy we choose to do. A resource kit for consumers of mental health services and family carers* published by the Australian Government in June 1998. While the Network has taken care in the development of the content, it is not responsible for any action taken in response to it. Consumers of the resource are advised to seek help from their GP, mental health support worker or Lifeline if they are distressed by the contents.

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