

## 1. Introduction

### Purpose of the toolkit

The aim of this toolkit is to provide information, guidance and resources, to enable facilitators to deliver Complex Case Training

Objectives:

- To provide food for thought on pre-training planning
- To provide an introduction to the 5 key topics explored in this training
- To offer a selection of activities, case studies, scenarios and tools which can be used to pull together a training programme
- To offer general tips on facilitating group exercises
- To introduce templates for Day Plans and Power Point Presentation

### Contents

It is unlikely you will want to use everything included in this toolkit! The selection of resources is intended to help facilitators tailor a programme to meet the needs of individual audiences, making the most of skills, time and resources available.

The toolkit is divided into 10 section (plus appendices). Each section may include a combination of:

- An introduction to the topic(s)
- Notes to accompany slides in the presentation
- A selection of activities and exercises, including: explanations of their purpose, duration and set-up
- A selection of case studies, scenarios or tools which can be used for discussion or handed out for further reading

### Index

- 1) Introduction
- 2) Setting the Scene
- 3) Identifying Complex Cases
- 4) Barriers to engaging advocacy partners
- 5) Barriers to achieving the individual's wishes
- 6) Working with risks
- 7) Complex issues
- 8) Impact on the advocate
- 9) Reviewing tools, approaches, resources
- 10) Reviewing the course
- 11) Appendices:

## Complex Case Training Toolkit

- i. Building up trust diagram
- ii. Dorset Advocacy Advocacy Agreement and Review forms
- iii. Support diagram
- iv. Evaluation form
- v. Template day plan
- vi. Template Powerpoint presentation

### Suggested Complex Case training timetable

#### Day 1

11.15	Introductions and overview of the course
11.30	Engaging advocacy partners
1pm	LUNCH
1.30pm	Advocacy partner wishes
2.30pm	BREAK
2.40pm	Advocacy partner wishes
3.30pm	FINISH

#### Day 2

10am	Recap and introduction to today's topics
10.20am	Risks
11.20am	Complex issues
12.45pm	LUNCH
1.15pm	Impact of complex casework on advocates
2.15pm	Tools and resources
3pm	Review and wrapping up
3.30pm	FINISH

**NB. See appendices for detailed training plan**

## 2. Setting the Scene

### Before the day

Investing time in preparation before the day will be worth its weight in gold!

Whilst planning to run a session, you may first want to think about:

- **Getting the right people in the room**

This course is designed for people who already have experience and/or a good understanding of delivering independent advocacy and the challenges this brings. This may include volunteers, paid advocates, volunteer co-ordinators, managers, trustees and others. Drawing out participants' experience and reviewing tools and approaches for complex casework, this course is not suitable for people who are new to advocacy or have little involvement with the practical elements of this role.

- **Who they are**

Realistically, it may not always be possible to find out a great deal about participants before they attend the course. However, if you're able to ask a few brief questions on a booking form, or send out a pre-training questionnaire, you will have some key information to guide you in: choosing which activities and resources to use, setting the pace of your training and preparing any key areas you may need to focus on.

For example, you may want to ask people about: their level of experience, any particular challenges they face locally, the types of advocacy approaches or models their organisation favours and their own learning style. This would be in addition to questions around accessibility and communication methods.

- **How to manage expectations and encourage participation**

Ensuring everyone has a clear idea of the aims and objectives of the training before attending helps participants to begin engaging with the subject and consider what they are looking to gain from it.

Likewise, by asking participants to bring something of themselves to the course (such as a case story, a tool which they find helpful or even an item to be used in an ice-breaker), you are encouraging people to take part and will ensure you tailor the session towards them.

Providing information about the practical arrangements, such as timings, breaks, facilities and refreshments, can limit anxieties and distractions during the day.

- **Who is facilitating? What will you be using?**

## Complex Case Training Toolkit

If you have the luxury of involving two facilitators, this can be very helpful, for example, in: breaking up the monotony of one presenter, drawing on different expertise and knowledge, facilitating smaller group discussions, dealing with any technical hitches or unexpected queries and being able to offer one-to-one support if a participant is affected by an emotive subject or has additional needs.

Think about the different knowledge and skills you possess as facilitators and divvy up the different activities and tasks accordingly, creating a day plan (see template in appendices). As always, make sure you have tested and set up any electronic equipment (and flip chart pens!) you will be using and have all your materials to hand.

### Getting settled in

Help everyone to settle in by introducing yourselves as facilitators and running through any health and safety notices (such as fire evacuation procedures and toilets); explain timings for the day.

Make a note of where people are sitting and think about how this will work when you come to run smaller group activities.

People often find it helpful to know whether handouts and presentation slides will be available, either on the day or circulated later.

If you have a large group attending, you may want to consider how to limit interruptions, for example by asking people to raise questions at the end of each topic, or write these on post-it notes to be reviewed later.

### Introducing the training

This training will benefit significantly from the experience of people in the room. To make this a reality, it is vital that everyone buys into this concept and feels at ease to share their thoughts.

Start this off by:

- Acknowledging the expertise in the room
- Recognising that people will be coming from different angles, with different skills, using different advocacy models and approaches, facing different local challenges – highlight the value of this and inviting people to bring the course to life with their own examples

## Complex Case Training Toolkit

- Asking everyone to think about how they would like the group to operate – you can even introduce this as a Group Agreement or Ground Rules. Typical examples include: confidentiality, respecting differences of opinion, listening, taking part etc.
- Keeping an eye on dynamics within the group. Are there a few people dominating discussions? Could existing relationships (for example, a line manager sitting with colleagues) be effecting how people participate? Introducing group activities is a useful time to move people about and change these dynamics.
- Clearly stating the Aims and Objectives of the training. Check this is what people have been expecting and explain that we will return to these at the end.

## 3. Identifying Complex Cases

### Identifying Complex Cases

All advocacy partnerships have the potential to become “Complex Cases”. It can be worth acknowledging this from the outset, to boost the confidence of any participants worried about their level of experience. It can also help to remind us that all advocacy casework relies on the same principles, using resources and approaches that we are already familiar with.

### Getting Started

The first group exercise is a great opportunity to help people to engage with the subject as a whole, think about their own experience and also to introduce themselves to other participants – in effect, acting as an ice-breaker.

Every time you ask participants to undertake an exercise, it is vital to explain clearly what you want them to do, how long this will take and any resources they might want to use. Otherwise it’s all too tempting for everyone to drift off track! Try to give groups enough space to come up with their own ideas, whilst also being on hand to answer queries and steer discussions back to topic.

### Identifying Complex Cases: small group brainstorm (20 mins)

This exercise can be used to encourage participants to think about how this topic relates to their day-to-day advocacy work and why it is important.

- 1) Ask participants to gather in small groups, ideally sitting with people they have not met before. You may need to point people in the right direction!
- 2) Explain you would like the group to consider two questions over the next 10 minutes and feedback to the wider group at the end. They might want to use flipchart paper to jot down any notes and/or appoint a spokesperson

## Complex Case Training Toolkit

- 3) Keep the questions visible on the screen:
  - What do we look out for in a referral or during our casework, which suggests this might be a complex case?  
(Prompts could include thinking about cases where the advocate has: needed extra guidance, support or time to complete; felt extra pressure in undertaking; been challenged, in terms of knowledge, practice, remit or skills)
  - Why is it useful to identify complex cases?
- 4) Keep an eye on how each group is progressing, you may need to help some groups to summarise their points
- 5) In turn, ask each group to explain their key points. If there are two facilitators, you may consider collating these ideas on a flipchart – otherwise, you can always collect each groups' notes after the exercise.
- 6) The slide can be used to help sum  
**Why is this useful? (notes for slide)**

## Complex Case Training Toolkit

Finding an advocate who is:	Experienced in a particular approach or subject matter Comfortable tackling difficult issues Able to deal with emotionally intense situations Flexible in terms of time, travel, current availability
Sourcing appropriate resources	Everything from time, communication tools, training, organisational policies and procedures, expenses etc.
Ensuring support for the advocacy	Emotional support Guidance De-briefing Peer support Joint-working Cover for remaining caseload
Anticipating dilemmas	Ensuring the advocate is confident in dealing with difficult situations that might arise Helping the advocate to stay within the advocacy remit and able to refer to other services where necessary
Risk planning	Identifying risks before engaging Putting plans in place, for the safety of all
Impact on service	Complex cases can soak up resources, including the advocate's time, energy and capacity to take on other cases How can we ensure the service continues to operate effectively and remains accessible to all? (For example: could more volunteers be recruited to cover caseload?)

7) End on a positive, by mentioning the benefits of taking on Complex Cases (see slide)

## 4. Barriers to Engaging Advocacy Partners

- I. Breaking down “Complex Casework”
- II. Barriers to engaging advocacy partners
- III. Working with others involved

### I. Breaking down “Complex Casework”

“Complex casework” is a vast and potentially terrifying subject! Five broad areas have been identified, to provide structure to the training, over 2 days. These comprise:

## Complex Case Training Toolkit

1. Barriers to engaging advocacy partners
2. Barriers to achieving the individual's wishes
3. Risks
4. Complex issues
5. Impact on the advocate

Reassure the group about their ability to tackle these subjects by looking at what we already know and can draw on:

### What can we draw on? (notes for slide)

Advocacy principles	Person-led Independence Confidentiality Empowerment
Advocacy approaches	Advocacy has built up expertise in many areas: communication; maximising capacity; non-instructed advocacy etc.
Advocacy organisation	The knowledge, skills and support offered by colleagues
Tools	Will be covered in detail during the training
The individual	The expert on this situation!
Other people involved, existing routines etc.	Make use of things that are already in place and working: (eg. If the only structure in your advocacy partner's day is the homeless evening drop-in, ask to meet there; or meet a carer in the hospital when their loved-one is having treatment; ask the referrer of a person with late stages of dementia when it's best to visit or how to communicate etc.)

## II. Barriers to engaging advocacy partners

Some of our most valuable work takes place when barriers to engaging partners exist, for example, when other services have withdrawn, stating "individual will not engage". Introduce this topic by presenting the slide and encouraging people to think of examples in practice.

### Barriers to engaging advocacy partners (notes for slide)

Outside the system:

- In some cultures it is not acceptable to ask for outside help or talk about family issues
- Some older people who identify as OLGBT are reluctant to engage with services as they continuously have to "come out"
- Some people have been traumatised by previous experience of services or "the system", for example: some veterans, ex-offenders, people who have undergone discredited mental health procedures

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Obstruction from others:

- It can sometimes be difficult to access advocacy from prison or even in residential care settings
- Professionals may be reluctant for advocates to get involved as they see this as part of their role, have concerns about confidentiality, the quality of the service, or complaints

## Building up trust: small group exercise (15 mins)

This exercise looks at the first challenge in casework, getting your advocacy partner on board!

- 1) Split the group into smaller groups around tables
- 2) Hand-out "building up Trust" diagram
- 3) Ask advocates to think about a time when they have needed to work hard at building up a trusting relationship with their advocacy partner
- 4) Ask them to consider what helped in those situations, filling in ideas on the diagram (10mins)
- 5) Ask the group to feedback to the wider audience

## Preferred methods of communication: self-reflection (10 mins)

This exercise can be used to explore different communication methods available to advocates and reflect on any we tend to over-use. Introduce this exercise by acknowledging that advocates are excellent communicators and use a whole range of different methods very effectively.

- 1) Ask participants to jot down on a piece of paper:
  - as many different communication methods or ways that we receive/impart information as they can in 3 mins
  - their top 2 preferred ways of communicating
- 2) Present them with this scenario:  
Imagine you have just left the GP surgery, where your doctor has given you a diagnosis which you know little about.  
Ask participants to think about:
  - How would they like to find out more information about this?
- 3) Ask people to feedback their findings, any surprises and comparisons  
During feedback, you may want to highlight key points:

## Complex Case Training Toolkit

- the different communication approaches we can draw on in our practice
  - our favoured methods – do we assume our advocacy partners also prefer these? Do we rely on them too much for ease?
  - The different communication methods we favour for different things; we have to be alert to this as advocates, someone may be happy talking about one personal matter (e.g. medical treatment) but not necessarily others (e.g. financial situation)
- 4) Complete the exercise by asking the group to consider how we find out the way people prefer to communicate.

### Communication: case study (drawing on IMCA experiences)

This case study can be used to encourage creative thinking around communication and bring in Top Tips around maximising capacity

Sheryl was asked to visit a lady who had been assessed as lacking capacity regarding a decision about her accommodation.

When Sheryl arrived, the lady did not speak to her. Sheryl tried various different tacks – trying to build up a rapport, admiring photos of her current home and asking her about what made it special for her.

The lady still did not speak. Sheryl went over to the budgie and started talking to it, asking if it was happy where it lived. The lady started talking to the budgie, explaining why she liked living at home.

Sheryl visited on several more occasions, always directing questions to the budgie, being careful not to look directly at the lady. From these discussions, she was able to find out a great deal about what was important to the lady – which she was then able to feedback to the decision maker.

#### Maximising capacity, top tips (slide)

- Build up rapport
- Timing of appointments
- Consider the people present / environment / medication
- Try different communication approaches
- Return to issue over several visits
- Request decisions to be delayed, if necessary

### Demonstrating independence: case study

This case study can be used to explore the difficulties advocates face in demonstrating their independence, whilst also supporting individuals to access other services and support

Lloyd is an older man with experience of severe and enduring mental health issues. As an in-patient in the 1950s he underwent experimental brain surgery against his will. Lloyd has been detained in mental health units on several occasions since. As a consequence, Lloyd has an absolute mistrust of statutory services.

For Lloyd to engage with advocacy, he had to be certain of its independence.

This demanded detailed explorations of independence, funding, accountability and confidentiality. Practical considerations included meeting in trusted venues, with no connection to service delivery, avoiding forms, dressing non-formally and crucially, anticipating when the advocacy journey might involve a cross-over with other services.

Lloyd was keen to access mental health support but against anything involving statutory bodies - we explored different avenues, including alternative therapies. To access these locally, Lloyd was asked to attend an introductory meeting at a local charity – this involved a brief assessment. The questioning and officialdom caused Lloyd a great deal of distress and triggered paranoid and suicidal thoughts.

The assessment was not completed and the advocate spent time with Lloyd separately, gathering some of the information needed by the charity in order to process the referral

### Power dynamics: group discussion and self-reflection (15 mins)

This exercise encourages participants to consider that power dynamics can affect every advocacy relationship and to think about how we can address these.

- 1) Introduce the topic by explaining that we all react to each other – just by being present, we may have an impact on how the advocacy partner behaves, communicates, the views they express and choices they make
- 2) Read out the scenario:

An advocate is working with a young man with learning disabilities and autism. The referral explains that the man always tries to please whoever is with him.

The advocate used props to represent different choices – a gaming figure to represent moving home, a picture to represent a supporting living placement he has tried out.

The advocate leaves the room, asking him to think about what he wants to do and to choose the prop which is most important to him.

- 3) Ask the group to consider:
  - What are the positives and negatives of using the approach the advocate used this time?
  - What else could the advocate try?
- 4) Ask individuals to reflect on the last piece of casework they undertook and how power dynamics could have affected this

## III. Working with others involved

Introduce the topic of working alongside other professionals by asking the group when this might be particularly useful

### When is this useful? (notes for slide)

Engaging people with chaotic lifestyles	Eg. Rough sleepers, people with alcohol issues etc.
Time pressure	Ill-health, treatment regimes or symptoms may limit the hours an advocacy partner is able to engage Likewise with caring responsibilities, institutional barriers (eg. Visiting hours etc.)
Bridging cultural barriers	Other people may offer a way in to hard-to-reach groups (eg. An outreach worker or respected member of that community)
Reducing anxiety	An advocacy partner may feel more at ease if someone familiar/trusted is involved, especially during initial contact
Aiding communication	Eg. When an advocacy partner uses non-verbal communication, a loved-on may be able to explain how they prefer to communicate
Minimising risk	Eg. Making sure a care professional is present when meeting with an advocacy partner at high risk of seizures

## Challenges of working alongside others: small group discussion (20 mins)

This exercise looks at different aspects of working alongside others, the challenges this can present and tools/approaches we can use to minimise these risks. The need to establish and maintain good working relationships with local health and care professionals can be vital in securing referrals to advocacy schemes.

- 1) In small discussion groups, ask participants to consider:
  - What the risks are to A) the advocacy relationship and B) advocacy casework, when working alongside other professionals or people involved (Prompt: you may want to think about advocacy principles)
  - What are the challenges of engaging with other professionals?

## Complex Case Training Toolkit

- What tools/approaches can we use to minimise these risks?
- 2) Complete the exercise by reviewing tools/approaches mentioned (prompt: e.g. advocacy agreement forms, consent forms etc.)

### Engaging professionals: case study

Reaching isolated individuals is not always easy. Jen soon identified that a vital route to meeting these individuals came through professionals who already had contact with them, such as Clinical Nurse Specialists (CNSs)

Drawing on marketing techniques, Jen considered how best to broach the subject of advocacy with CNSs, realising that many would see themselves as the patient's advocate.

Jen explored the role of CNSs further, by looking at their Job Descriptions and talking to existing contacts. She identified where their roles could potentially overlap with independent advocacy (such as speaking up for a patient's wishes in the hospital) but also where they differed.

Jen created a presentation to take to a CNS meeting, which highlighted these themes:

- Acknowledging the expertise of CNSs
- Recognising that advocacy forms part of their role
- Acknowledging their time constraints
- Explaining the time volunteer Peer Advocates are able to offer
- Highlighting where the advocate's role is different from CNSs: eg. supporting people with practical and non-medical issues; visiting people at home etc.
- Highlighting how an advocate can help CNSs with their role: eg. by supporting the patient to get to and participate in appointments
- Explaining the accountability of the advocacy service; vetting, training and support for volunteers

### Working alongside professionals: case study

Karen was supporting A, an advocacy partner with a cancer diagnosis, alcohol dependency and memory loss. A's lifestyle meant that he was rarely in touch with professionals and not used to communicating in this way; at times, his life was chaotic, which made it difficult for anyone to keep in touch with him.

As A's diagnosis was progressing, there were many different professionals involved in his health and social care, with many appointments to be attended and decisions to be

made. A was at risk of being excluded from these important conversations and missing appointments, due to the communication difficulties.

Having explained this and gained A's consent, Karen set up an email group between the different professionals involved, to ensure A (via Karen) was kept in the loop. This also aided communication between the professionals, ensuring appointments did not clash, work was not duplicated and everyone had a better understanding of A's wishes.

### Barriers to engaging advocacy partners: quick quiz! (10 mins)

This exercise can be used to recap on this session – either to draw out any final comments or queries, or as an ice-breaker for the next session, to remind people of what has been covered.

Break the group up into pairs or smaller groups and hand out this quick quiz. Ask participants to think about how they would respond in these scenarios:

- 1) Your new advocacy partner is a carer for her husband, who cannot be left for more than 5 minutes at a time. She feels she can't talk about the issues she is facing in front of him but equally cannot leave him unattended.
- 2) You pick up an answerphone message from a man saying he is finding it difficult to cope and has no one to turn to. When you phone the number he has left, his mother answers – she explains they are coping fine and don't need any help, she says there's no need for you to speak to the man.
- 3) You have received a referral from a hospital nurse for an older man, who is deaf and does not read or write. He has recently been discharged from hospital and the nurse is worried he won't be coping at home.
- 4) A social worker calls to refer a woman with experience of mental health problems, who is facing a cancer diagnosis alone. She explains social services are withdrawing support as the woman has missed 5 appointments in a row
- 5) You are supporting a woman in prison, who is taking strong medication. You have been told you can only see her during specific visiting hours in the morning. At this time of the day, the woman is extremely drowsy and finds it very difficult to concentrate.

## 5. Barriers to achieving what the person wishes

- I. Clarifying the individual's wishes
- II. Dealing with multiple issues
- III. Supporting individuals to express "unwise decisions"
- IV. Using references
- V. Challenging lack of resources

### I. Clarifying the individual's wishes

It can be difficult to identify an individual's wishes for many reasons: they may express different opinions each time you visit; you may be worried they are being influenced by people around them (including their desire to please you) or by their symptoms, medication or other substances; or their wishes may well change as the situation evolves. To be able to work in a person-led way, advocates need to be clear about an individual's wishes at all times.

### Clarifying the individual's wishes: case study exercise (10 mins)

This exercise explores the challenges advocates can face in identifying what the individual wishes.

- 1) Split into small discussion groups
- 2) Hand out one case study to each group

#### Case Study 1: Ishmail

You are supporting Ishmail, an older gentleman whose cancer is in remission but who also suffers from dementia. He is a highly articulate, engaging and intelligent man, who is happy to explore decisions in great detail, weighing up different options and his own priorities. Ishmail is living independently, in his own flat – with carers coming in twice a day. Currently this is working ok, although he does worry about getting lost when he leaves the house to run errands, such as shopping, visiting the GP and hairdresser. He is considering a move to a Dementia specialist supported living complex.

You visit Ishmail regularly and have explored the pros and cons in great detail, on several occasions. However, Ishmail changes his mind about whether to move or not on each visit. Sometimes you wonder if he is influenced by his ex-wife, friends and care professionals. Often, he says he has made a decision but on gentle questioning, you discover he can't remember how or why he came to change his mind.

#### Case study 2: Sami

You are working with Sami, an older man with a learning disability. Sami has not had contact with his family for many years but has a strong support network in his Shared Lives placement, where he has been very happy. Sami has terminal cancer. There is an excellent hospice close to where Sami lives, where Sami has visited a friend before. The family where he lives, medical professionals and social workers all feel Sami should spend more time at the hospice over the next few weeks and build this in to End of Life planning. Sami seems positive about the hospice when you mention the name but you cannot be sure he understands what is going on.

- 3) Ask each group to imagine they are advocating for this person and consider:

## Complex Case Training Toolkit

- What tools or approaches could you use to support the individual and to understand their wishes?  
(prompt: tools to aid communication / memory / weigh up options; information resources etc.)
- Are there any practical steps or arrangements you could think about together?
- Are there any other services, support or resources you could explore?

4) Ask the groups to explain their case study and feedback to the group as a whole

## II. Multiple issues

Another challenge arises when there are many different issues which the individual would like to resolve. Unfortunately, these may not all fit within the advocate's remit – and it is unlikely the advocate will have the time to address everything. There is also a risk that the individual will become dependent on the advocate, relying on their support when they would previously have tackled issues themselves. This is not only disempowering but will make it harder to bring the advocacy partnership to a close.

### Responding to multiple issues: brainstorming exercise (10mins)

This exercise can be used to identify how advocates can help an individual to respond to multiple issues, whilst avoiding an overload of advocacy casework or taking on non-advocacy related tasks.

- 1) Divide the group into small discussion groups and ask them to brainstorm:
  - What do we do when an individual presents us with many different issues which they would like resolving?
  - What options can we explore – in terms of advocacy and beyond?  
(prompt: think back to what we can draw on – the individual, advocacy principles, advocacy organisation etc.)
- 2) Ask the groups to come up with 5 considerations or prompts that an advocate can use, to support people to prioritise issues / explore what they would most like help with (eg. how urgent is each issue?)
- 3) Take feedback from the groups, using slides to summarise if necessary:

#### Multiple issues: How do we respond? (slide)

- Supporting the individual to prioritise issues
- Help to access further support: signposting, referrals, advocating for appropriate levels of support
- Promote Self-advocacy
- Explore existing support networks

## Complex Case Training Toolkit

- Share advocacy tasks within the team - are there some areas which can be explored from the office or by volunteers?
- Be realistic about the time/resources needed and make allowance for this within the service as a whole

### Prompts for supporting people to prioritise (slide)

- What do they value most?
- Impact on quality of life
- Urgency
- Risks
- Is there anything they can resolve easily without advocacy, or with the support of somebody else?
- Are there other organisations/services better placed to deal with any of the issues?
- Timeframes – and individual’s energy/capacity to see through complex processes

## Responding to multiple issues: scenario

This scenario can be used to put discussions around “responding to multiple issues” into practice

You are supporting Marie, a carer for her mother who has cancer diagnosis alongside enduring mental health problems and other longer term issues. Marie’s mother has high care needs and can be very demanding and verbally abusive – it can be very difficult for anyone other than Marie to support her. Marie resents this but is also dedicated to supporting her.

Marie’s oldest son is a drug user and she suspects is currently homeless – he turns up sporadically at her house, where her mother is also staying, asking for money. Marie wants to help her son; she has very little money but is terrified of what he will do or what will happen to him if she doesn’t help him financially.

Marie is also trying to keep in touch with her son’s estranged, young daughter, who lives at a distance. She would like to move to a house with enough room for her granddaughter to stay, somewhere closer to where she lives. Sometimes Marie’s mother agrees with this and offers to help finance a move by selling her own house – other times she absolutely denies this. If they move, she worries she will lose contact with her son and the small amount of work she has coming through as a flower arranger.

This situation is taking a huge toll on Marie emotionally. She says she needs advocacy support to help sort out what happens next.

- How could you support Marie to think about her priorities?
- Are there any practical steps or arrangements you could think about together?
- Are there any other services, support or resources you could explore?

### Reviewing tools: Advocacy Agreement and Review forms (10 mins)

Reviewing casework forms from different advocacy organisations can help to explore the purpose of these forms, when and how we can use them to best effect.

The examples of Advocacy Agreement and Review forms from Dorset Advocacy included in the appendices can be used to prompt a discussion around prioritising multiple issues, remaining person-led and sticking to the advocacy remit.

### III. Supporting individuals to express “unwise decisions”

Ascertaining the wishes of the individual is unfortunately only the beginning of the challenge! Advocates then need to support the individual to express these wishes, which can often run contrary to the views of others involved, including professionals/experts, decision makers, family and friends.

### Unwise decisions: self-reflection (10 mins)

This exercise can be used to introduce this topic and build confidence in tackling difficult situations.

- 1) Ask everyone to take a minute to think individually, about:
  - an occasion when they needed to support an individual to express an unpopular or risky decision
  - what reassured them in their work

- 2) Feedback as a whole group, using suggestions below if necessary

Advocates may feel reassured in this task as:

- it is part of my role as an advocate
- I have explored the consequences of taking this decision with the individual
- I have made sure the individual has all the information they need about different options available
- there are other people involved whose role it is to guide or make decisions on the person's behalf, this is not my responsibility
- I have discussed this with my line-manager (or safeguarding team, if necessary)
- I am doing what the individual wants and remaining person-led

### Unwise decisions: putting it into practice (30 mins)

This exercise is a chance to try out some advocacy skills in a supportive environment, to build up confidence and think about what can be useful to us, when challenged by other professionals.

## Complex Case Training Toolkit

- 1) Split the group into 3s (or 4s)
- 2) Explain that each individual will have the opportunity to play the role of
  - advocate
  - other professional/challenger!
  - observer
- 3) The advocate picks out a slip (see below) which describes the wishes of their advocacy partner. They will need to outline their role, the individual's situation and their wishes to the other professional.
- 4) The "other professional"'s role is to challenge this decision: eg. they believe it's not in the person's best interests; it's too risky; they feel the advocate should use their professional judgement or experience to help the person etc.
- 5) The observer keeps time (letting the discussion run for 5mins) and at the end, offers feedback on things that went well eg. good approaches to use, clear explanations etc.
- 6) The group then reallocates tasks and starts again with another slip

### Slips: to be cut up into separate slips

Ian has throat cancer. He has been offered a 6 week stay at a rehab unit to stop drinking. He has decided not to take this up - he understands the risks but has been a drinker his whole life. He has not been given a good prognosis and wants to concentrate on spending time with loved-ones.

Introduce yourself to the group, summarise the situation and the decision Ian has come to.

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Heidi has recently got the all clear following treatment for breast cancer. She has a learning disability and had always lived with her mother, who supported her with day-to-day tasks, until her recent death. Heidi is determined to be independent and wants to remain at the family home in a rural area – she says she can support herself with the money her mum has left her. She does not want to move to supported accommodation in town.

Introduce yourself to the group, summarise the situation and the decision Heidi has come to.

Pam is a carer for her husband Daniel, who is terminally ill with cancer. Pam herself has MS. She is determined to keep Daniel at home and care for him herself, as this is what he wants.

Introduce yourself to the group, summarise the situation and the decision Pam has come to.

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Pete has lung cancer. His son is living in Australia and Peter wants to visit him. Amongst other things, he will need a letter from his doctor to allow him to fly, medical support during the stop-over in Singapore and appropriate care during his stay.

Introduce yourself to the group, summarise the situation and the decision Pete has come to.

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## Complex Case Training Toolkit

Over the last few years, Dougie has had several operations on his face and neck, which has altered his appearance. Now in his late 80s, Dougie finds hospital admissions difficult, often setting him back several months. However, he would like to be referred for plastic surgery.

Introduce yourself to the group, summarise the situation and the decision Dougie has come to.

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As Sarah's care needs have progressed, her family are now longer able to support her at home. She meets social services funding criteria and a residential placement is being sought. Sarah has never before shown an interest in her Jewish roots but has decided she would like to move to an Orthodox Care home at a distance from her local authority.

Introduce yourself to the group, summarise the situation and the decision Sarah has come to

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- 7) Ask the groups to feedback on their experiences
- 8) To sum up, brainstorm:
  - What approaches/tools can we use as advocates when being challenged on an individual's decision?
- 9) Use the slide to sum up, if necessary

### Unwise decisions, what can we use? (slide)

- Explanation of advocate's role
- Explanation of how you know these are the individual's wishes
- Explanation of how the individual has come to this decision and why
- Highlighting the individual's lack of motivation to take up alternatives
- Legislation or information about rights and entitlements
- Good practice; NICE Guidelines; research or strategies that back up the individual's reasoning
- Suggesting risk planning can take place, to minimise any anticipated problems
- Highlighting other services and support available that would also minimise risks/difficulties

## IV. Using references

Using references can be helpful when an individual's decision is being challenged, regardless of whether it is deemed an "unwise choice" or there is another reason why it is unpopular, for example, it will lead to additional work.

Introduce this topic by doing a quick full-room brainstorm of pieces of legislation, good practice or other resources advocates refer to regularly. A few examples are given on the slide, to help sum up:

# Complex Case Training Toolkit

Mental Capacity Act 2005  
Human Rights Act 1998  
Equality Act 2010  
Care Act 2014  
NHS Charter  
NICE guidelines  
End of Life Strategy 2008  
Case law

Depending on the level of knowledge within the group, it may be worth giving a brief overview of some of the pieces of legislation that are most likely to be used in complex case work, for example, the slides include: Mental Capacity Act, Human Rights Act and Equality Act.

There are many specialised resources available to explore these further, rather than getting into detailed discussions, it may be more appropriate to refer on.

For example:

Mental Capacity Act: [www.scie.org.uk/publications/imca](http://www.scie.org.uk/publications/imca)

Human Rights Act: [www.bih.org.uk/a-human-rights-approach-to-advocacy](http://www.bih.org.uk/a-human-rights-approach-to-advocacy)

Equality Act: [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

Care Act: [www.scie.org.uk/care-act-2-14](http://www.scie.org.uk/care-act-2-14)

## Using references: small group discussion (10 mins)

This exercise can be used to help advocates think about using references in practice

- 1) Split in to small discussion groups and ask everyone to think about:
  - Examples of when they have used references to legislation (or other) in practice
  - How did they do this? (prompt: by explaining these to the individual to put forward; in writing; at a meeting with professionals; in a complaint etc.)
  - Were there any challenges in this? (prompt: What worked well, what worked less well, was there a good outcome?)

- 2) Feedback to the whole group, using Top Tips if appropriate:

### Using references (slide)

- Citing legislation can sometimes escalate the situation – has it reached that stage yet or can you resolve the issue at a lower level?
- Always check you are using the most up-to-date legislation/reference
- Does it relate directly to the issue being discussed?
- Double check accuracy, especially if citing anything in writing
- Bring a copy along if you are referring to something in a meeting
- Be careful to manage the individual's expectations, references don't always work miracles

### V. Challenging lack of resources

With resources stretched across the board, it is not uncommon for an individual's wishes to be turned down, due to lack of resources. As advocates, we can look at how we make the best case for an individual's request to be upheld and if all else fails, think creatively about other options.

#### Challenging the decision not to fund: scenario

You're working with Tim, who is recovering well from cancer but is suffering from severe OCD. He has tried all the treatments and therapy available locally but if anything, his condition has been worsening.

Tim has paid to see a specialist for a consultation - given the severity of his symptoms, they have recommended an in-patient stay at a specialist centre.

When Tim raises this with his local Community Mental Health Team, they tell him there is no facility available locally for this type of treatment so he will have to continue with the lower-level support available in the community.

- Options could include:
- Gather evidence: ask for written report/letter from specialist; seek psychiatrist assessment or second opinion locally; explore NICE guidelines, patient rights, NHS duties
- Request the service is provided, facilities/resources brought in
- Request funding for Tim to travel to a specialist centre elsewhere (Individual Patient Funding Request)
- Explore different funding streams
- Approaching specialist organisations for advice (eg. Maudsley, OCD Action)

If this was unsuccessful, further options could be investigated:

- Remote support (can support be provided via phone, email, online..)
- Training for carers or the individual (eg. Expert Patients)
- Other types of support
- Campaigning and lobbying

#### Sources of funding for individuals: sharing information (10 mins)

How many sources of funding can the group come up with in 5 mins?! The aim of this exercise is to share knowledge and ideas.

The slide can be used as a starting point or to sum up, as necessary:

## Complex Case Training Toolkit

- Individual patient funding requests, CCG
- Ask for a community care review / financial re-assessment
- Direct payments
- Continuing Healthcare
- Grants: Macmillan, Individual grant giving trusts, Guilds, unions, Rotary/Lions, charities (local CVS may have a funding database, catalogue or other info/support)
- Employers...compensation...insurance...research trials

## 6. Risks

### Working with risks

All participants should be aware of their own organisation's risk policies and procedures and many will have already been trained in this area. To help people re-engage with the subject, reiterate why identifying and managing risk is important, both to advocates and the individuals supported:

- Safety of all involved
- Ability to work confidently and comfortably, to achieve the best results
- Legal implications
- Allows us to reach people who most need advocacy support, often presenting with additional needs, requiring complex casework and presenting risks

### Working safely with “additional needs/concerns”: group discussion (25 mins)

This exercise will help participants to think about anticipating risks in advance and putting measures in place to minimize these.

Ask the group to brainstorm the additional needs or concerns that people approaching their service present, for example: other diagnoses. Sum up using the slide, if necessary

- 1) In smaller groups, ask participants to pick 2 “additional concerns” to focus on (prompt: these could be the areas that people feel less confident in addressing)
- 2) Ask the groups to think about:
  - How these concerns affect the individual
    - (Prompt: their behavior, situation, environment, immediate health and wellbeing and ability to protect themselves from harm, ability to engage with the advocate)
  - What risks this presents to the advocate and to the individual
    - (Prompt: think about people involved, the immediate environment and the tasks being carried out as part of the advocacy casework)

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- What do we need to put in place to minimize these risks?
  - (Prompt: skills audit, training, resources, approaches, policies, processes, different forms of service delivery etc.)

### 3) Feedback to the whole group

## Reviewing current practices: reflection and discussion (20 mins)

This discussion will encourage participants to share knowledge and tools around risk planning and identify any gaps in their organizational practice.

- 1) Ask everyone to reflect individually on how they currently assess risk: **when, how, how often, how is it recorded, who is aware?**
- 2) Facilitate a large group discussion around the practices listed below: ask people to share their experiences of using these approaches, the positives and negatives and any tools or guidance they find helpful
  - Capturing risk at the referral stage
  - Requesting risk information from other agencies
  - Asking individuals to complete risk self-assessments
  - Risk planning forms
  - Dynamic risk assessments (PET)
  - Tracking systems
  - Other lone-working policies (eg. visiting in pairs, no home visits etc.)
  - Raising concerns, safeguarding procedures

## Dynamic risk assessment: scenario exercise (15 mins)

This simple scenario can be used to explain and explore the use of Dynamic Risks Assessments. With this model, participants are asked to identify and manage risks on a rolling basis: ie. before they attend any appointments and reassessing during each activity undertaken.

- 1) Ask the group to consider the risks before they attend the appointment (prompt: thinking about People, Environment, Task)

You have been supporting Jo for several weeks and are going to meet at his flat for the first time, where he lives alone.

Jo has Learning Difficulties and was previously groomed by a local gang, to help with drug running. He is now out of this situation and you are supporting him to get back on his feet.

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Jo is easy to get on with. He sometimes gets frustrated if communication is not going well and reacts by shouting. Likewise if he feels threatened. You have been applying for grants on Jo's behalf. Unfortunately you have just found out these have all been refused and you need to tell Jo.

### 2) Ask the group to re-consider the risks on arriving at the appointment

You drive to the house, which is at the end of a one-way street, with no street lighting. Jo does not drive, but there is another car parked next to the house. When Jo opens the door, you ask if now is a good time or does he have a visitor? He says he is alone, although you think you hear someone else in the house. Jo does not seem to be himself and is talking quietly, not looking you in the eye. Someone else comes in to the room and introduces himself as Troy. He's just here picking some things up. Jo seems wary of him.

### 3) How would participants respond to this situation?

## Exploring risks and allegations: scenario

This scenario can be used to start a discussion both around working safely and dealing with potential allegations against the advocacy organization or advocates.

You have received a referral from a social worker, for a woman with breast cancer, who is a drug user. She lives in supported accommodation and there is a court order preventing her from seeing her family, who live locally. However, the family frequently turn up and cause difficulties, which she has no control over. As well as emotional abuse, this can sometimes involve physical harm. The social worker has intervened on several occasions. This has resulted in the family making numerous complaints and serious allegations against the social worker. Social services are withdrawing support.

## 7. Complex issues

### Complex issues

Whilst all casework has the potential to become complex, there are certain issues or topics which will inevitably require more in-depth attention. Asking the group to identify some of these topics will help to ensure you cover people's expectations for this session or identify needs for further training or research. Examples might include:

- Treatment concerns
- Advance Care Planning
- Requests regarding Dignitas

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- Overturning Court Orders; Changing LPAs
- Court processes
- Safeguarding
- Life transitions eg. following a bereavement

### Case sharing session and discussions (1 hour)

This session offers the opportunity for participants to share their experience of dealing with complex issues or challenging casework. If possible, ask participants to think about this before attending the training and send in a summary of what they wish to present. This will allow you to plan the session effectively and also encourage more in-depth case studies.

When requesting submissions, you may want to ask people to consider case studies which reflect:

- Topics they have found challenging to deal with
- Difficult situations they have encountered
- What approaches and tools they used
- What worked well / what less well
- Any problem solving they would like support with

When everyone who wishes to present has done so, review the list of topics identified earlier in this session and cover any gaps.

You may wish to sum up using the slide, if appropriate.

#### What helps? (slide)

- Knowing when to refer to specialists eg. Legal Advice
- Making the most of other professionals involved
- Being clear and honest about our remit and role, we are not expected to be experts!
- Focus on being person-led and empowering the individual
- Importance of supervision
- Peer/team support

### Sharing experience regularly: small group discussion (10 mins)

The aim of this discussion is to identify ways in which advocates can benefit from sharing experiences on a more regular basis.

In small groups, asks participants to think of how and when they share experience/knowledge with other advocates, including formal and informal arrangements, internally and externally.

#### Examples could include (slide)

- Team meetings / volunteer meetings
- IAQ, discussing with assessor, reflective practice
- Attending training
- Regional IMCA groups
- Networking or partnerships with other local advocacy providers
- Supervision

## 8. Impact on the advocate

### Impact on the advocate

Before starting discussions, reassure the group that this is a supportive, confidential environment and that they are under no obligation to share more than they wish to. Offer people the opportunity to duck out if they are finding anything too difficult or to come and chat to a facilitator.

### Identifying the impact on you: reflection and discussion (45 mins)

These exercises will help advocates identify the impact casework may be having on them and also to recognise signs in other advocates that they are feeling the pressure.

- 1) Ask everyone to take a minute to imagine they have a manageable caseload, with interesting cases but nothing too onerous. On a scrap piece of paper, ask them to write down how their casework affects them  
(prompt: in terms of: general wellbeing, motivation, ability to get things done – at work and outside of work)
- 2) In small groups, ask participants to consider a time when they have found a case, or their caseload as a whole (or everyday work) very difficult. Then ask them to share with the group:
  - What made this situation stressful?
  - How did it impact on the advocate?
- 3) Feedback with the whole group, acknowledging that as individuals, we will have different responses to stressful situations

Triggers that might have made the situation stressful could include:

- Lack of time
- Emotional impact
- Inexperience around this issue
- Difficult issue
- Pressure from many different areas
- Managing alone/unsupported

## Complex Case Training Toolkit

- Issue that has affected you personally
- Low expectations for resolving the issue
- Safety and other concerns for the individual
- Fighting the system

Impacts on the advocate could include:

- Not sleeping
- Coming in late
- Working out of hours
- Stressed
- Anxious
- Frustrated, annoyed, short with people
- Unable to concentrate
- Difficulty with working relationships

- 4) As individuals, ask everyone to reflect on the impacts that relate to their own experience.
  - How serious or numerous do these need to be before they try to change the situation?
- 5) In small groups again, ask participants to share the excuses they give themselves, for not taking action to change the situation.
  - How can we reassure ourselves and each other that we need to take action whenever we are feeling the impact?  
(prompt: we will be no use to anyone if we can't function properly)
  - How can we advocate for ourselves if things are not manageable?  
What support can we request? Where can we go for help?

### 6) Feedback to the whole group

All advocacy organisations should have systems in place to support their advocates, as specified in the advocacy charter. This might include support through line-management but also, Employee Assistance Programmes, peer support and referrals to counselling. If participants raise detailed questions about organisational responsibilities, refer to ACAS: [www.acas.org.uk](http://www.acas.org.uk)

## Identifying support mechanisms: self-reflection (10 mins)

This exercise can help reassure advocates of their own support mechanisms but also demonstrate actions that can be taken to improve the situation.

- 1) Ask participants to fill out the Support Diagram (please see appendices)

## 9. Reviewing Tools

### Tools

The advocate’s toolkit is necessarily vast. Likewise, the term “tool” can encompass anything from different approaches and techniques, to forms, processes, presentations and Good Practice guides.

Before running this session, you may want to narrow down the areas and tools you will be looking at, to bring focus to discussions. You may have identified topics or areas which the group have returned to repeatedly, or from prior knowledge of the challenges this particular audience face.

If you have the chance, it can be helpful to ask participants to bring along a tool that they find particular useful in their day-to-day work.

Some themes you could pick up on include:

Theme	Examples of tools
Communication	Person centred interviewing; picture mats; easy-read leaflets; google translate; ipads
Relationship building and boundaries	One page profiles; advocacy agreements; service leaflets and films; confidentiality policy;
Advocacy remit and effectiveness	Advocacy agreements and reviews;
Subject specific	Human Rights Toolkit; Advance Care Planning documents;
Managing risk	Self-assessment forms; risk plans; safeguarding prompt cards;
Self-Advocacy	Action plans; how-to guides; AgeUK/Independent Age/Macmillan booklets etc.
Monitoring and evaluation	<a href="#">Outcome star</a> ; review forms; feedback interviews; focus groups; films

### “Whose tool rules?”: group review and presentation (45 mins)

This exercise will introduce participants to a range of different tools which can be used in their day-to-day work, and to review their effectiveness.

- 1) Arrange a selection of tools (or their representations) around the room, grouped in themes
- 2) Ask participants to group themselves in teams, according to the theme they would like to explore
- 3) Ask teams to review the tools for their given theme. They may want to consider:
  - Ease of use
  - Breadth of application (eg. applies to many different situations; subject specific)
  - Time and resources needed
  - Anecdotal information on effectiveness (from participants)
- 4) Ask teams to choose the tool they feel is most useful and prepare a way to present this to the group
- 5) At the end of all the presentations, ask the group to vote for the best tool (optional!)

## 10. Course review

### Reviewing the course

Reviewing the course is an essential part of the programme. It provides the opportunity to:

- Recap on what has been covered, to cement learning
- Pick up on any matters that have not been covered fully or need further clarification/action
- Gather feedback, towards evaluating and developing the course

### Reviewing the aims and objectives: discussion or exercise (10 mins)

The Aims and Objectives can provide a good starting point for a general discussion around what has been covered and any outstanding matters.

If the group finds it difficult to engage at this stage of the day, think creatively about how to turn this into an exercise, for example:

- Use the four corners of the room to represent the four objectives; ask participants to stand in the corner where they now feel most confident
- Ask individuals to explain why this is

## Complex Case Training Toolkit

- Now ask participants to move to the corner where they feel least confident; ask participants to think about what would help to raise their confidence in this area

Aim: To build advocates' ability and confidence in undertaking complex casework and accessing appropriate support

Objectives:

Participants will be able to:

- identify complex cases
- describe challenges presented by different types of complex cases
- seek and offer appropriate support to others
- adopt a range of approaches and tools in their casework

## Putting it into practice: team review (10 mins)

This exercise can be used to help participants think about how they will take this learning forward on a practical level, again recapping on what has been learnt.

- 1) Ask participants to split into groups of colleagues or people who work in organisations of a similar size, type or location
- 2) Ask participants to consider:
  - Following this training, what changes will you make to the way you approach complex casework, as an organisation and as an individual?
  - What support/resources will you need to achieve this and from whom?

## Evaluation

From the preceding exercises, you will hopefully have gained some valuable verbal (or flip chart) feedback – keep a note of these. The Evaluation Form (please see appendices) is a follow on from these exercises and can be introduced as such, to encourage people to share the work they have just undertaken in small groups.

Highlight the value of this feedback and how it will be used, to make this final exercise meaningful to participants.

Where possible, also offer participants the opportunity to feedback anonymously, for example, to a third party (such as your line-manager or OPAAL) or by posting the form back.

### Wrapping up

The end of the training session can often be a bit of a scramble! Before participants leave, make sure you have:

- Thanked everyone for participating
- Provided everyone with contact details, for yourself and OPAAL
- Distributed certificates, or explained how this will happen in the future
- Made the best use of any remaining refreshments