



# Systemic Advocacy Project

**Final Progress Report to J.R.McKenzie Trust**  
**April 2011**

**Kites Trust** | *Valuing, respecting and utilising people's mental health experience*

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In 2009 Kites received funding from the J.R. McKenzie Trust to facilitate a systemic advocacy project in the Wellington region. The project's aim was to establish workable and sustainable systemic advocacy structures and processes for mental health and addiction consumers in our region. The funding was provided for a period of 2 years, from July 2009 until the end of June 2011. A breakdown of how the funding was used is shown in Figure 2 at the end of this report.

This is our second and final progress report which highlights what we have achieved in the project overall, some specific activities undertaken since our progress report in 2010 and our planned actions for completion of the project by the end of June 2011.

## **Background**

In the first year (2009-2010) we established our partners for the project and they have remained for the duration. They are:

- Aspire (Formerly the Wellington Mental Health Consumer's Union)
- Oasis Network (Hutt Valley)
- Kapiti Choices (Kapiti)
- Inner City Project (South Wellington)
- Wellington Community Law Centre

Together with our partners we developed a definition of systemic advocacy so we would all have a common understanding. The definition has continued to be relevant and useful for the project.

### **Working Definition - Systemic Advocacy**

We act to influence and produce change in services, policies and laws to ensure social inclusion and equity for people who experience mental health and addictions problems. Desired outcomes for our systemic advocacy include:

- Changes in practices and policies of services (both generic and health).
- Increased participation in community activities by people with experience of mental health and addiction problems.
- Positive changes in legislation/protection of existing legislation.
- An increase in health services that are provided in partnership.
- New service development in response to identified needs.
- Increased choices of types of services to access (both generic and health).
- Promoting issues to be taken up by government, agencies and community groups.
- Increasing the capacity of community organisations, especially organisations run by people who experience mental health and addiction problems.
- Development of effective networks and coalitions.

Strategies for systemic advocacy may include collective advocacy, advocacy development, community development, community education, campaigns, resource development and lobbying.

## Achievements

The focus in this second year of the Systemic Advocacy Project has been consolidation of what we learnt in year one.

## The Partners

In addition to our initial partners we invited The Mental Health Foundation (Wellington office) to join us in the middle of 2010. Early in 2011, Supporting Families Wairarapa employed a consumer systemic advocacy worker for the Wairarapa DHB region. We invited the Wairarapa advocate to join our e-group as a way for them to keep in touch regarding regional and national systemic issues.

We are pleased with the relationships that have been developed during the project and have valued the direct links that have been established between us, key consumer advocacy groups and the Community Law Centre. Our expectation is that these relationships will continue beyond the completion of the project.

## Communication

### Information Sheets

During the project we kept our key stakeholders informed by way of information sheets. These were sent out via email and provided some general details about the project as well as some more specific information about the training work being undertaken. As well as preparing the information sheets Kites role was to act as a key point of contact for the project.

### The E-GROUP

The systemic advocacy email (Yahoo) group has been well subscribed throughout the project. This has been a very successful way for the partners to keep in touch with each other about their own issues and concerns and to disseminate information of relevance to the project. Kites role was to manage the e-group and act as a clearing house for information that we obtained and was circulated to the partners.

**Figure 1.** Volume of messages to Systemic Advocacy message group

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2011	7	11	11	3								
2010			7	2	5		7	24	34	23	15	13
2009												2

Reviewing the previous year's discussions on the e-group we are very satisfied with the breadth of issues discussed, the number of submissions shared and the comments and feedback that were generated.

Issues and discussions included:

- Privacy and information collection by local services
- Upgrade of Wellington City Council housing and the impact of the decreased number of bedsits on people with mental health issues
- Use of tasers by police on people experiencing a mental health crisis
- Human Rights Commission report on human rights. Feedback on the rights of disabled people chapter
- Additional clauses at select committee re boarding house amendments to the Residential Tenancies Act.
- Submissions to the Welfare Working Group Issues Paper and Welfare Justice
- Joint feedback on tax changes for charities
- Discussion of contracting issues for local consumer run organisations at a local level
- Joint feed back on the Health Passport ( Developed by the Health and Disability Commission)
- Suicide reporting – joint press release
- Information sharing re the Work and Income process for access to counselling

## Resources

For this third training session we developed a submission template and a mind map template. The mind map template was sourced from the Community Law Centre and is a useful tool for planning a strategy or campaign. The submission template was used for the training event. Both of these resources are now available on our website. [www.kites.org.nz](http://www.kites.org.nz)

We also copied and circulated the small booklet *“Political lobbying- how to plan and deliver a strategy”* written by Tim Barnett the MP. This booklet was distributed to workshop participants and the feedback from some of them is that they have found it very useful.

## Project Evaluation

In the previous year we surveyed our partners about their experiences, skills and practice in relation to systemic advocacy. Their information was recorded and forms the baseline for our project evaluation. The same survey questions will be used with our partners when we interview them before the end of the project. In this way we will be able to measure any changes and use these to evaluate if the effectiveness of this project.

At each of the three training events participants were provided with evaluation forms. The completed forms were collated and recorded, thereby providing us with an on going evaluation of the training. A brief summary of these evaluations will be included in the project evaluation report in June 2011.

## ***Training and Workshops***

The training events and workshops formed the basis for a lot of our work during the project. We considered holding them was the best way to provide information and impetus for more systemic advocacy work. The training events were similar in that they provided opportunities for hearing from a key speaker as well as a practical component where participants could try out an aspect of systemic advocacy themselves.

Over 50 people attended the training events and workshops that were held. Participants were from the mental health, health and associated social sectors. The names and contact details supplied have been registered onto a data base here at Kites for future use in regards to systemic advocacy issues.

All participants were asked to complete a training evaluation form and these evaluations provided suggestions for ways to improve subsequent training events.

## **Event One “Influencing and lobbying; how to get support for your issue”**

**March 2010 – 12 attendees**

Guest speaker Stephanie McIntyre from Downtown Community Ministry spoke about how to run a campaign. Her topics included:

- influencing bureaucrats and politicians
- how to identify allies and key people
- organisational networking
- working with the media
- developing key messages

Stephanie’s presentation was followed by a group exercise where participants went through the process of planning a lobbying campaign. The scenario for the exercise was based on the premise that the right to have visitors in a psychiatric inpatient unit was under threat of being withdrawn.





There were some very creative lobbying plans developed.

**Participants' comments:**

*Great speaker all the information was relevant and enlightening*

*My personal experience led me to believe that your rights can be taken from you but when you receive assistance from other agencies can get your rights back with support from people close to you*

## **Event Two** *“Influencing and the submission process; how to be effective”*

**May 2010 – 24 attendees**

We were fortunate to secure two guest speakers for this training session; Grant Robertson, local MP for Wellington Central and Alex Handiside a senior analyst at the Mental Health Foundation (Wellington office).

Grant Robertson spoke about how to be successful with submissions to Parliament. His topics included:

- Brevity always wins
- Timeliness is critical
- Well researched, clearly sourced and referenced
- Personal approach
- Persevere
- Delivery of an oral submission



Alex Handiside followed with some key points from his experiences:

- We are lucky in Wellington to be close to the action politically
- It is important to have someone within your organisation or group who stays up-to-date on the issues
- The need to get clear on some key issues before you start
  - Why doing this?
  - Who speaking on behalf of?
  - Who has the power?
  - Know your audience
  - Where is the issue at in the policy cycle?

Alex made the point about how personal stories and experiences are powerful tools for influencing the planners and decision makers and how it is very worthwhile to maintain and invest in relationships with people in these kinds of roles.

**Participants' comments:**

*A knowledge basket from all involved*

*Very valuable information and inspiring to imagine better, more effective advocacy*

*The most useful session I have attended in some time- thank you*

Notes were taken during this workshop and were sent out to participants. The record and key points from this event are available on the Kites website. (Click [HERE](#))

## **Event Three      *Practical Workshop "How to get your message across"***

**December 2010 - 14 attendees**

Facilitated by Alex Keeble, legal educator from Wellington Community Law Centre (one of our partner organisations in this project) this training was hands on. It involved writing a submission on a topic participants chose in groups and then presenting it to a mock select committee. Participants were given the opportunity to identify their topic prior to the workshop.

Issues canvassed were very wide ranging from lobbying to get a money machine at a local shopping centre, through to responding to the media following a coroner's inquest, and lobbying to a local district health board.

The mock presentations were a practical way for participants to try an oral submission in a safe and supportive environment. Overall, those who did participate felt that they would be prepared to do an oral presentation if the need arose.

**Participants' comments:**

*I would like to think that the relationships we have all formed will continue- even if only via e-group*

*The template for drafting an oral submission was very helpful*

## **Media Training**

Further training we are considering including in this project is media training. Kites holds contracts for the Like Minds Like Mine project to counter stigma and discrimination associated with mental illness. Media training forms part of the Like Minds project work and later on this year and we hope to be able to offer a one-day media training opportunity to our partner organisations.

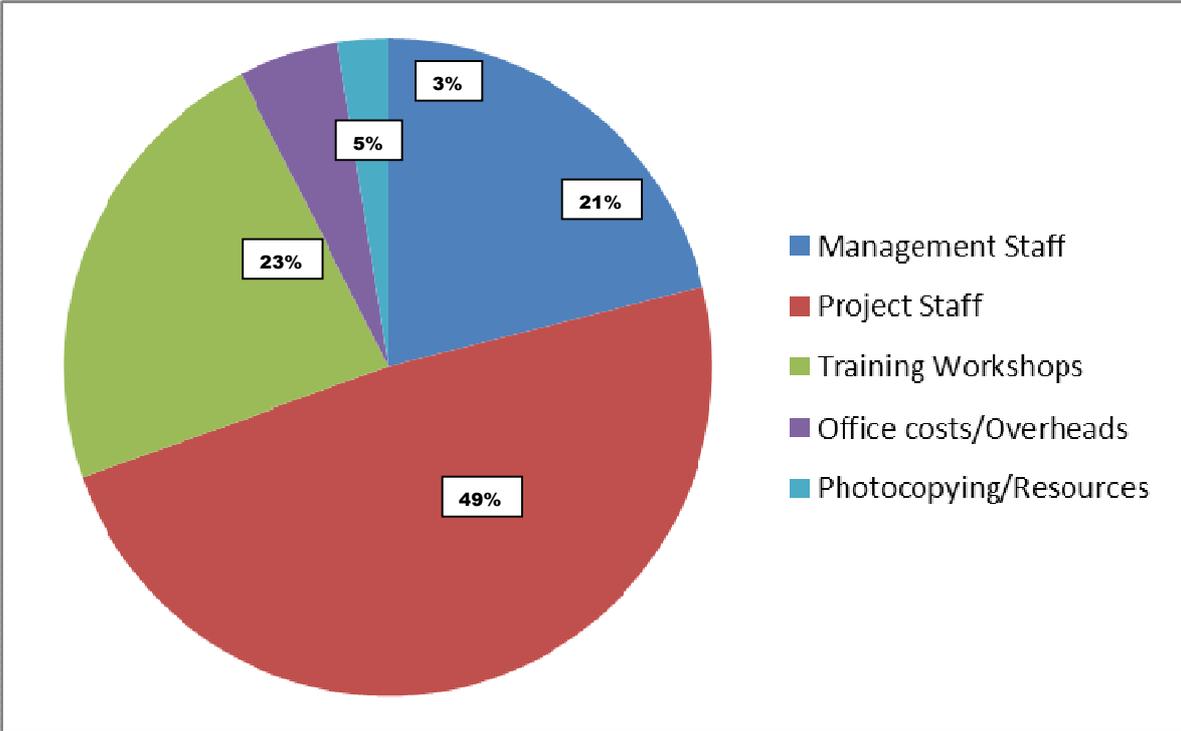
**Use of the Funding**

The total funding for the project was \$20,000 over two years. The following figures and diagram show how the money was used by Kites to complete the project. These figures are taken from the 12 month period - January to December 2010.

<b>Kites</b>	<b>Office / Management Staff</b>	<b>\$2,110</b>
	<b>Project Staff</b>	<b>\$4,850</b>
	<b>Office and Overheads</b>	<b>\$ 550</b>
	<b>Photocopying/Resources</b>	<b>\$ 200</b>
	<b>Training Workshops</b>	<b>\$2,290</b>
	(Including: advertising, guest speakers, venues and catering)	

**Figure 2. Diagram of funding expenditure**

The diagram shows the amounts used as a percentage of \$10,000 to indicate what proportion of funds were used in which area over one year (2010).



## ***Completion of the Project***

The systemic project is due to be completed by 30 June 2011. The actions we have planned for completion include:

- Re-surveying the partners by way of face to face interviews
- Collating the survey information
- Writing and presenting the project evaluation report
- Preparing a final project information sheet for distribution to our partners and key stakeholders

Kites has benefited hugely from being the lead agency for this project. We have increased and improved our relationships with consumer organisations and developed a more robust process for joint submission preparation.

The e-group we established as part of our communication plan has served us well for sharing information, planning and undertaking joint systemic advocacy work. We plan to maintain the e-group beyond the duration of the project and our expectation is that by doing so we will continue to maintain good working relationships between us and the partner organisations we have worked with on this project. In this way we will be in a strong position to undertake systemic advocacy work that arises in the Wellington, Hutt Valley, Kapiti and Wairarapa communities.