



**Advocacy Services
North East Wales**

ASNEW

Formerly Flintshire Advocacy Services

Changing lives for the better
ASNEW supporting people to make positive
changes in their lives.



April 2015 - March 2018



AGENDA

1. WELCOME & INTRODUCTION

2. APOLOGIES

3. PREVIOUS MINUTES

4. FINANCIAL REPORT – CONFIRMATION OF
ACCOUNTANTS

5. PRESENTATION & ADOPTION OF ANNUAL REPORT

6. CONFIRMATION OF TRUSTEES

7. CONFIRMATION OF COMPANY SECRETARY

8. CLOSE OF MEETING

INDEX

Page

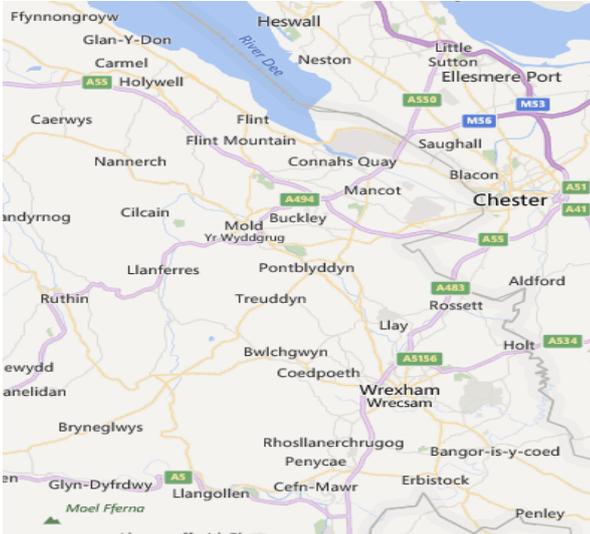
2	Previous Minutes
3	Membership & Funding
4	Finances
5	Reserves Policy
6	Chairs Annual Report
7	Service Directors Annual Report Incorporating Annual Achievements & Performance
9	Organisation Structure
10	How Many
11	Community Advocacy Statistics
13	Community Closed Statistics
16	Community Client Evaluation Results
18	Community Client Journeys
20	Community Stakeholder Evaluation Results
22	Carers Advocacy Statistics
24	Carers Closed Statistics
26	Carers Evaluation Results
27	Carers Case Studies
30	Independent Mental Capacity Advocacy (IMHA) Statistics
32	IMHA Closed Statistics
34	IMHA Evaluation Results
35	IMHA Stakeholder Evaluation Results
38	Independent Mental Capacity Advocacy (IMCA) Statistics
39	IMCA – Decision Makers questionnaire Results
41	Self Advocacy For Empowerment (SAFE) Statistics
42	Comments from the people who have attended SAFE training
44	Workforce Development

MEMBERSHIP

Membership will be open to individuals aged over 18 years who have an understanding, basic knowledge or experience of mental health issues, and persons who have an interest in mental health issues.

Trustees may at their absolute discretion co-opt up to three members who use mental health services on to ASNEW's Board of Trustees.

Trustees may also co-opt advisory members who may include relevant statutory Health, Social Services and Voluntary sector representatives.



Advocacy Services North East Wales work with people with mental health problems, they provide information, advocacy and support in such ways as appropriate in order to enable people to obtain their full rights and privileges as citizens.

Advocacy Services North East Wales would like to thank all of our funders for their continuing support:



Thanks to our phone company.



We have to say a **BIG** thank you to Flintshire CAB, we literally could not cope with the volume of referrals we have regarding debt and benefits without you. They are a tremendous support to us and the people we work with, keep up the good work.

BANK ACCOUNT is held with: Lloyds, Mostyn Street, Llandudno.

ACCOUNTANTS: Gardners Limited. Brynford House, Brynford Street, Holywell, Flintshire CH8 7RD

Advocacy Services North East Wales

Statement of Financial Activities for the year ended 31st March 2015

	Notes	Unrestricted funds £	Restricted funds £	2015 Total funds £	2014 Total funds £
INCOMING RESOURCES					
Incoming resources from generated funds					
Voluntary Income	2	224,833	212,853	437,686	387,066
Activities for generating funds	3	24,318	2	24,320	17,977
Investment income	4	588	-	588	650
Total incoming resources		249,741	212,855	462,596	405,693
RESOURCES EXPENDED					
Charitable activities					
Staff costs		187,097	153,558	340,655	317,651
Office expenses		8,115	4,887	13,002	16,670
Premises expenses		12,019	8,388	20,407	13,940
Expenses and fees		27,151	36,303	63,457	42,129
Volunteers and training		2,604	1,508	4,112	4,991
Resources, publications and marketing		1,143	464	1,607	1,540
Governance		-	-	-	689
Governance costs		1,301	550	1,851	1,999
Total resources expended		239,433	205,658	445,088	399,609
NET INCOMING RESOURCES BEFORE TRANSFERS					
		10,308	7,197	17,506	6,084
Gross transfers between funds	11	6,382	(6,381)	-	-
Net incoming/(outgoing) resources		16,690	816	17,506	6,084
RECONCILIATION OF FUNDS					
Total funds brought forward		96,103	9,186	105,289	99,205
TOTAL FUNDS CARRIED FORWARD		112,793	10,002	122,795	105,289

This is an extract from Advocacy Services North East Wales financial statement 2014/15. Copies of ASNEW's Full Financial Statements for the year ending 31st March 2015 are available to view on request and are also available on the Charities Commission and Companies House website.

Full Financial Statements are distributed to all our funders.

RESERVE ARRANGEMENTS OPERATIONAL POLICY

Advocacy Services North East Wales recognises and accepts its responsibilities as a charity, limited company and employer to protect the financial viability and continuation of the organisation. It is agreed that monies are allocated towards a reserve.

The purpose of which is:-

- To ensure cash flow (e.g. cover delays in revenue funding).
- To cover unforeseen circumstances.
- To pay redundancy monies if required.
- To provide the opportunity to attract/identify alternative funding should existing funding be subjected to cut backs.
- To ensure that should funding cease, the organisation would be able to fulfil all of its financial and legal obligations when winding up.

The Board will review the level of the reserve annually. Unless and until otherwise agreed, the organisation will endeavour to maintain a minimum reserve equivalent to the current three months running costs of the organisation, and endeavour to increase this amount to the equivalent of six months running costs.

Chairs Report

Hello Everybody, It is a pleasure to see you all here. It gives myself and the other trustees a chance to let you know how much you are all appreciated.

Firstly; I would like to thank Sue and Lynn for all the hard work they do, getting funding, so we can continue to provide a much needed service to clients, and to keep very hardworking staff employed.

We as a Board know how every person at the Advocacy are very efficient and always give their best and have their client's interest foremost.

New challenges come along, but you all are wonderful ambassadors for Advocacy and deal with changes exceptionally well.

We are very proud that you all work to keep the good reputation we have and the service we provide.

The S.A.F.E project of which Jude is the Facilitator is still proving to be a valued service with very good feedback from Clients.

We have had a very busy year, bringing a new name and we achieved the Gold Award from Investors in People.

I would like to welcome Katherine and Bryan, we hope you will enjoy working here and I would also like to thank Melanie for all the help and support she has given to the organisation.

Doreen Lee

Chair
Advocacy Services North East Wales

SERVICE DIRECTORS ANNUAL REPORT
INCORPORATING
ANNUAL ACHIEVEMENTS & PERFORMANCE 2014/15

This has been a year of funding bids and tenders, writing the 2014-2017 business plan, starting the process of changing the organisations name and working through the Quality Mark for Advocacy assessment process.

In essence a very busy year that has involved the whole staff group in a great deal of change with the integration of new staff and a new element to our service provision in the form of the Independent Mental Capacity Advocacy (IMCA) service covering Flintshire and Wrexham.

In this year Flintshire Advocacy Services, which from 2nd April 2015 became Advocacy Services North East Wales (ASNEW), worked with total of 1810 people, with all areas of service provision seeing an increase in referrals on the previous year and the addition of the IMCA service from 1st June 2014.

We, in partnership with Unllais and CADMHAS, were awarded the North Wales IMCA service contract which started on 1st June 2014. Jim Brooks joined the team, a very experienced IMCA, who has adjusted to taking on both community advocacy and IMHA role. All the advocates have worked hard to achieve the relevant IMCA modules of the Independent Advocacy qualification. This has taken a considerable effort on their part and a great deal of knowledge has had to be quickly absorbed by the whole service to ensure we are able to fulfil our contractual requirements. Lesley Parry Senior with responsibility for the triaging and allocation of clients of the IMHA service now has responsibility for the IMCA service, both services working with a total of 574 people There is still more work to be done in raising awareness of the extended provision in General and Community Hospital settings.

We have continued to provide community advocacy in Flintshire through contracts with Flintshire Local Authority and with Betsi Cadwaladr Local Health Board (BCUHB). The advocates worked in the community with 695 people this year. A further 301 people, who were referred to the service, the Senior Community advocate Lorraine Morris in her role triaged and either signposted or referred to other agencies and services. This process has ensured minimum waiting times and maximised the use of the advocate's time to those who we identified needed independent advocacy support. All the advocates work in the community and the numbers of people that have been referred to the service have once again increased and it is thanks to the commitment of all the staff that we have continued to keep waiting times to a minimum thanks go to Terry, Katy, Suzanne, Rowan, and Nicola . We were able to move David Pownall from a six month contract to a permanent post with the service from the additional monies allocated by FCC for community advocacy and he has been a valuable resource in supporting the triaging process.

BCUHB put community advocacy across North Wales out to tender in October and we tendered for the lot area of Flintshire and Wrexham. This is a time consuming and resource intensive process which took a considerable amount of mine and Lynn Roberts Office Managers time and energy. We were notified at the beginning of April 2015 that we were successful and the challenge for our service will be incorporating Wrexham and, with similar financial resources available, reducing the service we provide with Health monies in Flintshire.

The Carers advocate Simone Edwards worked with 124 people in this the final year of the NEWCIS Opening Doors for Carers project. I have sought funding from a variety of sources to continue this valuable service. A funding bid to Lloyds Foundation has been submitted and we received news at the end of March 2015 that we had been successful, which means that this element of our service can continue for at least the next three years, albeit at a reduced level and we are able to keep Simone with us.

The Self Advocacy for Empowerment (SAFE) element of our service is in its second year and is going from strength to strength under the capable hands of Jude Elliott the SAFE facilitator. The number of individuals who participated this year was 116 and more courses took place this year than in the previous year. Feedback is excellent and the advocates refer clients they are working with to the programme, building people's confidence and abilities to self-advocate.

The office staff Lynn Office Manager and Topher administrator, have been working on moving us from paper based to Cloud based systems and building the organisations abilities to operate in the fast changing world of information technology.

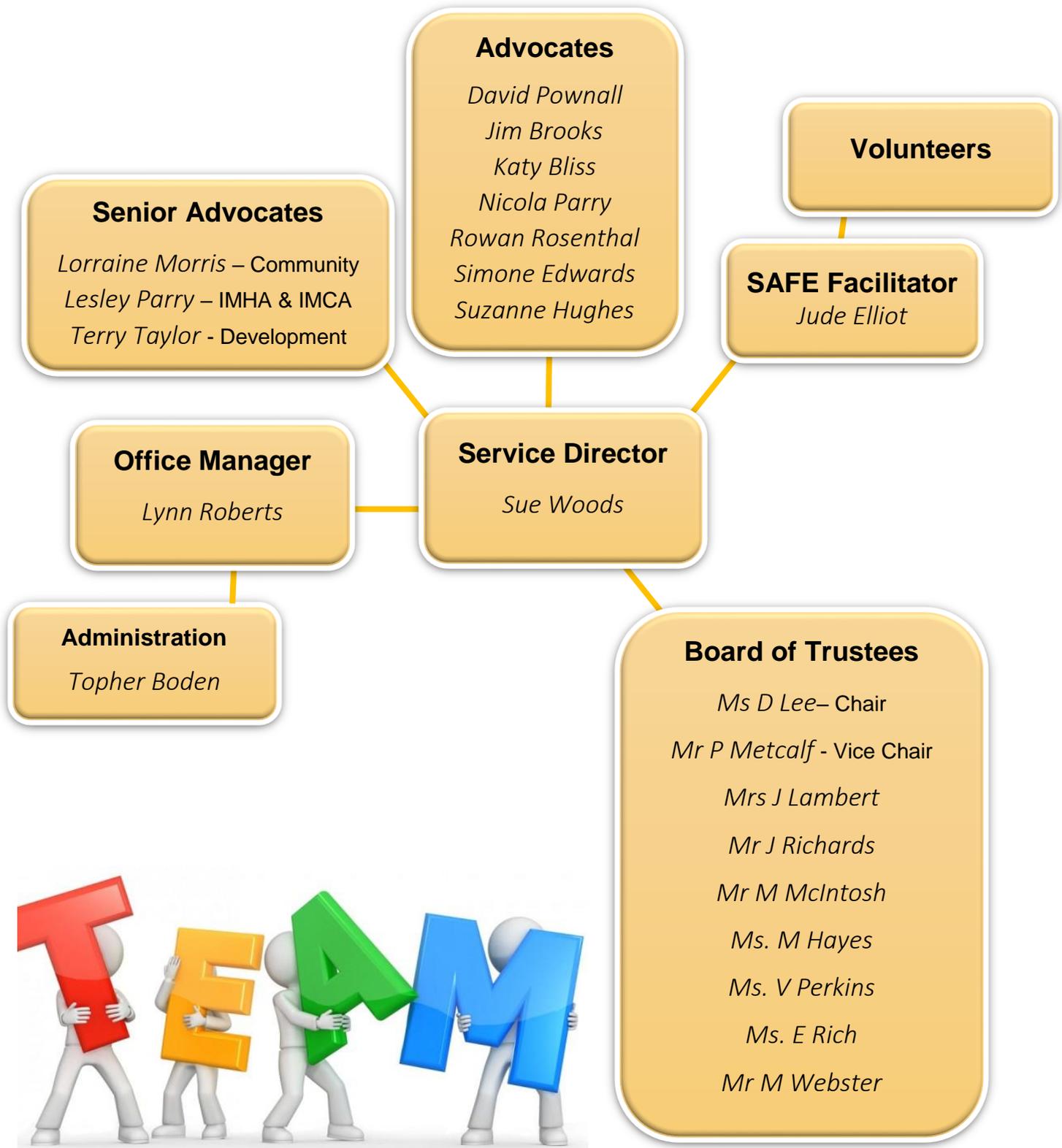
Workforce development has, as usual, been a priority and as you can see from the report a significant amount has been undertaken once again covering a wide variety of topics. We have also delivered the four day Introduction to Advocacy course this year for our new staff and for advocates from our partner organisations, service users and carers.

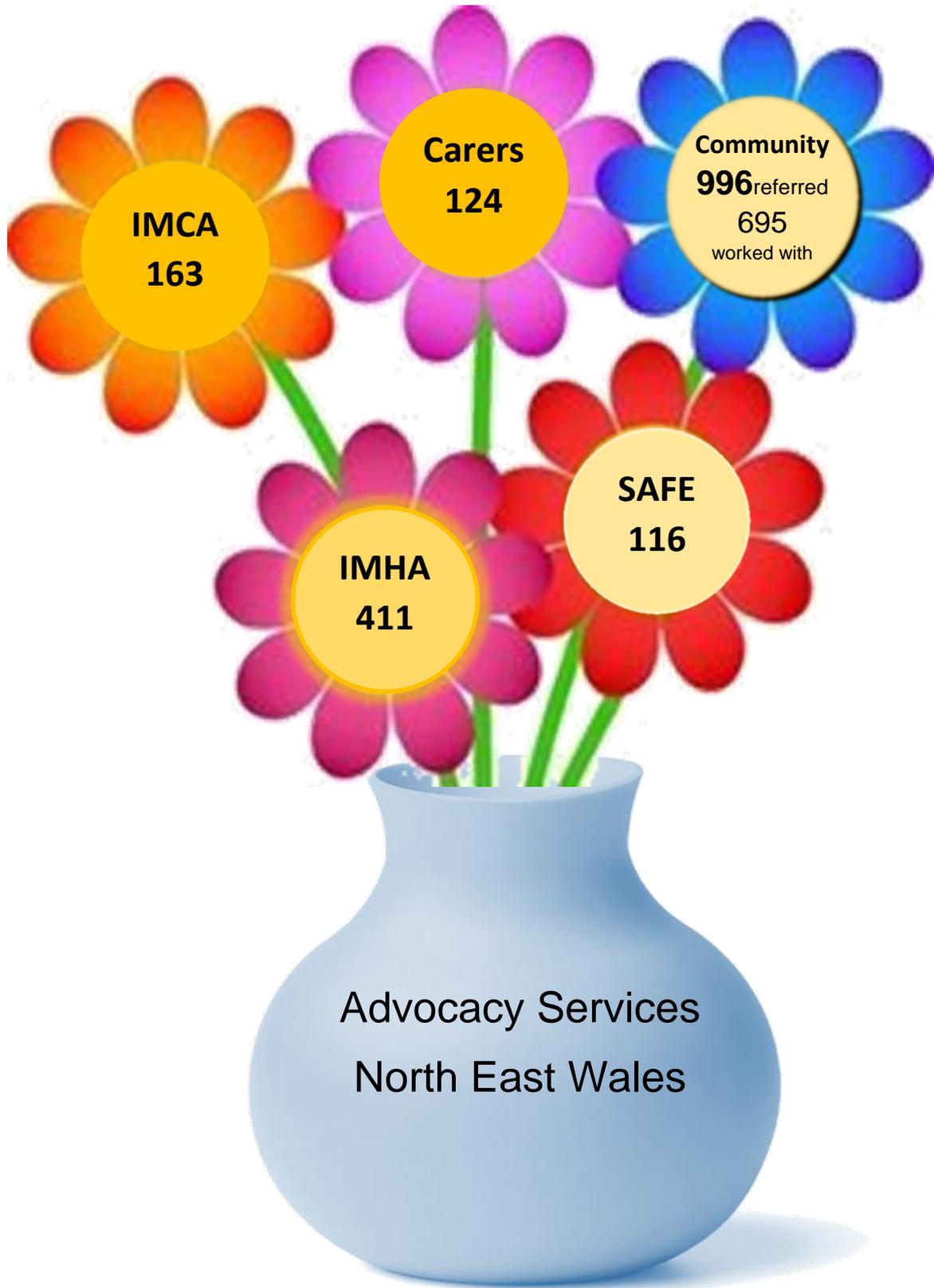
Once again I need to highlight that we work closely with a number of third sector providers to ensure that our clients get access to specialist information and advice, in particular the Citizens Advice Bureau who runs a weekly outreach at our office and a dedicated session for our clients in Deeside.

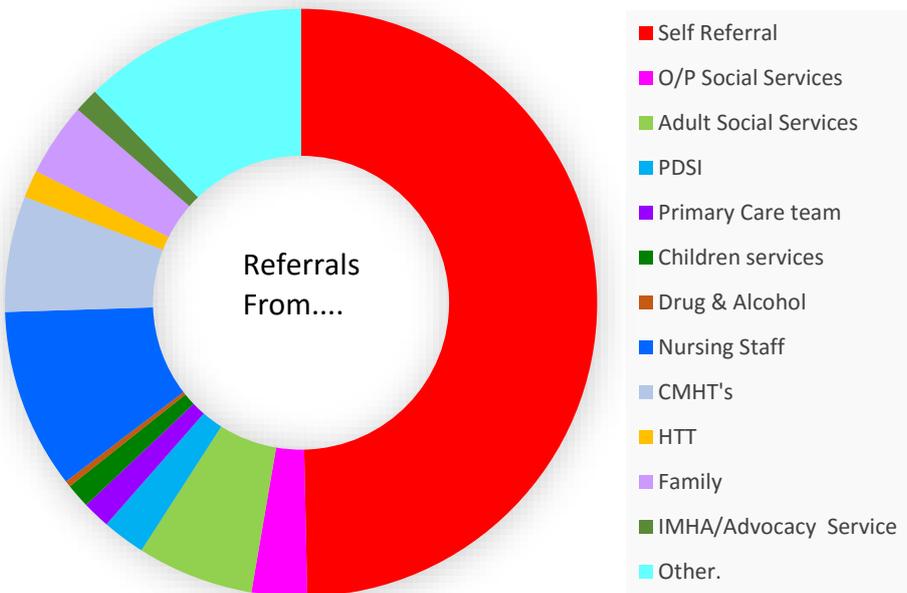
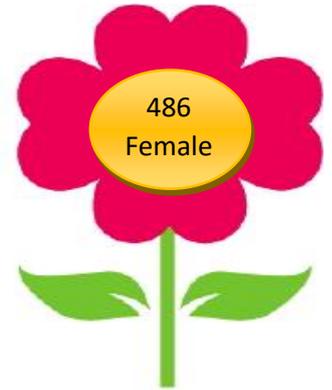
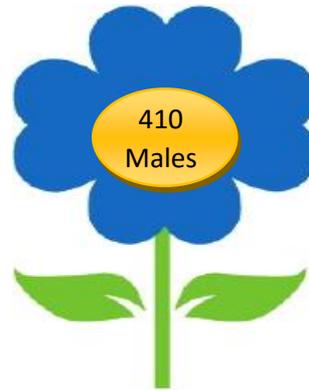
My thanks go to all the staff, volunteers and board members for their energy, enthusiasm and commitment to the people they work for and the team they are part of here at ASNEW.

Sue Woods – Service Director

Organisation Structure 2014/15

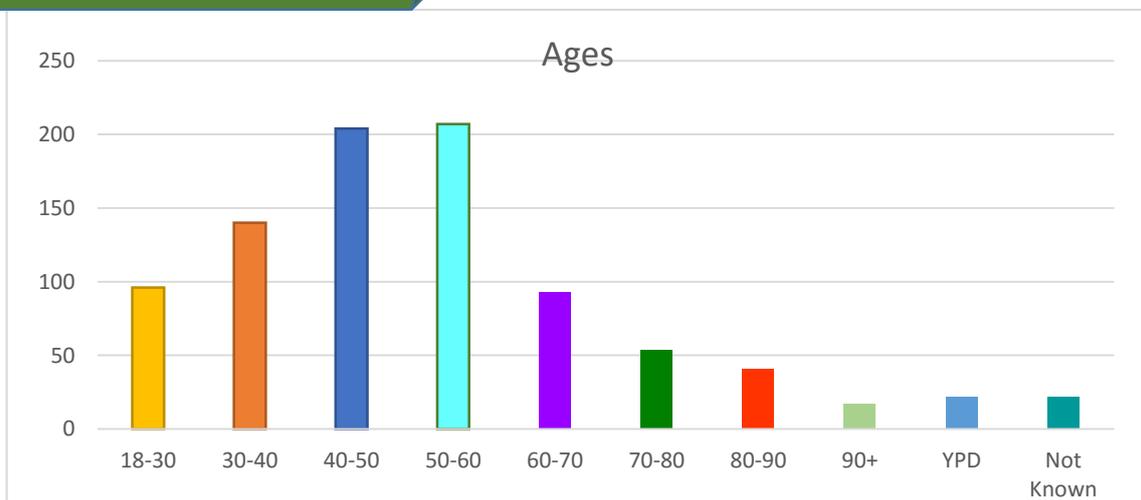




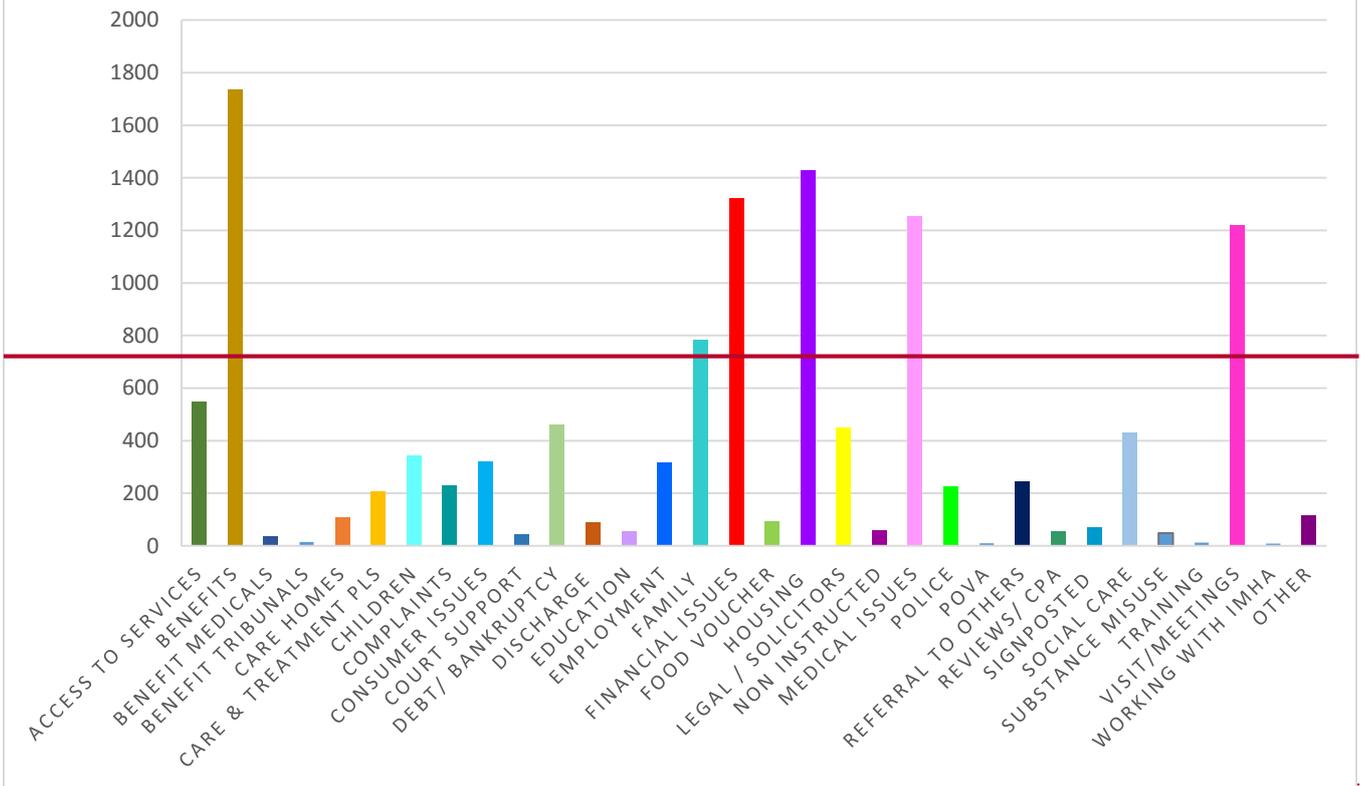


Through triaging it was identified that out of the hundreds of people referred to the service, **301** of those people would benefit from more appropriate specialist services such as... CAB, Shelter, Welfare Rights, CHC advocacy etc.

Other Referrals From.. CAB, Benzo Team, Hafan Cymru, NEWCIS, Next Steps, Job Centre, Friend, Team Around The Family, Flying Start, Aspire, Care Home, Intensive Support Team, Age Connects, Support worker, Councillor, Autism Support, FCC Complaints



WORK UNDERTAKEN



Referrals to:

CAB Housing Options, CAIS, Shelter, Welfare Rights, CHC, DASU, Combat Stress, Flying Start, SAFE, First Contact Team, CAB -Employment Law Specialist, Care & Repair, Age Connects, OT,

Signpost to:

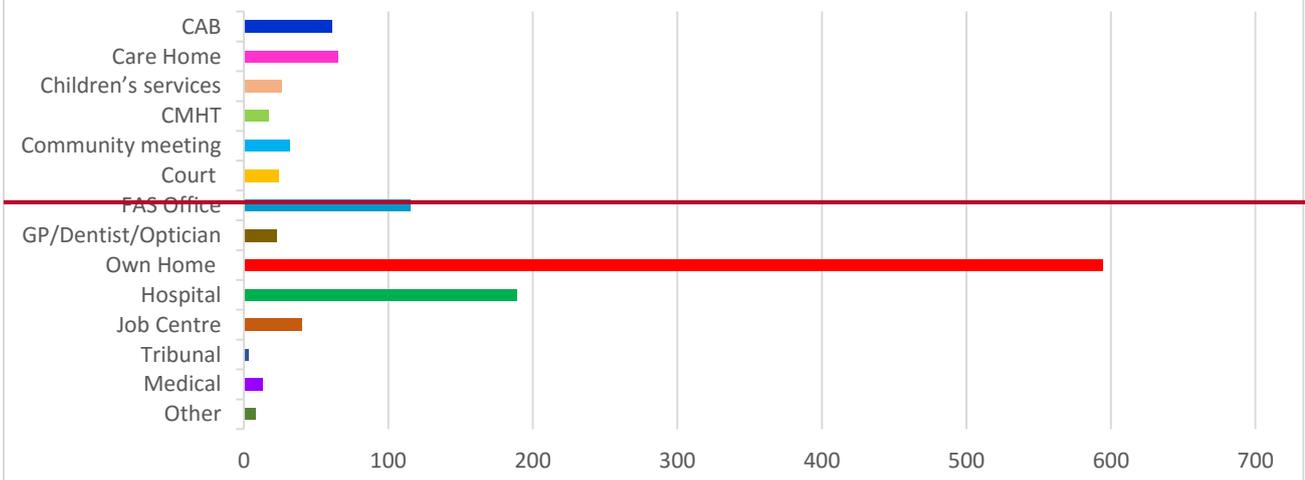
Cruse, CAB, Parabl, Pendrels, Royal British Legion, Wiltshire Farm Foods, Stepping Stones, Shelter, SAFE, NEWCIS, Home Start, Direct payments, District Nurse, Flintshire Refurbs, Welfare Rights, Manchester / Wirral Advocacy,

Examples of other:

Appointeeship, DVLA, DoLS, Compensation, Pension, Cleaning, House Clearance, , Bus Pass, After Death wishes, Grants, IMCA, Small claims court, Veterans, LPA, Anti-Social Behaviour, Theft, MH Act, Volunteering, Working Links, Furniture collection, Social Group.

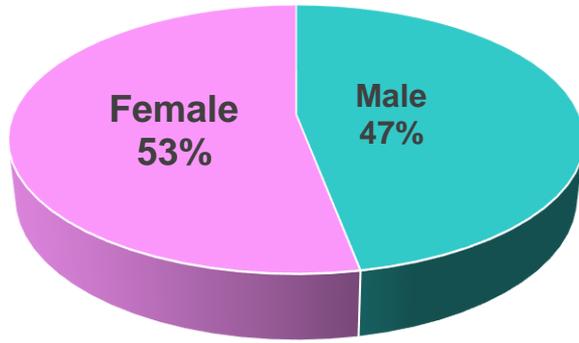


Where advocates met people.

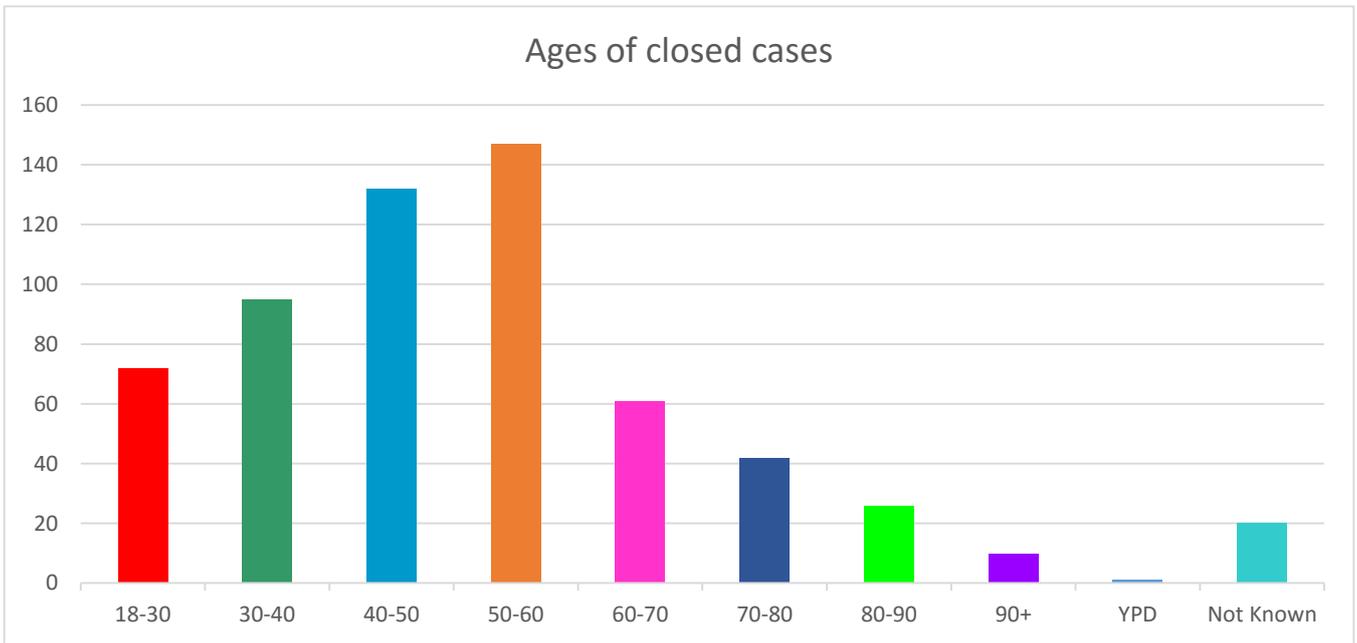




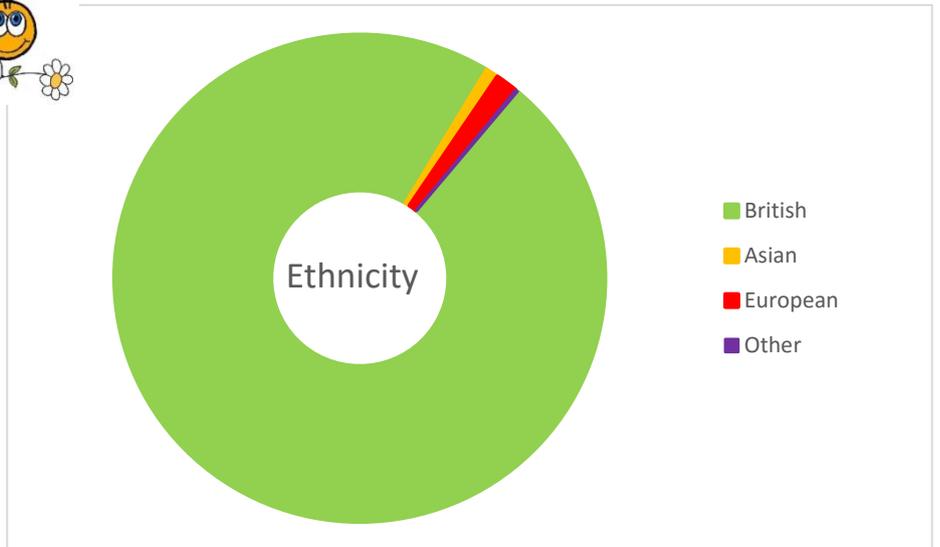
Gender Closed Cases



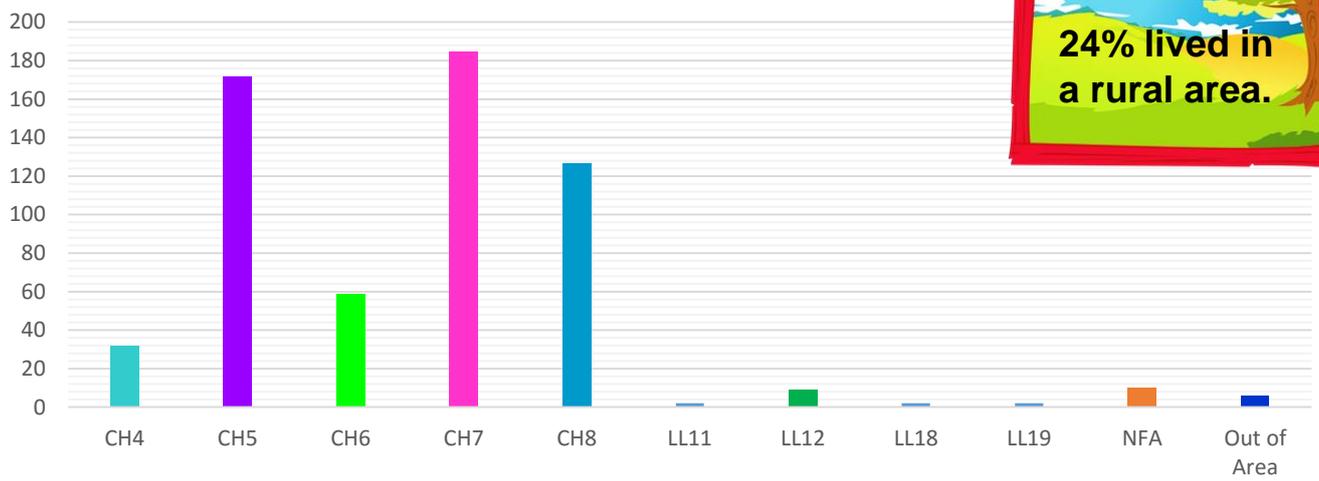
Ages of closed cases



Ethnicity



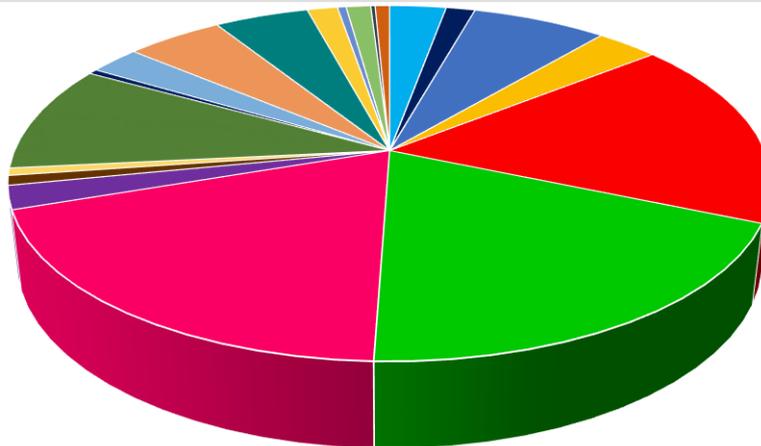
Postcode Areas of Closed Cases



24% lived in a rural area.

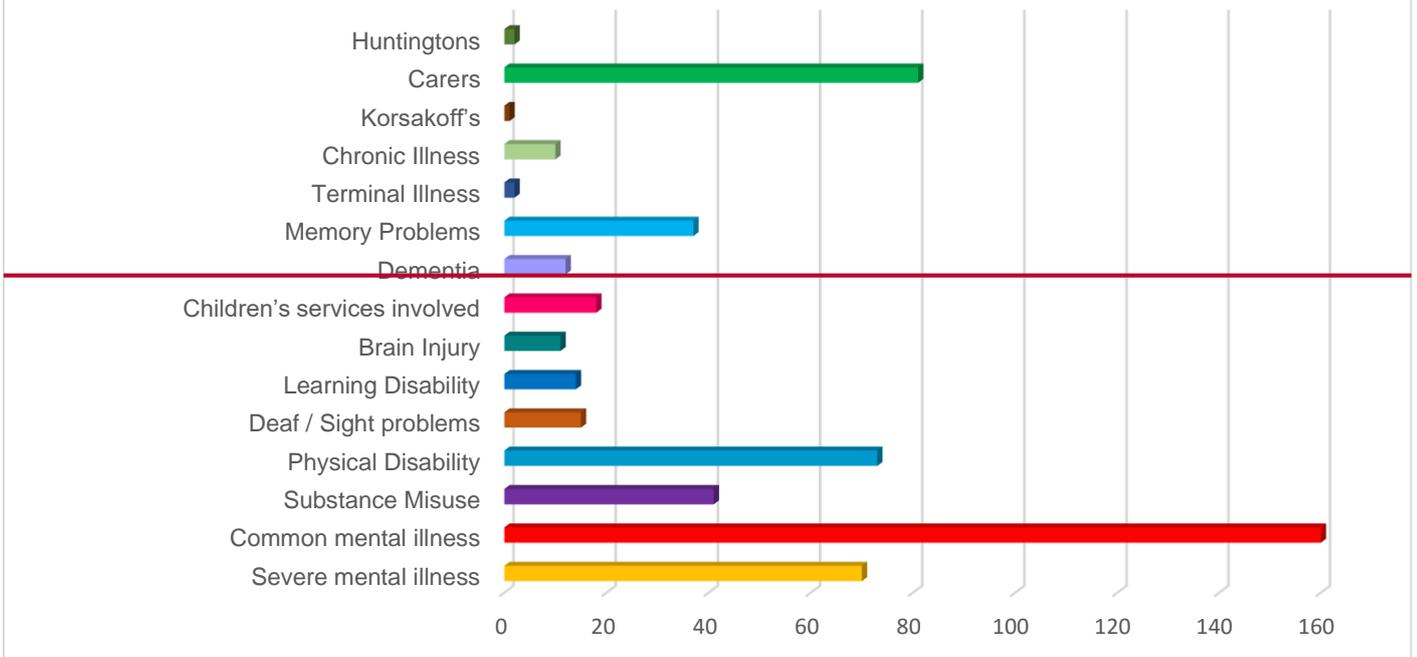


Outcomes



- Appropriate accommodation acquired
- Benefits issues addressed
- Client able to make informed decision
- Client's voice heard
- Employment/meaningful activity gained
- Enabled access to specialist help
- Housing issues addressed/settled in accommodation
- Improved mental health / enhanced coping skills
- Supported at County and Criminal court appearances
- Supported through family court proceedings
- Appropriate discharge planning completed
- Better access to care / treatment
- Client felt listened to and supported
- Debt issues addressed
- Empowered to actively participate in CTP process
- Hospital admission avoided
- Improved financial situation
- Rights upheld / acknowledged
- Supported at DWP tribunals/medicals
- Other

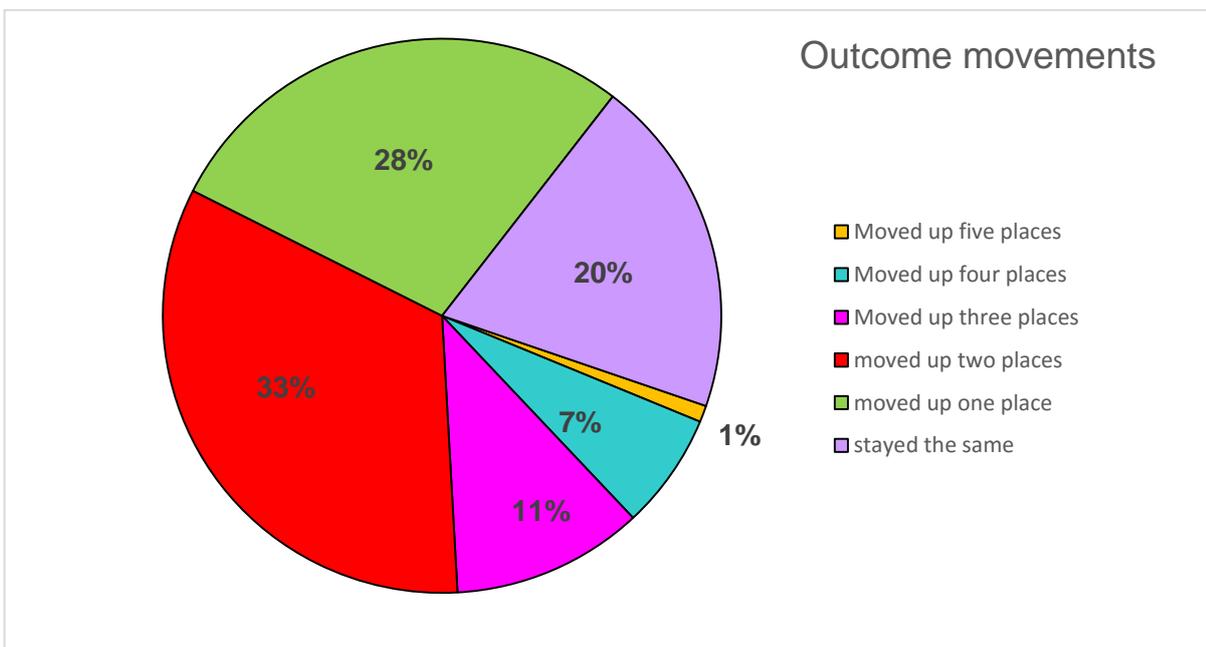
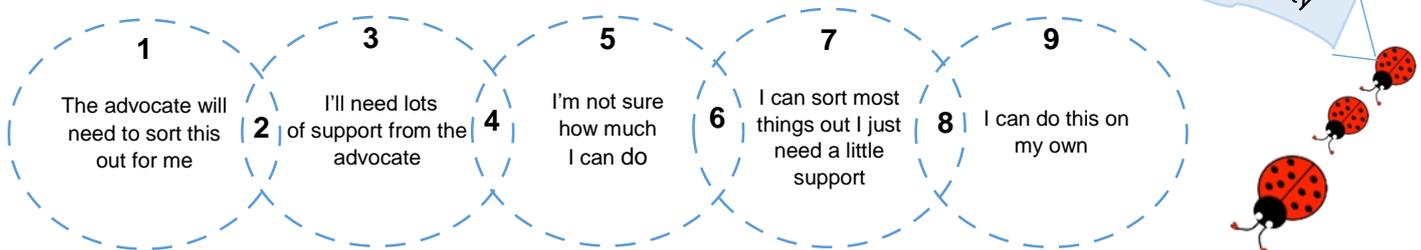
What some of the people we work with in the community deal with everyday.



These outcome scales are taken from 'Lost in Translation' (Action for Advocacy)

The scale is marked at the most appropriate place at the beginning of the advocacy relationship and again at the end, this shows the client movement through the advocacy journey.

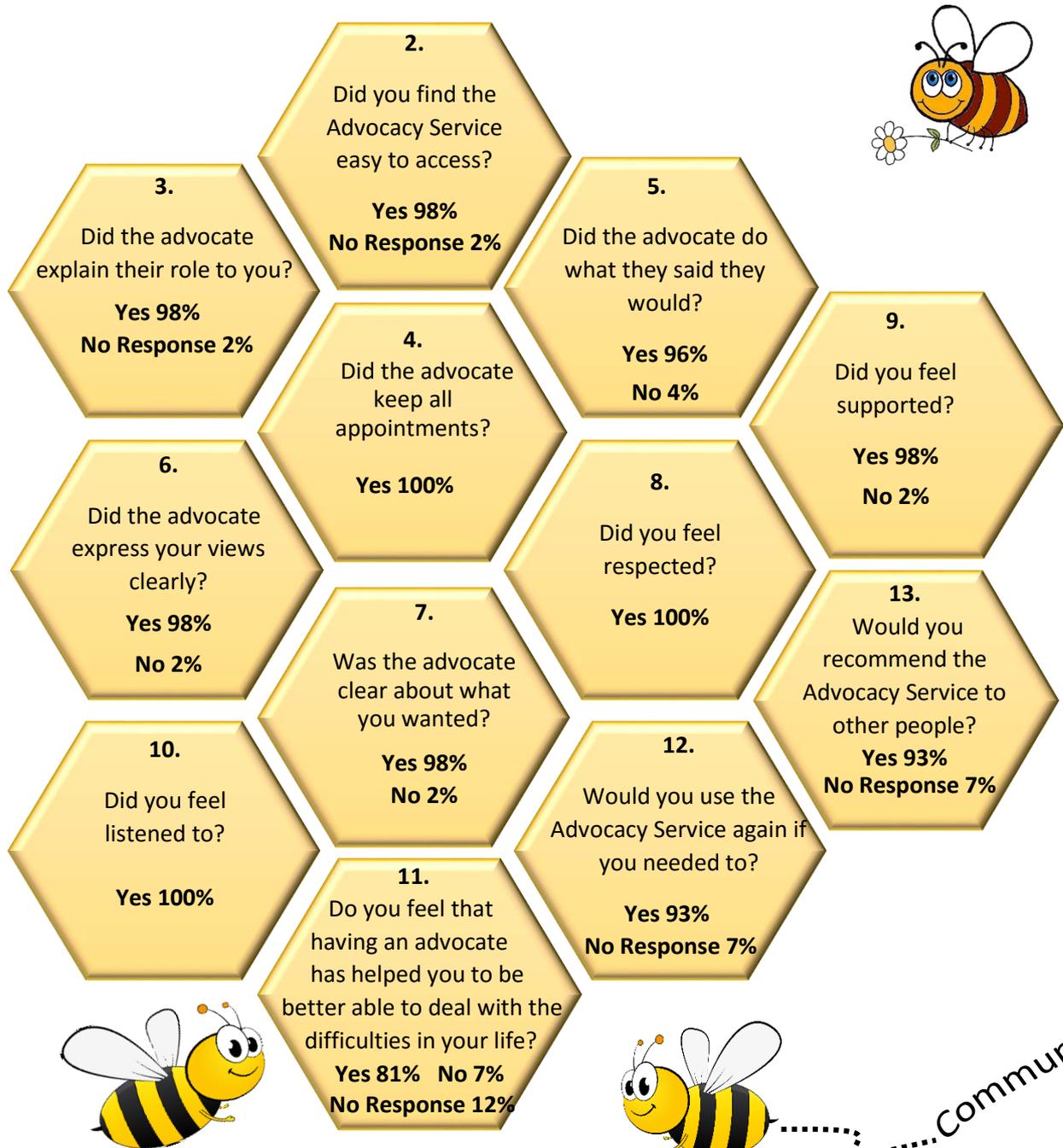
Is the client able to deal with issues on their own?



Questionnaire Results

1. How did you find out about the Advocacy Service?

Leaflet 12%	Advocacy Staff 7%	Hospital 16%
Friend 8%	Internet 7%	Nurse 7%
Poster 12%	Used Before 17%	
Other 14% (Job Centre, Newspaper article, HTT, CAB, British Legion, Family, Counsellor)		



Community

Community Questionnaire comments

We haven't got room for all of the comments we've received, so this is just a selection, there were only two 'negative' comments received but we welcome all comments!



The service I received was excellent in all aspects.

I would just like to say thank you. He is amazing.

Totally professional service, excellent communication skills, felt at ease with advocate and speed of delivery.

She is brilliant! She respects me, listens to me, she understands and she always replies to my calls quickly. My advocate is a big part of my life, and I can't imagine being without her. I would recommend her and the service to anyone.

I know how hard it can be...but don't give up. Thank you for being there. Keep up the good work.

The support was excellent from advocate to phone calls with other staff. For the first time in many years was able to trust someone and that really says everything. She would listen, never judge and more so take time with a person who at one stage could not string two words together. I am and always will be grateful.

Our advocate listened to all our needs, supported us so well, very good at his job.

Always very kind, I don't know what I would do without them, can ring anytime and they would listen to me, if the person I wanted to talk to was out, they would always ring me back. Thank you all, God bless.

Very pleased with the service 10/10 for my advocate, very happy. Thank you!

Advocate was excellent, would recommend, thank you.

The advocacy has helped me to get my life back on track and without their help I don't think I could go on my own. I have a family who help but I can talk to the advocacy.

I have used this service before when I was an inpatient on a section 3 and found it helpful. I was very pleased when I contacted advocacy for support and found I could have the same advocate I previously had to support me as I know her well, trust her and find her very supportive and friendly. I cannot thank her enough for her support and kindness. Amazing lady and a great service to offer people who need support.

My advocate was a great help to me and still is. He did all the phoning as I don't like to talk to people, I wish I always had someone around like him.

My advocate was so lovely, polite, friendly, confidential and helpful. She called to see how I was doing after coming out of hospital and provided some useful info over the phone.

I can't thank my advocate enough for her support and knowledge during the past twelve months, the last few months have been very difficult, but with my advocates help we have moved forward.

FAS – my advocate has been and still is an absolute lifeline with all the problems I have been experiencing with the DWP and Benefits system. An absolute life saver in my case. I cannot thank my advocate and staff enough, they are all wonderful! Thank you!

Well done everyone "You saved my life". Fantastic service, fabulous people.

They should all be given gold medals for the work they do.

I would like to say that my advocate was most supportive and helpful. I would have no hesitation in asking her for help again, or recommending her to others. Thanks for the support.

I was very glad about the help and support I received, I would not have been able to cope without the advocates help.

I found helpful at all times, except one time when very let down with help to appear in court.

I would have liked the advocate to have more training and experience in CPA law and dealing with the CMHT. She did not speak up on my behalf regarding the service I was being provided by my care coordinator. A law expert would have been useful on what CMHT duties are as nothing changed from meeting, the service level remained the same.



Client Journeys

J felt let down by CMHT, could not access their services.

An advocate was able to talk to the staff at the CMHT, liaise with J and help J to understand the reasons why secondary mental health services were not needed. J went back to her GP – referred for 2nd assessment.

Outcome remained the same but J's voice had been heard and she understood the decision.

P had had a stroke and had memory problems, DWP told P that she had been overpaid ESA.

Advocate was able to work with client to contact DWP to challenge overpayment and write to request mandatory reconsideration.

The overpayment and civil penalty notice were successfully challenged. P said that without the advocates help she would not have been able to do this herself.

S was on his own, no family and unable to get out due to his location and disability.

The advocate was able to support S at a PIP (Personal Independence Payment) medical. Advocate arranged and supported S to a CAB appointment to apply for housing benefit and cold weather payment and delivered a food parcel.

S was able to buy a cooker and a fridge with his benefits back pay and felt confident enough to look for alternative housing.

D was vulnerable and in the early stages of dementia, it was alleged that his family were financially exploiting him.

An advocate discussed and explained the option of appointeeship with D, this would provide additional protection for his finances.

D agreed to appointeeship and a social worker was allocated to support D through the process. D was very happy with the outcome.

B was moving from children's social services into adult social services.

Advocate attended reviews with B and ensured her voice was heard, provided independent support to look at all the educational options available for B to make an informed choice.

Transition from children's services went smoothly and B felt in control of the process.

M was having problems with her GP, her GP had informed the DVLA that M was not fit to drive and they had recalled her licence. She was now unable to leave her home and her mental health was suffering.

The advocate contacted the DVLA on several occasions, M underwent capacity tests, and together they wrote letters and completed forms. A complaint was made against her GP.

M had her driving licence reinstated and said that without the advocate she would never have been able to go on. M now has a new GP.

X was in unsuitable accommodation, was having problems with debt and benefits.

Advocate helped to get an OT and the Local Authority housing involved. Helped X to address her debt issues dealing with the utilities companies. Attended a DLA tribunal with X and helped to access the Primary Care Mental Health Team.

X has now moved into sheltered bungalow, benefits reinstated so financially better off, and gas and electricity sorted.

Q's partner had left leaving him with two very young children, lots of debt and the threat of losing his home. Christmas for him and his family would have to be cancelled and he couldn't see a way through his problems.

Advocate attended various meetings with Q and gave information. Accessed local services who donated toys and gifts, and arranged a food hamper for Christmas.

Q's benefits were established, debts were sorted and his home was secured. Q could now see a future for him and his children.

K was in a private hospital and discharged into the community.

Advocate supported K while in hospital by attending meetings etc. Same advocate able to support when in the community, visiting K regularly, giving information and helping K to understand all options.

K fully understands all decisions being made around care and was happy with the care plan.

T (a veteran) and partner had just had a baby and needed to apply for more appropriate housing, T needed support with benefits and debt.

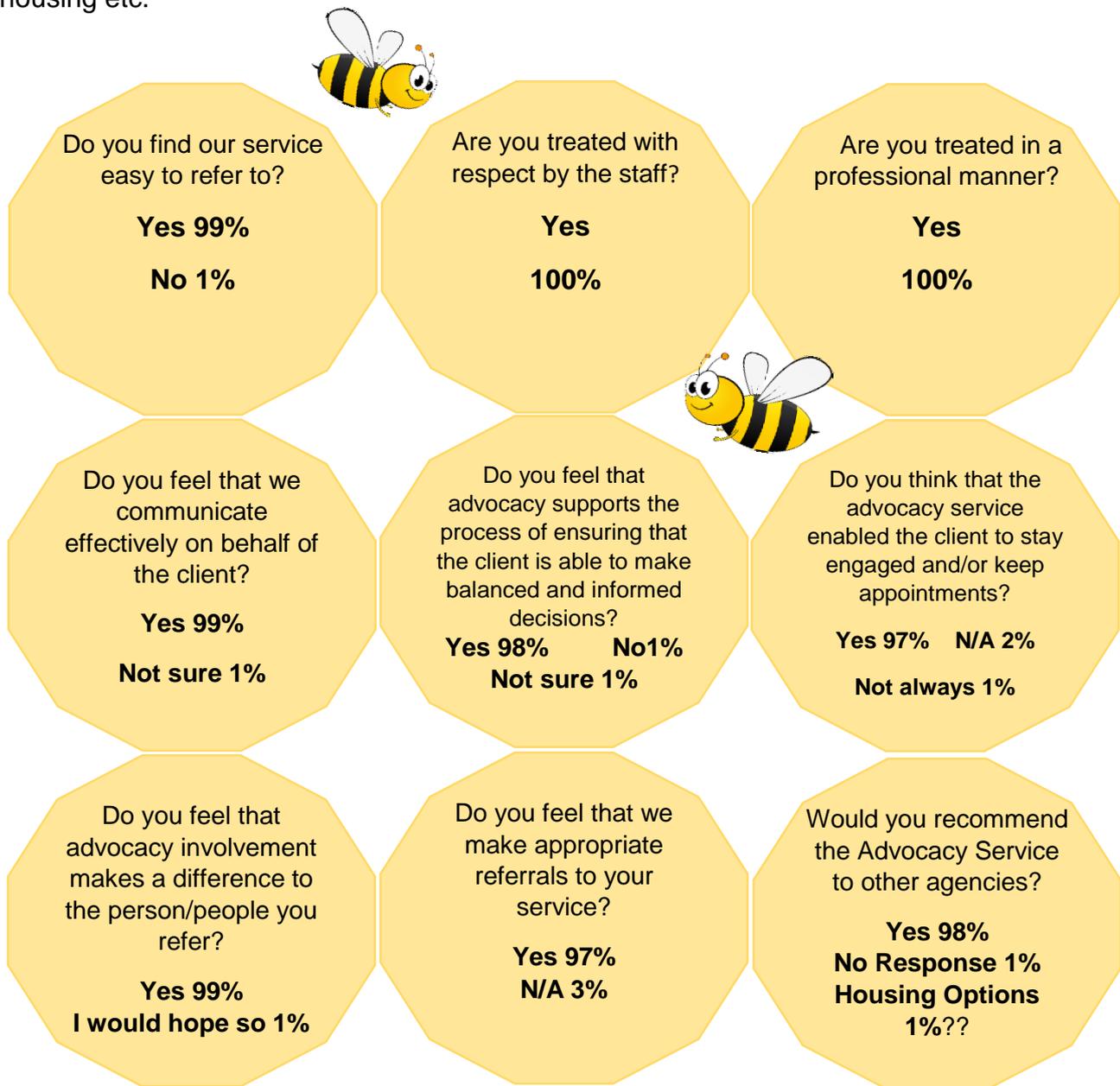
Advocate helped T to apply for housing and to speak to Jobcentre to reinstate benefits following a benefits sanction. Attended meetings with CAB to deal with debts and referred to Royal British Legion for financial support to purchase necessary items.

Housing was underway, T's benefits were reinstated and debts were addressed and managed. RBL were very helpful and T was very pleased with the outcomes.

These examples are simplified for the purpose of anonymity and confines of this report, some of the stories included have taken place over weeks some over many months. It is a privilege and very humbling to work alongside people who overcome tremendous loss, sadness and adversity.

COMMUNITY STAKEHOLDER EVALUATIONS

These evaluations were sent out to statutory, voluntary services and the private sector such as....CMHT staff, hospital wards, psychiatrists, care/nursing homes, solicitors, Shelter, CAB, housing etc.



Please use this space for any comments compliments or criticisms about the service?

Advocates are highly regarded by both patients and staff. They are skilled at balancing the delicate dynamic between staff and patients in difficult and chaotic environment. They always treat patients with dignity and respect and are always approachable and reactive to patient requests.

Very Good Service, Highly regarded, All patients benefit from this service.

Excellent service, patients are very well supported by advocacy on the ward.

Not used the service for a few years but would be happy to do so.

It can be difficult to get hold of someone in the afternoon, as it is usually the answer machine.

I have found the staff to be friendly and professional. A very valuable service.

Fantastic service, much needed.

Without the advocacy service there would be a large number of clients who would not access the service or would no maintain engagement with FCAB and so the advocacy service is invaluable to those clients and helps us greatly to assist the clients.

Good positive working relationship with advocates

Contact has only just been made with the client I referred but I believe you had a long waiting list.

Referrals seem to be taking longer to be allocated – I believe this is due to high rates of referrals and staff shortages. Quite often when making a referral – advocacy support is needed quickly.

Do you have any ideas on how we could improve our service?

If the service has the resources it would be useful to meet with the advocate prior to visiting the service user in order to provide the advocate with relevant information about the service users current circumstances.

Works very well, unsure on how to improve on this service that is an easy assessable service and benefits all.

It appears the service may benefit from more time available to the ward to further build on complex relationships. This could be done through more advocates or accessing more funding for what is regarded as a very important service.

Ensure patients who are subject to DoLS are aware that they have the right to appeal against the DoLS at court. Non-means tested legal aid is available, the right to appeal is an absolute one regardless of whether it appears to be objectively justified. The right is similar to patients detained under section 3 MHA 1983 appealing to a tribunal. Appeals against DoLS appear to be an underused tool for clients and advocates may be able to assist clients to be informed of this right.

Improved referral process. Can sometimes take a few phone calls to get anyone.

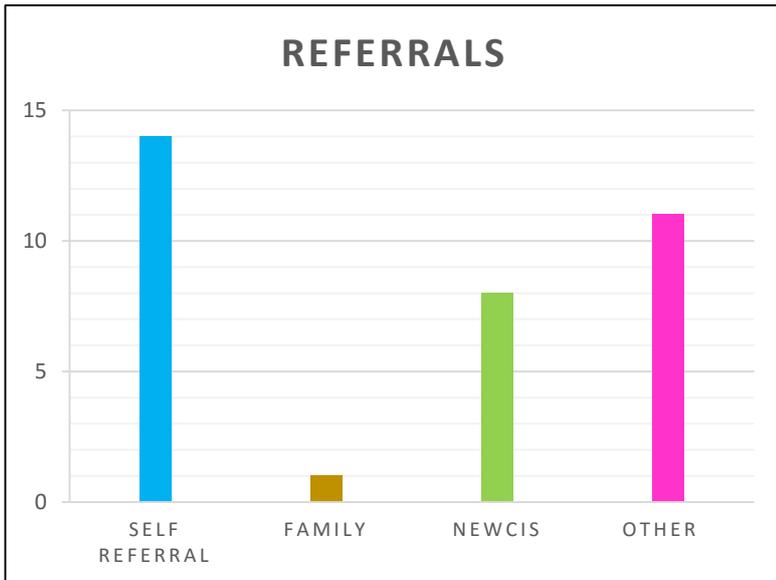
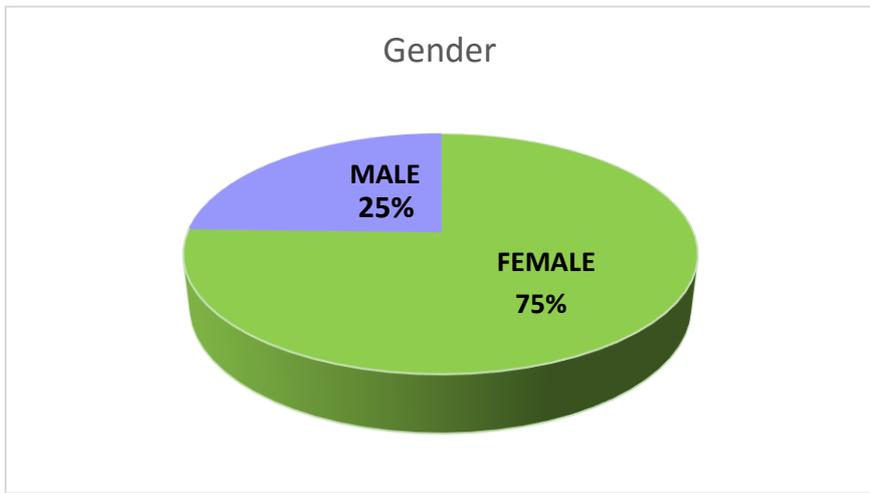
More staff required to be able to respond quicker so the matter at hand can have advocacy input when it's actually required. Overall staff and service are great!

Response to some of the comments:

Thank you to everyone who took the time to complete our questionnaire, we appreciate that everyone is extremely busy (and if you're not, what's your secret?). The magic word is 'time', and like everyone else we do not have unlimited resources, if we don't answer the phone leave a message, email us –we will get back to you.

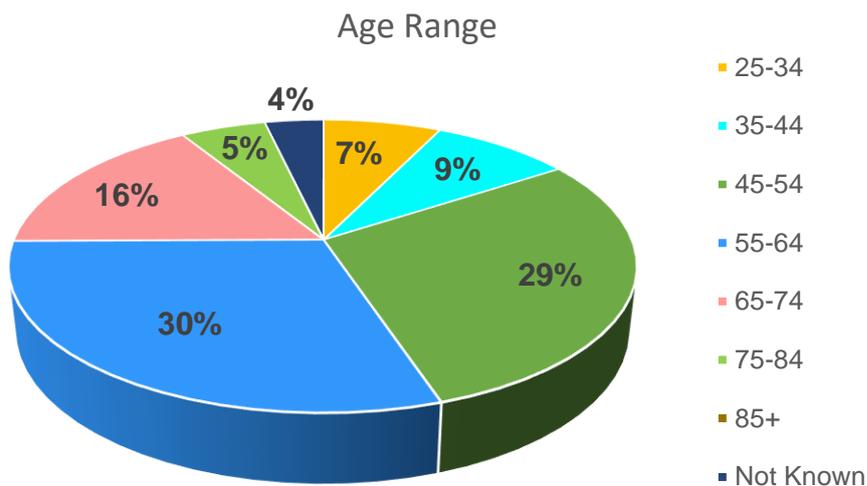
I hope this report shows how busy we have been, we are victims of our own success but that is a positive outcome that we can build on. Watch this space.....



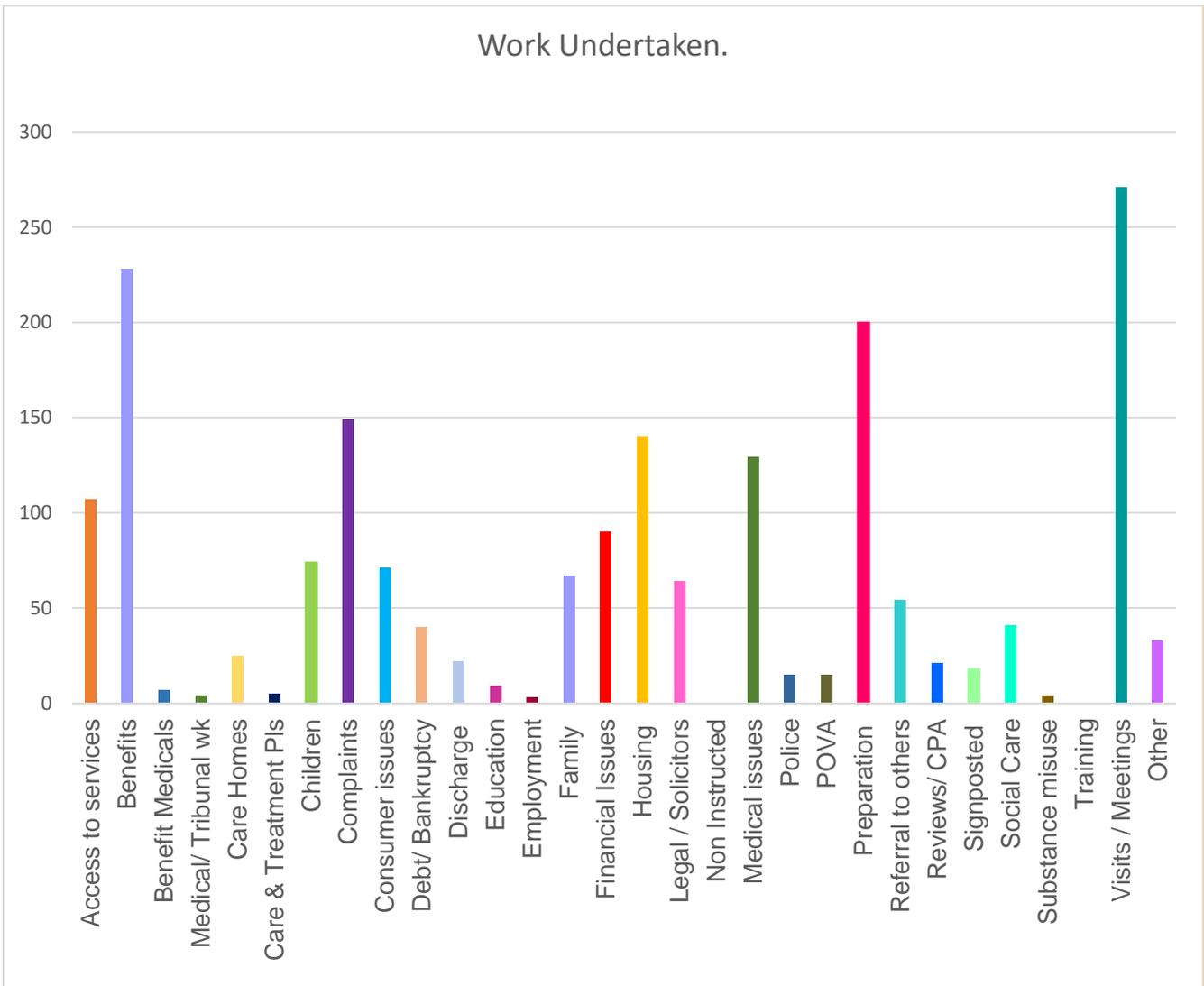


Other=

- Primary Care Mental Health Team.
- FCC Social Workers
- Occupational Therapist
- Age Connects
- Next Steps
- SAFE
- LD Social Worker
- Advocate
- Hafal



Work Undertaken.

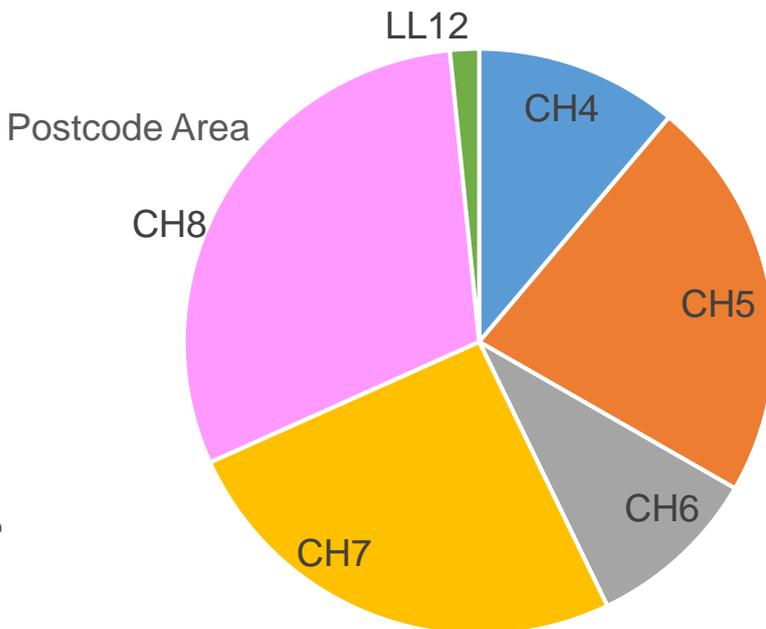
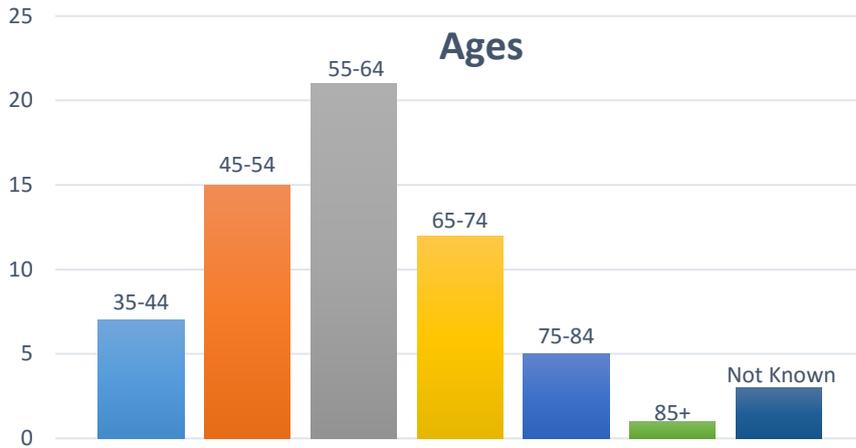
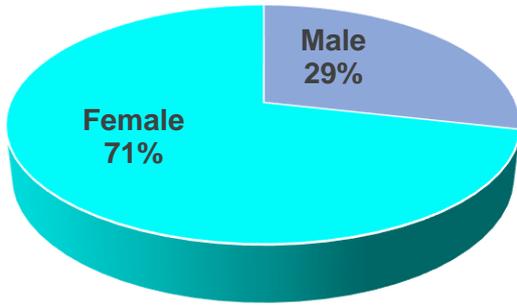


Examples of others: Grants, Direct Payments, Occupational Therapy, Life Insurance, DVLA, Blue Badge, Care Agency, Phone change, Carers Grant, OT, Next of Kin, After Death, Equipment Grant, Respite, Deed Poll, Volunteering, Form Filling

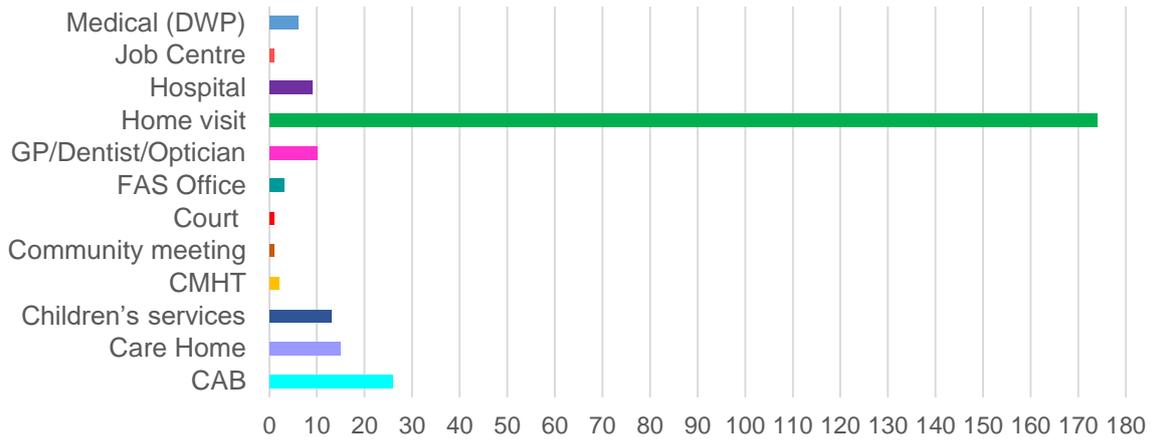


Mental Health Fact:
 1 in 4 people will experience some kind of mental health problem in the course of a year, with mixed anxiety and depression the most common mental disorder in Britain.
 Mental Health Foundation

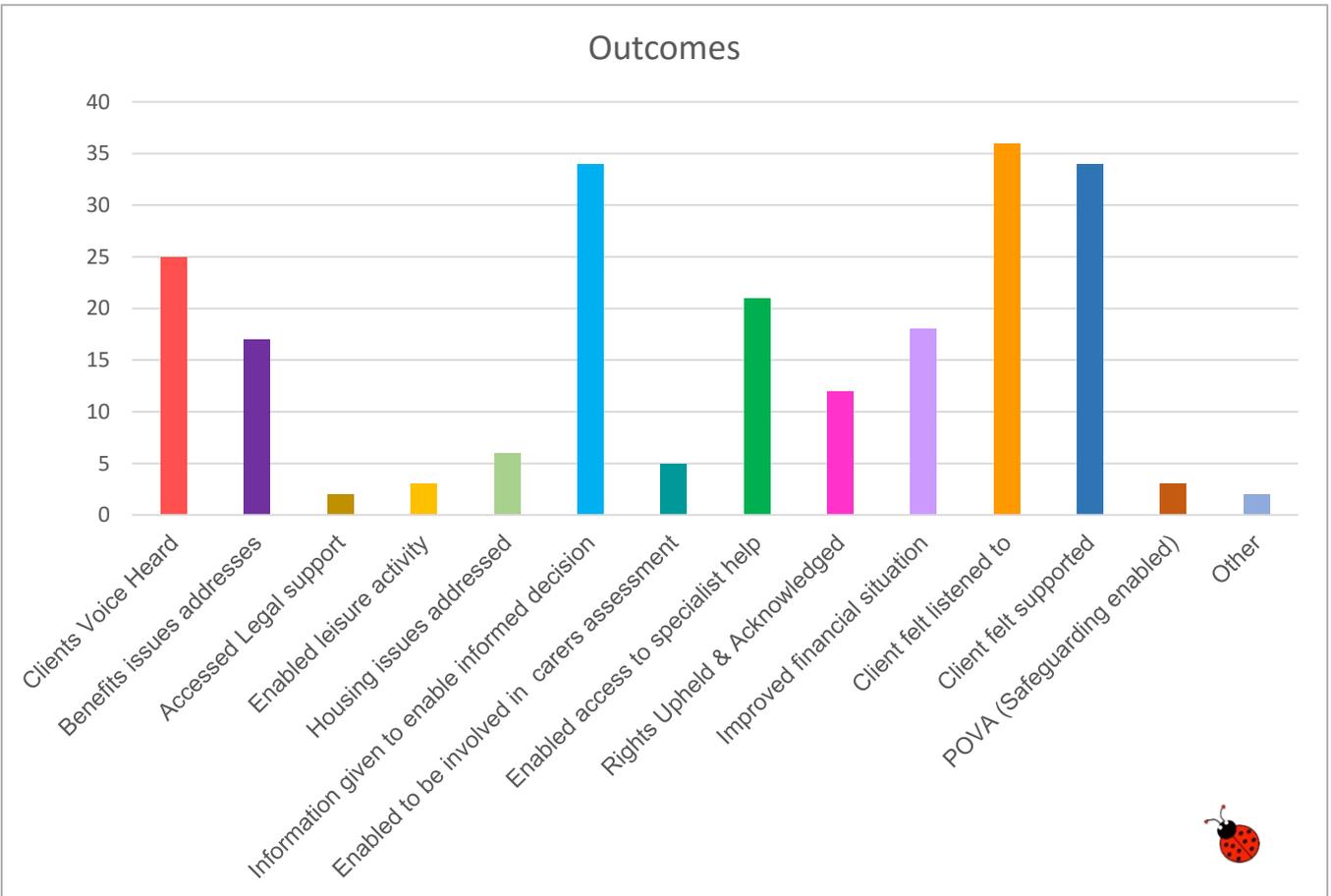
Gender - Closures



Where meetings held.



Outcomes



For the Carers Advocacy service this has been the final year of funding from the Big Lottery in conjunction with NEWCIS. It has been a very busy and positive three years.

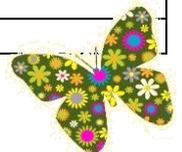


Carer's Evaluation Results

1. How did you find out about the Advocacy Service?
Leaflet 10% NEWCIS 30% Wall poster 0% Friend 40% Met advocate 10% Staff 0% Other 10%.
2. Did you find the Advocacy Service easy to access?
3. Did the advocate explain their role to you?
4. Did the advocate keep all appointments?
5. Did the advocate do what they said they would?
6. Did the advocate express your views clearly?
7. Was the advocate clear about what you wanted?
8. Did you feel respected?
9. Did you feel supported?
10. Did you feel listened to?
11. Do you feel that having an advocate has helped you to be better able to deal with the difficulties in your life?
12. Would you use the Advocacy Service again if you needed to? (30% already have done).
13. Would you recommend the Advocacy Service to other people? (40% have done).



Did you feel the following outcomes were achieved through working with your advocate?	Yes	No	Not Applicable
a. Increased choice and control	80%		20%
b. Improved health and wellbeing	40%	10%	50%
c. Increased support in your caring role	60%		40%
d. Increased your understanding of your carers rights	80%		20%
e. Increased your independence	60%		40%



Comments, compliments or criticisms from the evaluations:

I found my advocate helpful at all times and I will miss her support she gave for us as a family. As we have had many difficult hurdles in the past 3- 4 years.

I found the advocacy services to be very helpful and understanding.

It was good to feel supported and listened to, I appreciate all the work they do and the help they have given me and I would ask for their support again when needed.

Thank you to the team at FAS.

Due to bereavement I became very lost and with the information given to me and help, my confidence came back.

I had a lot of encouragement which I also feel is an important part of the service.

Excellent service, very good advice and support.

Good Service.

More than helpful to me as I had a few difficult times in getting my views across to social workers and care managers.

The support of my advocate helped me be more confident and able to sort problems out for myself when able to do so.

The support was very much appreciated, thank you.

Great advocate – thank you.

Do you have ideas on how we can improve our service?

No, I think the service is wonderful.

Explore ways to make more people know of the service

The service I received was very good, don't think I could have had any better, many thanks.



Here are case studies for carers



D cared for her husband who suffered with the challenging Lewy body dementia. Unable to care for her husband at home any longer he was placed into a care home. Due to lack of confidence D struggles to speak up for her husband and the care he receives in the home and as a result this impacts on her own mental health condition. On speaking with D it was evident that when she raises concerns with the home, they appeared to be ignored.

The advocate was able to provide independent advocacy to D in order to help her explore the options available to her in raising her concerns. One option was to consider requesting a POVA investigation against the home. D told me that after the Christmas break she found her husband unwashed; smelling of urine and his dressings on his legs had not been changed for over two weeks. When she spoke to the staff she was told it was down to staff shortages. She was further concerned that she had witnessed both her husband and other residents, spill hot liquid down them trying to balance their drinks as there were no tables available.

Flintshire County Council took immediate action conducting visits to the home and calling an emergency meeting where D felt confident, with the advocate's support, to raise her concerns. D said it was the first time she felt the home had taken her seriously and was pleased that as a result of her complaint, care practices were changed to address her concerns.

D has said that without advocacy support she doesn't know what she would have done, and probably would have had a breakdown. D said that it was lack of confidence and knowledge of what to do that prevented her in addressing this sooner and she's thankful for our continued support.



F is a carer who cares for husband who suffers with vascular dementia. In addition to this F suffers with her own physical and mental health issues. F was struggling to sort a matter out with an energy provider whereby her energy supplied was transferred without her consent (called an Erroneous Transfer). Despite several attempts (stretching over 6 months) to resolve the matter herself, F found the stress too much and requested advocacy support.

The advocate helped F raise a formal complaint against the new energy supplier and threaten involvement of Energy Ombudsman should the matter not be resolved in a reasonable period. As a result, within two weeks F's energy was returned to the original supplier and £100 compensation awarded for her inconvenience.

Q is a carer for his wife who suffers physical disabilities. Q got quite a shock when reviewing his high phone bills he learnt that the directory assistance number he'd been using was being charged at £2.38 per minute despite BT telling him some years ago it was the cheapest option available. Q discovered he'd been billed several hundred pounds for his directory assistance calls over the last three years, one call costing a staggering £68 alone.

Looking at options as to what to do, the advocate learnt that this provider had been taken to court in 2011 and as a result certain customers could claim back their calls, particular if elderly or vulnerable. The advocate was able to support the client through the claim process and as a result he was reimbursed with over £300 in fees. In addition to this the advocate was able to research and supply Q with a comparison of directory assistance providers to consider using in the future (some free).

K is a carer for his wife and over 12 months ago had a wet room installed via the Local Authority in their privately rented accommodation. Although initially signed off by the client, after 12 months it became apparent that the screen was not adequate and mould was a huge problem. Despite several attempts to resolve this issue themselves, the couple were told by the Local Authority that because they'd signed off the work 12 months earlier there was nothing that could be done.

The advocate helped K write a formal letter of complaint to the Local Authority who had paid for the work but contracted the works out. This sparked a visit from the occupational therapist to come and evaluate the situation and look at options.

As a result, the contractors were called back in to correct replace the extractor fan which was causing the mould and a new larger shower panel was ordered and installed. Also there was a faulty pump which was draining the water away and resulting in issues with the screen. The pump was fixed and a new wider screen installed in line with health and safety requirements.

Unfortunately K still felt unhappy with the shower screen installed and the advocate supported her with a second complaint to the Local authority which resulted in a second OT opinion. As a result the local authority would not consider the full screen requested and clearly communicated the health and safety reasons for their decision.

Only option available to K was to purchase a full screen herself and the advocate provided her with possible grants to allow her to buy and install the screen they wanted but also highlighted the health and safety concerns outlined by the OT should they decide to progress this route.

Z is carer for his partner and has recently been required to move in to care for her as she is currently unable to care for herself.

The move into her one bedroom council bungalow has had significant impact on the couple and caused much stress and anxiety. The advocate assisted Z in getting full benefits advice for the couple and assisted in applying for relevant benefits.

The advocate helped clients complete relevant housing applications to apply for a transfer as they felt that the one bedroom bungalow no longer met their needs and they needed bigger property so that Z's partner could have own bedroom as she was unable to sleep sharing a bedroom with her partner due to her conditions.

The advocate referred Z's partner to the local authority for an urgent OT assessment as it was apparent the couple were struggling due to care requirement. As a result equipment was supplied by the local authority which has relieved Z in his role considerably. A referral to NEWCIS was made for carer's assessment.

Z also suffers with his own mental health so I put him in contact with the Flintshire Advocacy Safe training co-ordinator who met with him and encouraged to him to attend some supportive training sessions.

The feedback from Z and his partner has been extremely positive saying they don't know what they would have done without not only the advocacy but the other advice services they have been referred into.

M is a full time carer for his adult daughter with poor mental health. In addition to this M has considerable health conditions himself and is partially deaf. M moved into new privately rented property which was fuelled by LPG gas and electric and contacted me soon after moving in as he as was struggling with high electric bills. As a result the family were not using any heating during a very cold winter and resorted to bathing just once a week in fear they were unable to afford to pay the bills.

The advocate referred M to a local free energy advice service who came to visit and see if they could offer help. It was established that there was an error with the new meter installed in property earlier in the year. After nine hours on the phone with the energy supplier to correct this, M was concerned that still his bills were too high for his usage and asked me help him look at full range of options. On contacting his energy supplier it became apparent that usage was high for the family and they could see that it remained particularly high at night when it was expected normal consumption would go down.

The advocate requested the energy expert come and test all appliances to see what was using so much energy. Despite testing all the appliances, the expert remained unable to locate what appliance was generating such costs and there appeared to be no solution. However during one meeting with the energy expert and myself, M mentioned a built in fridge which came with the property – not visible to us and one he'd not thought to mention. It was soon confirmed that this appliance was the issue and expert estimated the fridge was costing approximately £8 per day (£240 per month) to run. M immediately turned the fridge off and as a result his electricity has reduced dramatically. M's energy bill dropped from £300 a month to £50 a month.

M says that he cannot thank the advocacy enough for the support during this period as he had found it extremely stressful and something he'd never have worked out on his own.

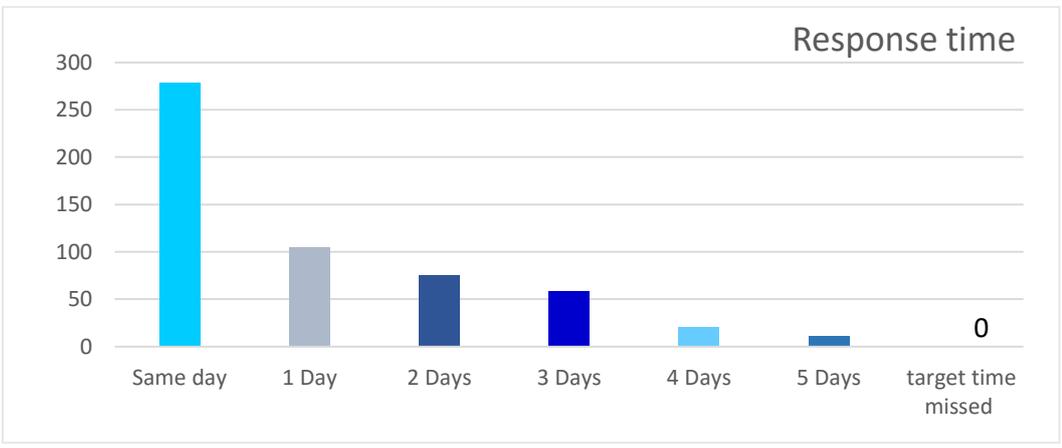
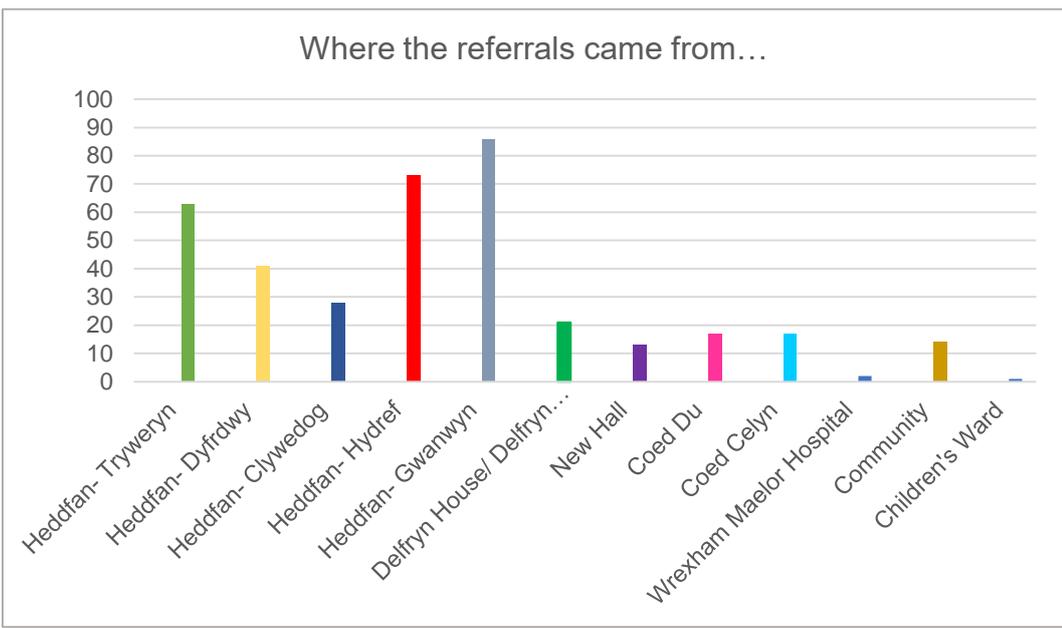
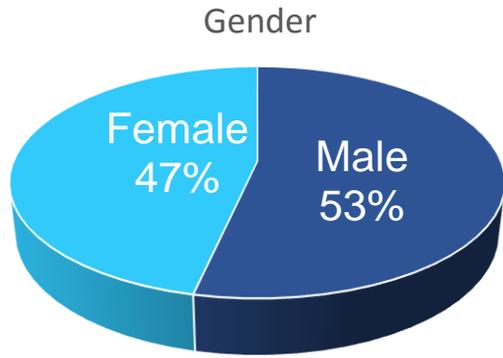
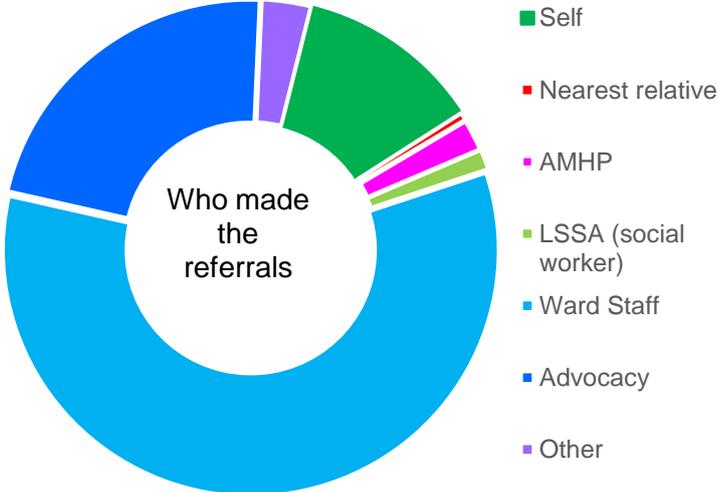
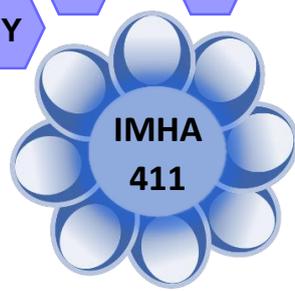


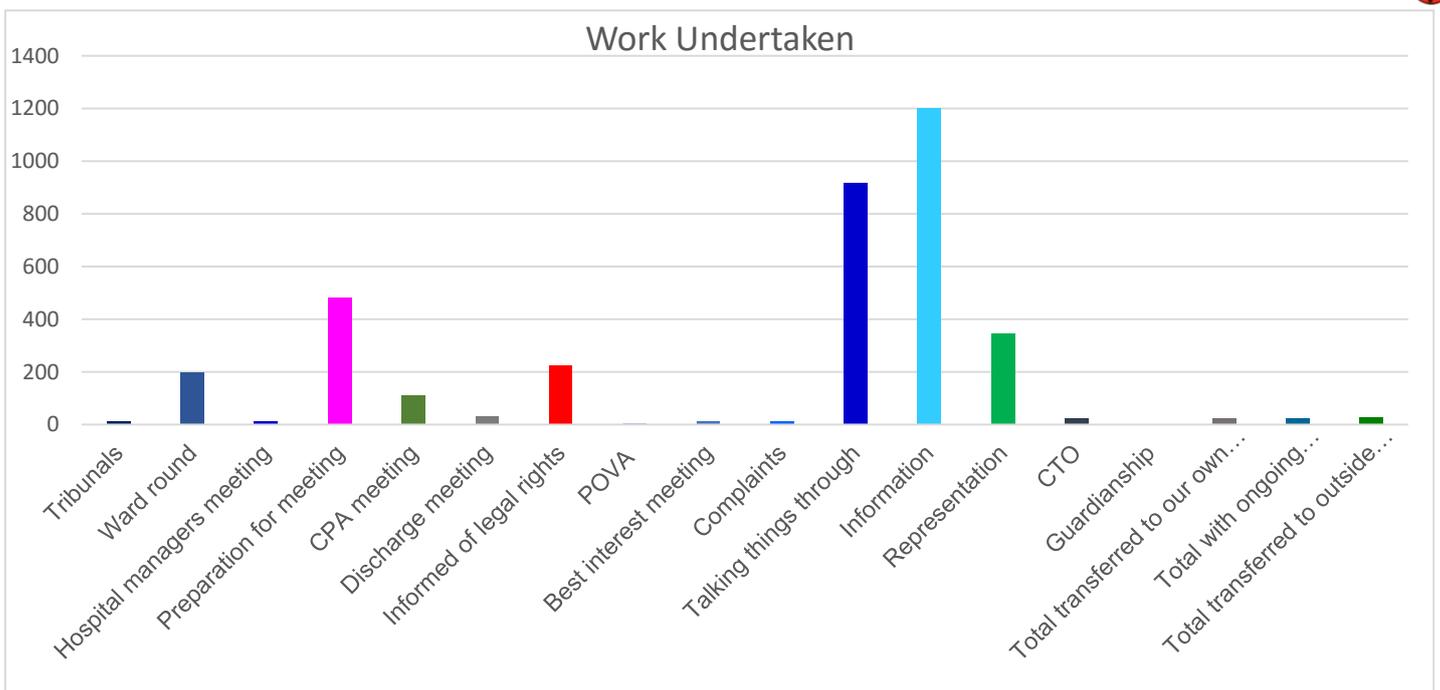
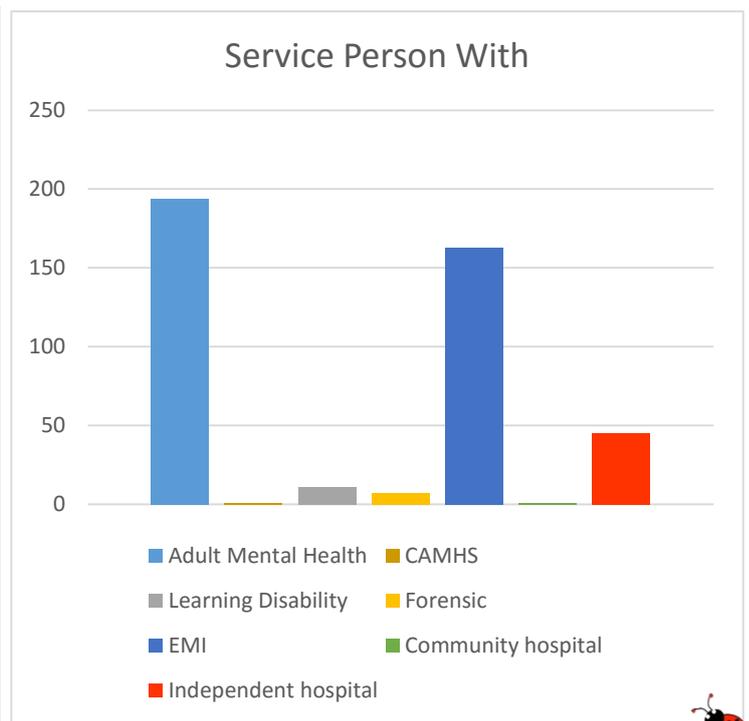
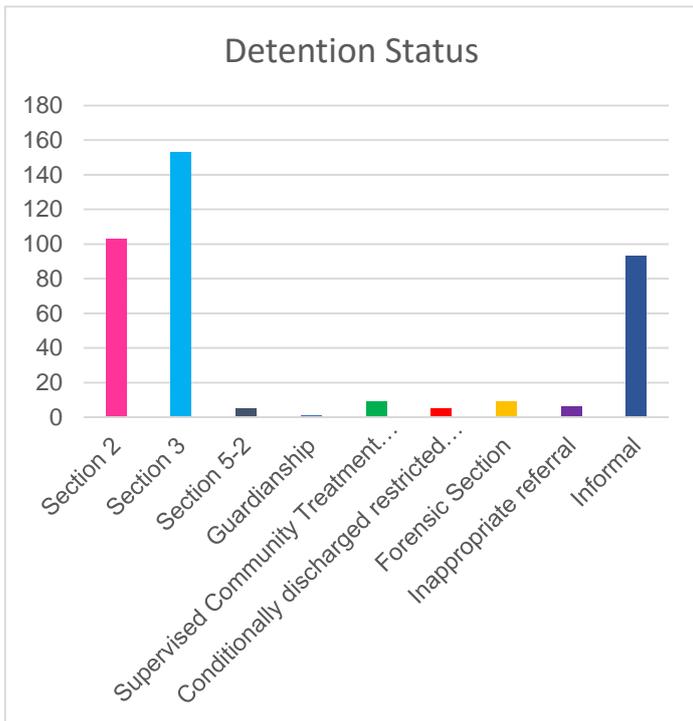
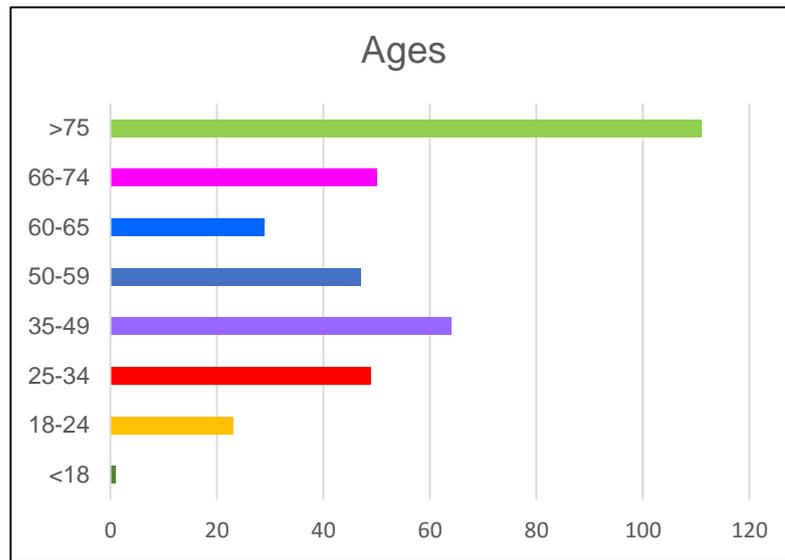
Mental Health Fact:

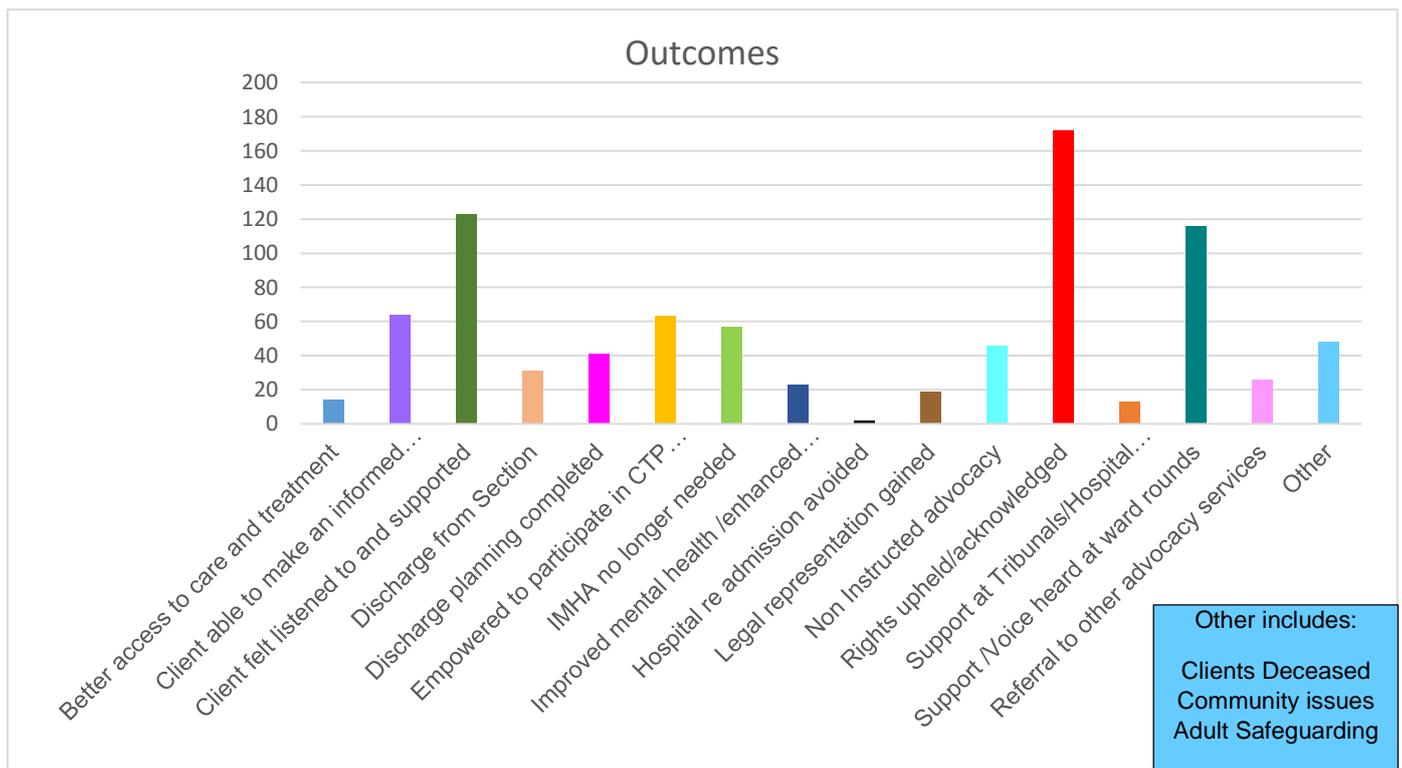
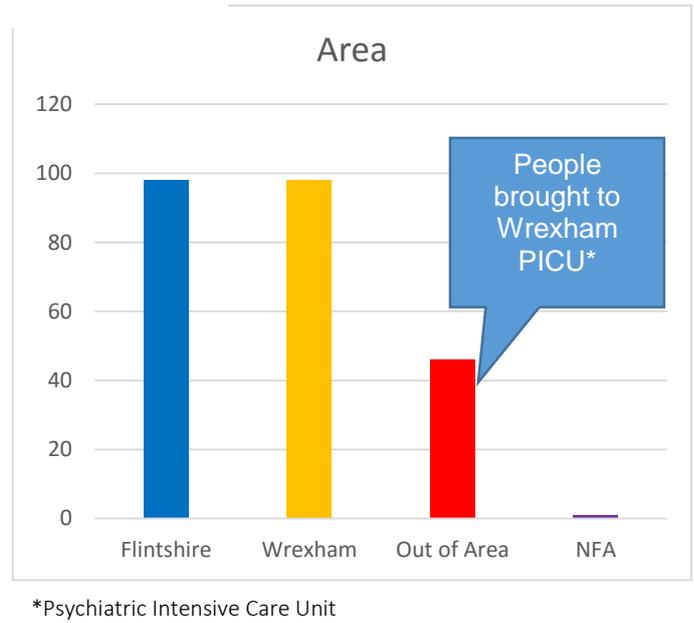
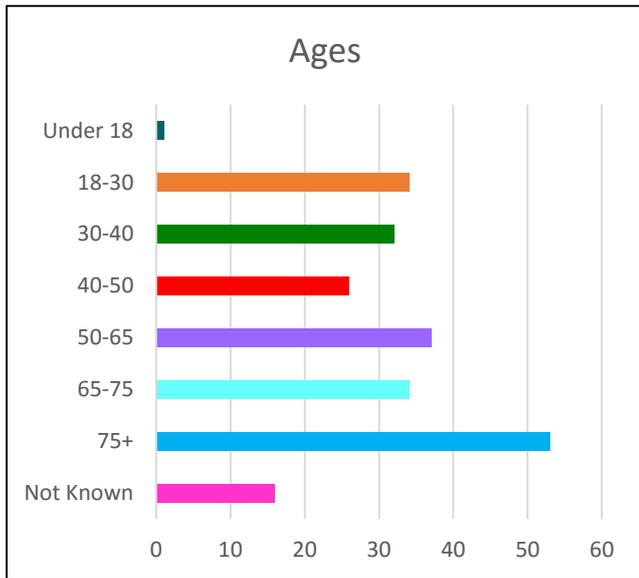
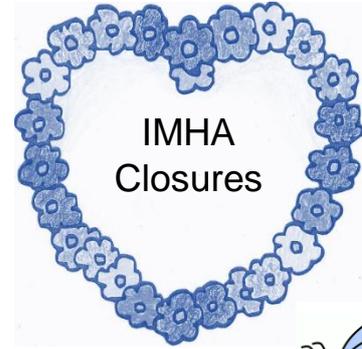
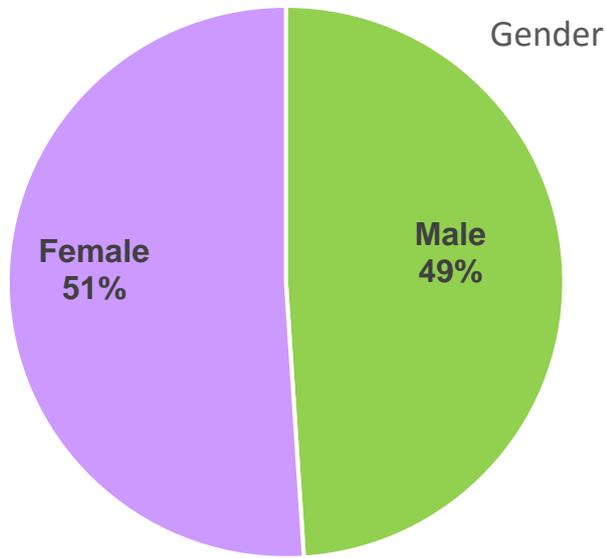
Depression affects
1 in 5 older people
living in the community
and
2 in 5 living in care homes.

Mental Health Foundation

INTERNATIONAL HEALTH AND ADVOCACY

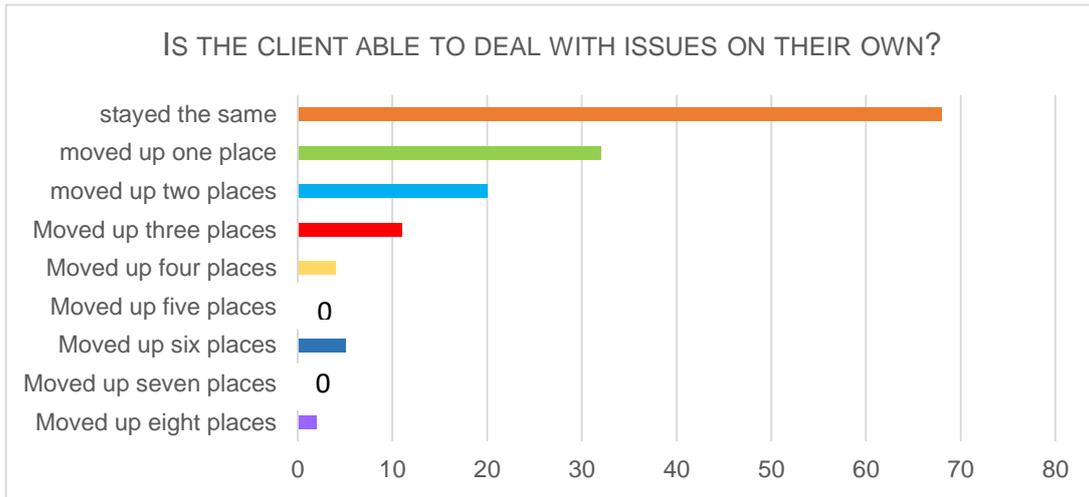
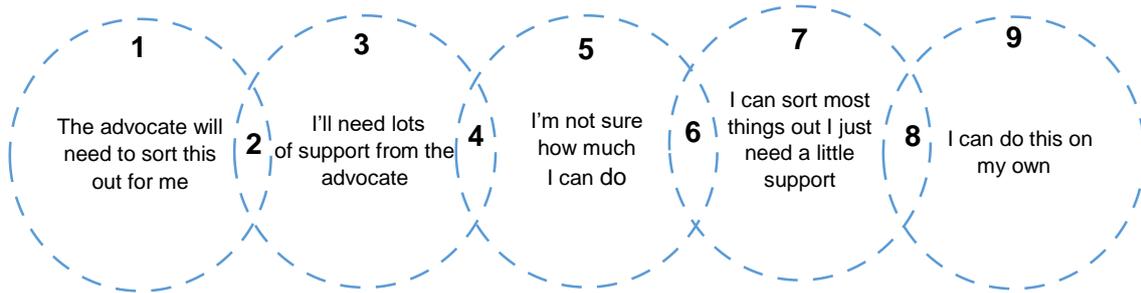




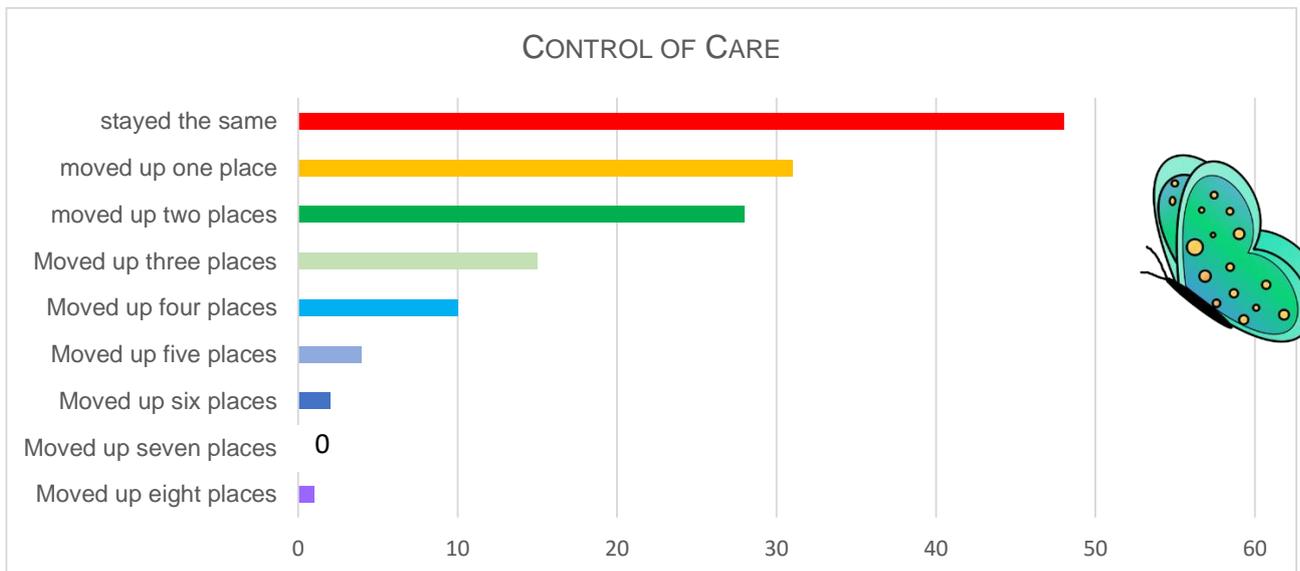
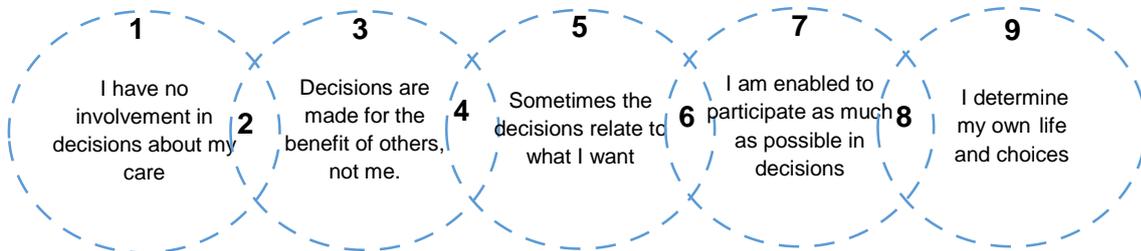


The scale is marked at the most appropriate place at the beginning of the IMHA relationship and again at the end, this shows the client movement through the IMHA journey.

Is the client able to deal with issues on their own?



Control of care scales



IMHA Evaluation Feedback

<p>1. Do you feel that the IMHA treated you with respect?</p> <p>Always 99% Sometimes 1% Never 0%</p>	<p>2. Did the IMHA help you to understand your rights?</p> <p>YES 99 % NO 1%</p>	<p>3. Did the IMHA help you to explore your opinions & choices?</p> <p>YES 100% NO 0%</p>
<p>4. Did the IMHA ensure your wishes and views were heard?</p> <p>Always 97% Sometime 3% Never 0%</p>	<p>5. Did the IMHA help you to access legal representation?</p> <p>YES 59% NO 1% Didn't need to 40%</p>	<p>6. Did the IMHA support you at meetings and ward rounds?</p> <p>YES 100% NO 0% Didn't want them to. 0%</p>
<p>7. Did the IMHA keep you informed of what was happening?</p> <p>Always 80% Sometimes 20% Never 0%</p>	<p>8. Did the IMHA support you to access records?</p> <p>YES 48% NO 1% Didn't ask them to. 50% No Response 1%</p>	<p>9. Did the IMHA support you to be involved in your care plan?</p> <p>YES 50% NO 30% Not Applicable 20%</p>
<p>10. Has having an IMHA helped you?</p> <p>YES 99% NO 1%</p>	<p>Are you satisfied with the IMHA service you have received?</p> <p>Very 69% Satisfied 30% Not Satisfied 1%</p>	

Comments:

My advocate most helpful and a pleasure to talk to.
My advocate is the best, she helps me a lot, she comes out when I need to see her, good at her job.
Always found my advocate very helpful, I also had another advocate when mine was away and he was very helpful.
Thank You.
Amazing, I would not be where I am now if it was not for the help and support I have received.
My advocate is good at her job, she is the best one I have had up to now. Thank you.
Sometimes I got confused, things could have been explained clearer – 8 staff said no (to records request)
Excellent charity based organisation.
She was very nice, was always helpful, but I just didn't see the point in her job really.
Don't feel it was really necessary, in the end I needed them, did give me confidence to voice my opinion.
Had a problem with other hospital problems, IMHA should have more access to hospital management procedures (i.e. boredom) due to non-access to outside activities.



Q1: Have you had any contact with IMHA?	
Yes 100%	No 0%

Q2: How did you find the referral process to IMHA?			
Very simple and straight forward		Easy and efficient	
Easy – they are easily contacted and respond promptly. Advocate is very helpful and always replies quickly even if it's just advice that's needed.			
No issues I followed the guidelines and asked!		Clear and simple	Very easy
Simple and efficient. Very straight forward and quick responses.	Very simple – a phone call to the service.		Effortless
			Easy and effective
Easy, however a referral form we could fax or on online referral would make it even easier as it could be done over the weekend.		Don't refer, the wards do, don't often know who's referred.	
Fine	Clear and easy.	Very easy to access and refer.	Personally haven't – directed others.

Q3: How easy did you find it to contact us?			
Not applicable	Simple no obstructions.	Easy to access.	By email if required
Easy X 2	Very easy X 4	There is never any problem with contacting the advocacy service.	
Someone usually answers the phone or we can leave a message so no problems to mention – very easy!			
No issues	Very!!! Always easily accessible.	Very – quick responses via email.	
Contact details easy to find. Usually call first but if no answer, an email is sent which is usually responded to within 48hrs max.			

Q4: Did the IMHA Service respond appropriately?			
Yes x 9	Yes- straight forward	I have little contact with IMHA	Indeed
Yes, usually always call back, ring for updates on patients and speak to the staff on the ward.			
Once contacted details were taken and a day and time as to when they would visit was given.			
Yes – They will always phone if they are unsure of the patient is mentioned not breaking confidentiality.			
Yes – always quick response and available to help.			

Q5: How could this process have been improved?			
N/A x 5	I think at present the process is easy and efficient.		I have no issues here.
Perhaps implement a form for services to use to send as a referral.		Fax referral form	
The system works well for ourselves.		1 advocate appointed per patient for continuity and care.	
Email referral form	Don't know as it is very good.	No suggestion x 2	No comments

Q6: Please describe what difference contacting the IMHA Service has made to you/your client/your organisation, if any?

Greatly helped with relevant patients in supporting their understanding of difficult processes e.g., detention. 

Very informative and supportive.

Recognises power differences in adult psychiatry

IMHA service have facilitated in patients care and treatment plan significantly by supporting patients to communicate their needs and advocating and explaining their rights. They act as a link between patients and professionals.

Confident in the role of IMHA to support my patient group.

Provided reassurance of an independent ear and expertise.

IMHA service has been beneficial for most people especially those on a section going through tribunal at a very difficult time. It has been good that an independent person has explained what is going on and listened to the person.

Helped in a number of cases when family were trying to go against the wishes of the patients who had capacity, or for patients without any relatives.

Has had a huge impact on the way information is given to all for the better.

It is a major improvement for patients who can be respected appropriately

Clients better able to express and get involved in treatment planning and delivery.

Assistance with all different service users with all different reasons, flexible and adaptable to help.

Ensuring the rights of individuals within our service subject to legal framework are upheld.

The team are very helpful, approachable and they go out of their way to help myself and the clients with a number of different things.

Better communication with the patient. Patients views being clearly articulated.

Q7: Please suggest how we could improve the service or do something differently?

An increase in IMHA's within the service would be beneficial due to the large workloads/areas covered, although cover arrangements and availability is not an issue at present.

N/A x 2

I don't think you can. It's very good.

To continue and keep up the good work.

We have 2 advocacy services active within New Hall. I am aware of the significant differences and roles. Just seems excessive!

I think for some of our patients they need the same advocate to see them regularly. It would help some of our more confused patients, especially in ward rounds / CTP to see a familiar face.

I used to receive emails re which clients have an IMHA, now I don't, therefore I feel I am in the dark as to who has an IMHA

Q8: Please use this space for any comments, compliments or criticisms about the service?

Excellent Service x 2	Very much appreciate service, it's great.	Useful, empathetic and responsive service.	Keep doing what you're doing it's excellent.
-----------------------	---	--	--

I have found IMHA service to be approachable, up to date with current legislation regarding MHA and MCA. Patients and staff members from MDT find them helpful and give positive feedback.

Would be useful to know who has an IMHA of patients who are on sections.	Professional service given with the resident at the heart of the work done. Thank you.
--	--

All staff are very kind, pleasant and appropriate to our client group. Very knowledgeable of MHA.

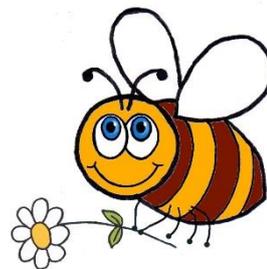
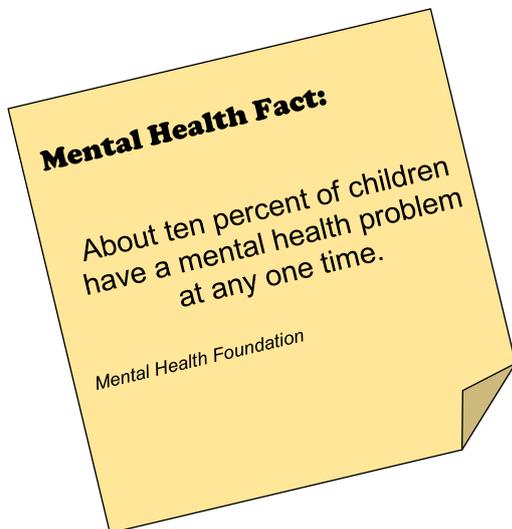
IMHA when involved with patients visit regularly and attend ward rounds and care planning meetings. We get on well with the team and welcome their involvement. We see it as a positive that there is this important service.

Compliments to all the team, never had a problem with them, always professional, friendly and approachable. Good feedback from service users.

Speaking for, rather than about a person MH is the corner stone of a formal advocate. I believe the service does this well.

It is really good how a member of the team attends community meeting weekly to raise awareness and show availability and reliability.

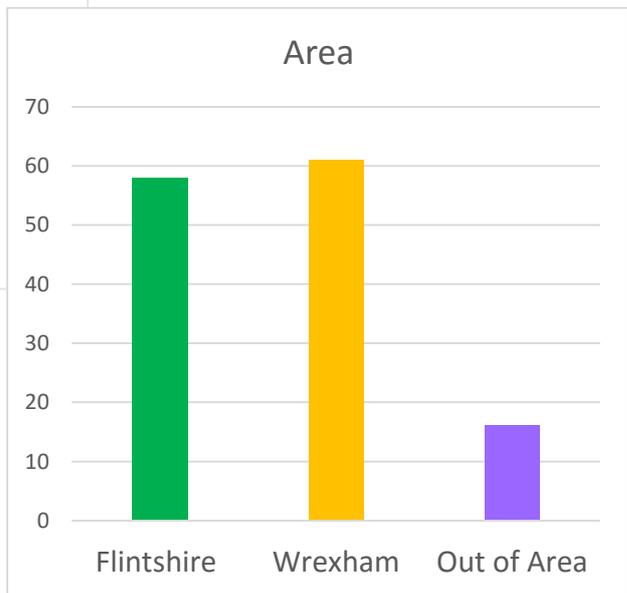
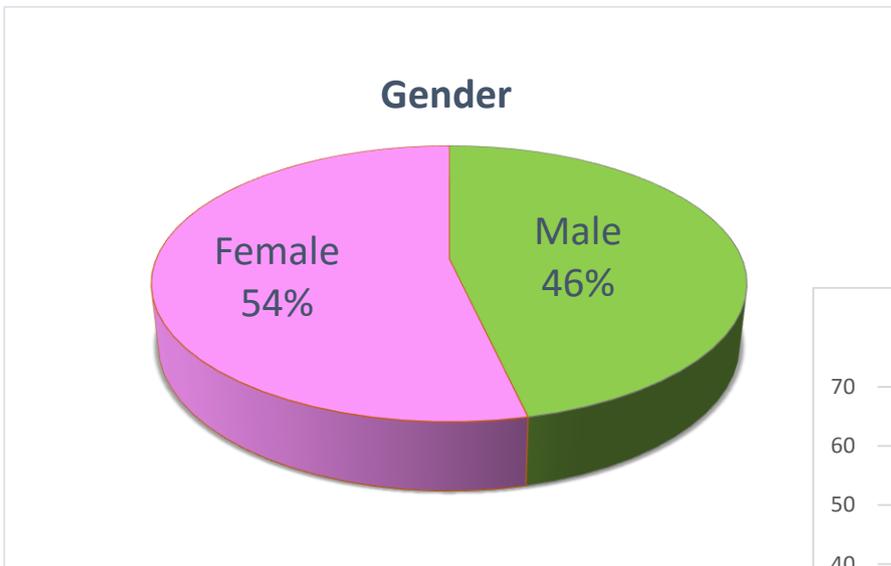
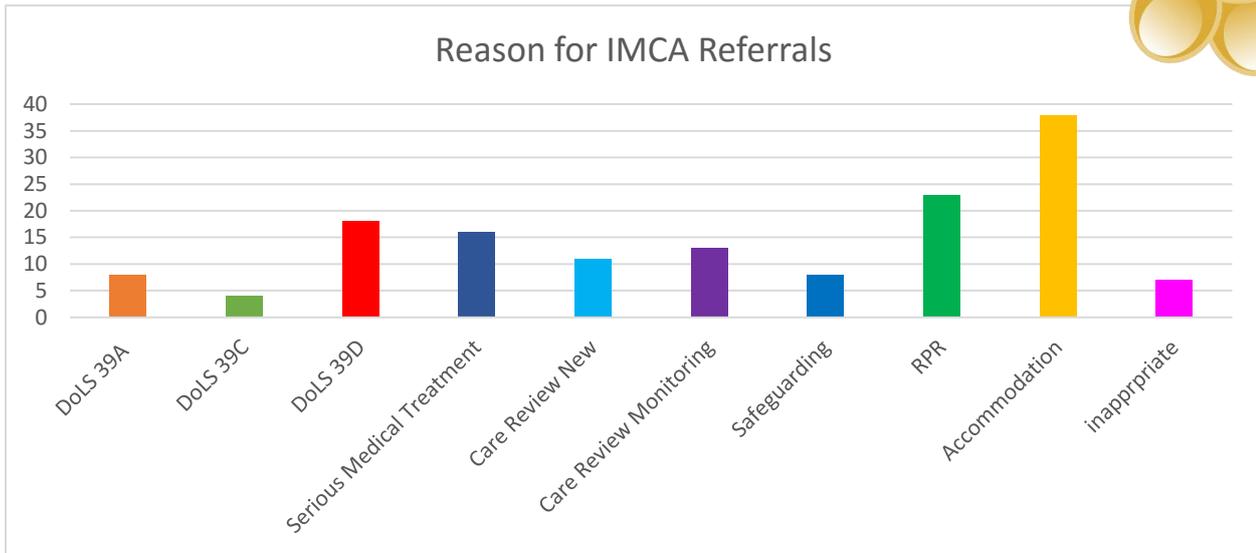
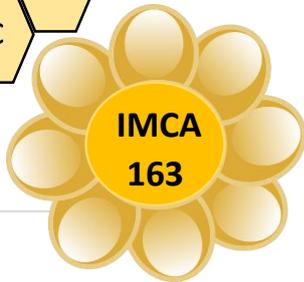
Always found the team very professional.



INDEPENDENT MENTAL CAPACITY ACT



Began in June 2014 – March 2015



Due to the nature of the IMCA role we request that the Decision Makers complete a short questionnaire.

Did the IMCA respond in a timely way to instruction?

Yes 99% No 1%

Any Comments:

- I had to change the time and this was accommodated.
- Promptly
- Didn't meet the client prior to meeting.
- The IMCA took the timescale and need for swift response very kindly into consideration.

Was the IMCA report provided at an appropriate time and of a good standard?

Yes 99%
No 0%
No Response 1%

Any Comments:

- Report not needed.
- The report was processed within a good time limit and was of a high standard.
- The report was of a very good standard and circulated to me in very good time.
- Very clear and concise, and it was very helpful.
- High standard and timely. Holistic recording of the individual detailed information gathering evidenced.
- Covers the exact points required.
- No report given
- Passed to me on the day of BI meeting.

Did the IMCA identify the service user's wishes, feelings, beliefs and values?

Yes 100%
No 0%

Any Comments:

- And documented
- Very much so.
- It was a very thorough person centred report.

If the outcome went against the service user's expressed wishes did the IMCA represent their views?

Yes 88%
No 1%
N/A 7%
No response 4%

Any Comments:

- Appropriate representation practiced.
- Least restrictive outcome.
- IMCA has always supported the client and ensured their views were expressed.
- All in agreement.

6. Did the IMCA's involvement have a positive outcome for the service user in your view?

Yes 99%
No 1%

Any Comments:

- Understood needs and capacity of the client.
- All aspects of care were discussed.
- Unfortunately client died before final decision.
- Definitely
- Definitely

Overall satisfaction rating of the IMCA service: Low High

Please circle 1. 2. 3. 4. 5.

30% 70%

Any other comments.....

I found the IMCA to be very knowledgeable, professional and friendly in their approach. I felt satisfied that she met her service users' needs appropriately and in a timely fashion.

The IMCA went out of her way to visit the client, not only in their own environment but also in the day care setting. The IMCA demonstrated very good practice.

The advocate worked in collaboration with the social worker to provide appropriate representation taking into account the person's needs, welfare and well-being.

I have previously worked with IMCA's several years ago – the input on this occasion was far superior. It was a productive involvement with the IMCA

IMCA was very knowledgeable, partnership working was good, there was good communication.

The IMCA has been very understanding and highly informative and supportive of the current situation. Very much appreciated.

Thanks.

The IMCA worked very hard to ensure that the clients wishes are considered within the decision making process.

Thank you for your support

I found the process slightly confusing but this is probably due to being my first experience of the service.

There were 4 questionnaires returned from the people who were supported in their role as Relevant Persons Representative (39D)

★ All were 100% positive

Comments

The advocate has been a great help. It was very comforting to me that I had her services. She made everything crystal clear and is very understanding.

I would like to thank the advocate for her help and encouragement. She managed to fill me with that extra confidence at such a difficult time. Thank you.



Mental Health Fact:

Mixed anxiety and depression is the most common mental disorder in Britain

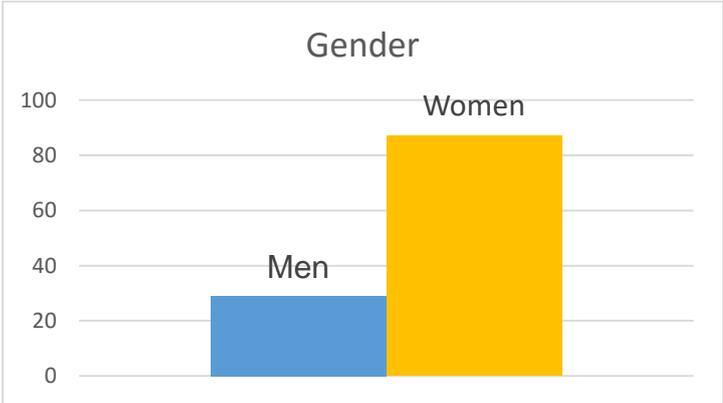
Mental Health Foundation



Self-Advocacy For Empowerment



A review session is held following every SAFE programme where the people who have attended the courses have the opportunity to help shape future programmes.



These groups are held in various accessible venues throughout Flintshire.

- Mold
- Holywell
- Queensferry
- Deeside





Some of the comments from the people who attended the courses.

"I felt much better for standing up for myself. Before I would have felt so bad I would have taken extra tablets and gone to bed to sleep. I was assertive and it made me feel good and more in control. I've never thought about standing up for myself before SAFE I can see now that small steps become big ones and this might not sound much but it was a massive step for me!"

"SAFE has helped me to see that I can look at all this (my problems) as part of my illness and not just me..... I can get better and recover if I look after myself and manage my worries better."

"SAFE is a place we come where we can talk and not feel judged. For me it's the stigma of mental health that gets to you. I've felt such a failure and I couldn't cope with the fact I'd let everyone down. Meeting other people who understand makes you feel better. You come here and you're normal again. You're not on your own. That's so important".

"SAFE groups have a structure to the sessions which helps keep us on track.....but it's not rigid. We get support, we talk and learn things. We get strategies on what we can do different. I might not always be able to do it, but I now know I have choices. I've not had anything like this before."

"I love the subjects. I'm really interested in how we tackle them. It's like your problems take a back seat because you're thinking about how to manage them, not just that you have them.....I realise I'm more than just a load of problems!"

"SAFE sessions are always positive. We don't just sit around and moan like some places I've been to. We might say what we struggle with but then we look at different ways of dealing with it. You always leave feeling more positive."

"SAFE lifts your mood, so you don't want to go on about your problems. Positive times like this give you hope. It helps us to understand human nature and that helps me to understand me"

"It's not text book, it's not therapy, its real life!!!"

"We don't keep digging a deep hole of despair in SAFE. We throw each other 'life-lines'."

"It's not just called safe, it makes you feel safe!"

"What's good is this is about me, even though I'm a carer I have my own difficulties. When you're taught and learn something you can use it in other situations".

"When we keep things positive it gives you hope that you can make changes."

"I can't believe that I feel so comfortable here, two or three months ago I felt so lonely, now I catch myself laughing...and learning. When you find something you trust you want to do more".

"SAFE has helped me to handle things and keep calm. I don't just rush in with things now I stand back and think. I ask for time or say if I'm not happy".

"SAFE has helped my confidence. I wouldn't be going back to work if I'd not done these courses....especially sessions on assertiveness and self-advocacy. I don't have to just put up with crap. I can ask for help now. The occupational health department has been really supportive because I've been able to tell them what I struggle with rather than just struggling through and keeping things to myself.

"I go prepared for doctor's appointments now. Before I would have gone in without a list and get flustered. I can go with my advocate or I can go on my own. My doctor seems to listen to me more now".

"I was isolated and not getting out. I don't feel like I've got a mask on anymore after coming here. I can go to the shops now. I wanted to be invisible before".

"When you're feeling more positive about your options, you can look in to other interests. I've started a computer course at the college"

“Mental illness makes you stagnant. These courses help us move forwards and have hope for the future. I’ve been in touch with the U3A to do a course. I’m really excited about it”.

“This is all your fault you know!....I’m now doing more private work...What I mean is I’m now more confident to take on more work”.

“I feel I’m moving in the right direction for the first time in years and that’ll do me..... What’s round the corner feels positive. I realise that I have something to offer and that I can cope with some of the stresses that life throws at me. I know that I’m going to have my bad days but I think I’ll cope with them better because I have more useful skills”.

The groups and workshops have empowered me to achieve a better life for me as I develop every day, I’ve even started driving lessons after so many years of not being well enough to. I can now express myself better and have gained confidence, I am so grateful to be able to have the chance to have done the SAFE workshops and groups.

It helps you grow, expand your life like you would never before. It gives you determination to fulfil your goals and set goals and also take control in different aspects of my life. It’s like a lightbulb has lit up in my head. I can see the light at the end of the tunnel.

The work groups have achieved more for my journey of achieving a more fulfilling and happy life living with the dreaded illness than any other help group or workshop I have attended.

Mental Health Fact:

Only **1** in 10 prisoners has no mental disorder.

Mental Health Foundation



Workforce Development Undertaken April 2014 – March 2015

Case study writing – In House

Certificate in Independent Advocacy – Coleg Cambria

CHC Training - BCUHB

CTP training - Service User Involvement, Unllais

Do Not Attempt Resuscitation training - Nightingale House

DOLS Training - GHP Legal

First Aid training - Groundworks

Hearing Voices – Ron Coleman, Recovery Network.

Home from Hospital – Red Cross

Huntingdon Disease - HDA

IMCA Peer Supervision – In-House

IMCA qualification - Coleg Cambria

IMCA reporting writing and using case law- Empowerment Matters

Introduction to Advocacy 4 day course – In House

Introduction to IMCA – Coleg Cambria & In-House

Introduction to motivational interviewing - CAIS

Introduction to Drug and Alcohol level 3- CAIS

Lone Working & Risk Assessments – In- House

MCA, DOLS Training - Julie Burton Law

Non-instructed Advocacy – In-House

Non-Instructed advocacy, or is it? – In House

Partnership Training:

- DoLS (Cheshire West) – Peter Edwards Law
- POVA – Chris Phillips
- Guardianship – Chris Pearson

Partnership Training Days:

- Litigation Friend – Julie Burton
- Section renewals – Julie burton
- Adult safeguarding – Chris Pearson
- IMHA engagement protocol - Unllais
- IMHA introduction training – CADMHAS
- Case Studies - FAS
- Forensic Sections - Mark Jones & Tracy Martland
- Conditionally discharges - Mark Jones & Tracy Martland

Safeguarding Adults and Children Awareness - FCC

Sanctions Training – DWP & FCC

Strictly Budgets - Pennysmart

Understanding Direct Payments – FCC & Pendrels

Learning Disability Communication training – Learning Disability Wales specialist trainers.

National Advocacy Conference

National Network for Older People's Advocacy in Wales: meets every three months dealing with Older Peoples advocacy & IMCA

Action

Dedicated

Voice

Open

Capable

Accessible

Clear

YOU!



Registered Offices

1 The Podium, Ambrose Lloyd Centre, New Street, Mold, Flintshire. CH7 1NP

☎ 01352 759332 Fax: 01352 219269 E-Mail advocacy@asnew.org.uk Website: ASNEW.org.uk

Company Limited by Guarantee No: 4707548 Registered Charity No: 1110143 Registered England/Wales 2003