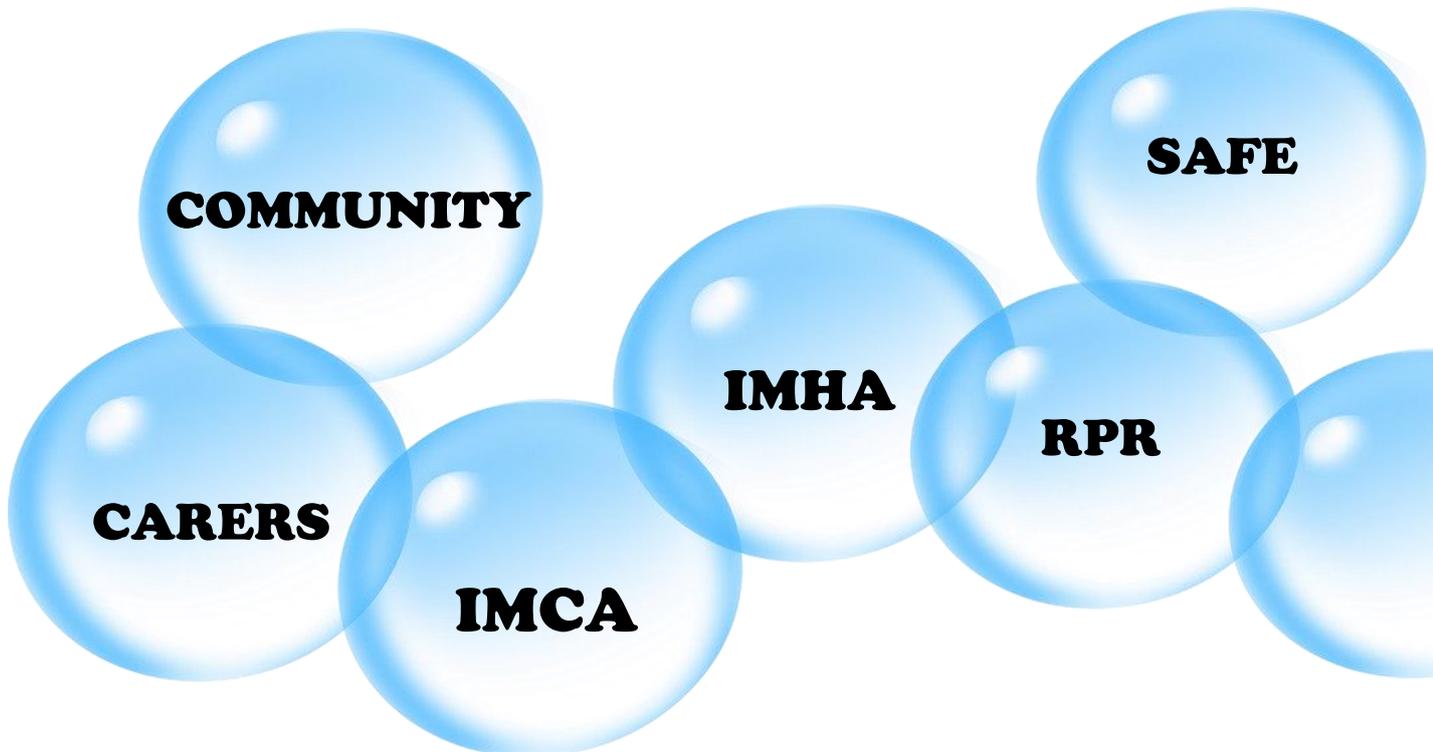


# Advocacy Services North East Wales

Annual Report

2016/17



Registered Charity Number 1110143 Company Limited by Guarantee Number 4707548

Registered in England/Wales 2003



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# Advocacy Services North East Wales

Annual Report for the year ended 31<sup>st</sup> March 2017

## *Reference and Administrative Information*

Charity Name: Advocacy Services North East Wales Ltd

Charity registration number: 1110143

Company registration number: 4707548

Registered Office and operational address:

42 High Street, Mold, Flintshire CH7 1BH

Trustee Committee: Mark McIntosh –Chair

Meryl Hayes

Julie Lambert

Mike Webster

Charlotte Atkins

Company Secretary: Sue Woods

Advisor to the Board: Martin Coyle

### ASNEW Staff:

Chris Vick - Advocate	Nicola Parry – IMHA Lead
Daniel Robinson - Advocate	Richard Strefford - Advocate
David Pownall – Community Lead	Rowan Rosenthal - Advocate
Helen Waterton – Advocate	Simone Edwards – IMCA Lead & Carers Lead
Jennifer Challinor- Advocate	Sue Woods -Service Director
Jude Elliot – SAFE Facilitator	Suzanne Hughes - Advocate
Lorraine Morris – Advocacy Manager	Topher Boden – Support Services Administrator
Lynn Roberts- Support Services Manager	

**BANK ACCOUNT is held with:** Lloyds Bank

**ACCOUNTANTS:** Gardners Limited. Brynford House, Brynford Street, Holywell.

**EMPLOYMENT LAW SOLICITORS:** Richard Hall & Partners.

## Changing lives for the better

Advocacy Services North East Wales  
supporting people to make positive changes in their lives.

### **Aims of the organisation**

This service working to our charter and within the infrastructure of ASNEW

- Provide an independent, confidential, free advocacy service to the people of North East Wales.
- Enable people to access services and ensure that people are referred appropriately to the relevant agencies.
- Through the advocacy process aim to achieve greater involvement of our clients in decisions that affect their lives
- Through advocacy and the SAFE project, enable people to build on their own skills, increase confidence, and encourage people to become empowered to self-advocate, have their views heard and exercise their own rights in the future.
- Enable people to exercise their rights under the Mental Health Act and other relevant legislation.
- Raise awareness amongst service professionals and service providers of the benefits of advocacy and the difficulties faced by people in accessing services.
- Aim to fully involve people with mental health difficulties in the running of the organisation and delivery of the service. Supporting service users to develop their skills to self-advocate and/or become volunteers /paid staff within the organisation.
- Aim to challenge discrimination and reduce the stigma faced by our clients.

ASNEW Annual General Meeting held on 28<sup>th</sup> September 2016

Held at

Mold Methodist Church, Wrexham Street, MOLD.

**Previous Minutes:**

**Present:**

Doreen Lee – Chair	Sue Woods	Charlotte Atkins	David Pownall
Jennifer Challinor	Daniel Robinson	Helen Waterton	Jude Elliot
Joy Gregory	Sarah Bowen	Diane Duckers	Alan Farrah
Lesley Parry	Paula Murphy	Chris Vick	Linda Davies
Mark McIntosh	Julie Lambert	Joan Doyle	Ruth Robinson
Maria Bliss	Richard Strefford	Claire Sullivan	Simone Edwards
Topher Boden	Lynn Roberts	Lorraine Morris	Martyn Coyle
Tracey McClintock	Nicola Parry	Catrin Williams –Gardners Accountants	

**Apologies:**

Suzanne Hughes	Katy Holt	Rowan Rosenthal	Kathy Taylor
Michelle Lester	Jo Taylor	Lin Hawtin	Pat Dalzell-Cain
Joanne Higham	Rhian Evans	Nerys Winney	Peter Metcalf
Chris Hoar			

Lorraine Morris proposed that the minutes from the AGM 2015 were correct and David Pownall seconded the proposal. Minutes agreed as a true record and signed by the Chair.

Everyone was welcomed to the meeting by Doreen Lee – Chair.

**Annual Report:**

The prepared annual report was presented.

Financial report – The Accounts have been fully approved by the Board. Catrin Williams from Gardners Accountants gave a brief overview of the annual accounts. There is approximately four months running costs in the reserves, this is in line with ASNEW's reserves policy.

A full statement of Flintshire Advocacy Services accounts is available on the Charities Commission website. All funders and Trustees are given a full statement of accounts.

## **Chairs Report**

The Chair read her report and relayed a conversation she had heard on the bus.

*Person A was on the bus and started a conversation with person B – “I’ve had an advocate to help me from ASNEW in Mold – it’s like being guided to the light switch”*

The Chair thanked all the staff for their hard work and relayed how proud she was to be a part of ASNEW.

## **Annual Report**

Sue Woods the Service Director then read her Annual Achievements and Performance Report and presented the information and statistics in the annual report.

## **Confirmation of Trustees**

Doreen Lee – Chair

Meryl Hayes

Mark McIntosh

Julie Lambert

Mike Webster

## **Confirmed as Company Secretary**

Sue Woods

## **Confirmed as Advisor to the Board**

Martin Coyle – True Voice

## **Confirmation of accountants for the coming year**

Gardners Limited

Nicola Parry proposed that the report is accepted and Simone Edwards seconded the proposal.

The report was signed as a true record by Doreen Lee.

Martin Coyle gave a presentation on the pilot project that ASNEW had undertaken, regarding independent advocacy in care homes. LLAIS FI – MY VOICE

Doreen Lee thanked everyone for their attendance and closed the meeting.



## 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.

# Our Funders



Community  
Advocacy

S.A.F.E



Bwrdd Iechyd Prifys  
Betsi Cadwaladr  
University Health Bc

Community  
Advocacy

# Thank you!

LLOYDS BANK FOUNDATION  
England & Wales



CARERS



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

Independent Mental  
Health Advocacy  
&  
Independent Mental  
Capacity Advocacy

# Thank you

With a special  
thanks to Citizens  
Advice Flintshire  
for their  
continued  
support to us and  
the people we  
work with.

ABSOLUTE NETWORK  
SOLUTIONS

And to our phone  
company for their  
patience and  
diligence.

# Diolch

## 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.





## SERVICE DIRECTORS ANNUAL REPORT INCORPORATING ANNUAL ACHIEVEMENTS & PERFORMANCE 2016/17

This has been a year of changes and of preparation for change. We have had a retirement, Jim in August off fishing and spending time with his grandchildren, and two resignations, Lesley in particular, who had been with us for nearly ten years, off to new challenges with one of our partner organisations NEWCIS. We also had two resignations from the Board Peter Metcalfe and Doreen Lee and a welcome new addition to the Board Charlotte Atkins. The new Chair is Mark McIntosh, Mark has been with us from the beginning and, along with Julie, was one of the founding management committee. Swiftly followed in terms of length of service by Meryl and then last, but not least, Mike ( and Rocky) make up the current trustees.

The staffing changes have meant of course a recruitment process and in August we had new staff to welcome in the form of Daniel, Richard and Chris. We brought Chris in initially part time, to support the growing demand for Paid Relevant Person Representatives and he now is also the Carers advocate for Flintshire.

Good news in January! we heard NEWCIS had been successful with their Carers wellbeing project proposal and as a result we will be providing the carers advocacy element of the project in Wrexham and Denbighshire staff to be in post for 1<sup>st</sup> April 2017. So more recruitment! In the latest round we appointed to those posts Rachel and Gaynor. We also appointed Emma and Bethan who will be starting at the same time, they will come into the mix as community advocates, paid RPR and in Emma's case, to also act as an IMHA. The challenge for us now is the balance has shifted from a largely experienced advocate workforce to over half unqualified and relatively inexperienced and we need as a team to ensure everyone is enabled to play their part by giving them the support and resources they need. This is one area where I alluded to change, and preparation for the change in personnel gave us an opportunity to look at how we adapted our processes. Initially to resolve the immediate situation, we sought to put in place what was felt to be the most effective use of skills and knowledge that would support and develop the team going forward. The new structure for distribution of responsibilities is now identified and ready to be implemented in April 2017.

A significant focus of my work over the last year has been around finding an appropriate office base from which the organisation can grow and one that is also cost effective and, a key requirement both from staff and board alike, in amongst the community. To that end my task was to identify and secure said accommodation, lease signed end of February, this has been a long drawn out process but we are finally in our new offices and "minor" issues aside (if you can call telecoms a minor issue!) all settled.



At the start of this year we tendered in partnership with Unllais and Mental Health Advocacy Scheme for the IMHA service in North Powys but were unsuccessful. No other tenders on the horizon in this year but with the FCC community advocacy contract extended to end March 2018, the expectation of a tender for a service commencing April 2018 is imminent. Flintshire County Council and Wrexham Borough Council are working in collaboration around commissioning Social Services and Wellbeing Act Independent Professional Advocates ( IPA). To this

end they have begun discussions with local providers, ourselves included, and held a stakeholder event to inform the model at the end of March 2017.

The growth of demand for the Paid RPR service, since its start in 2015, has been considerable and, in order to meet it, the staffing requirements are regularly kept under review. This has also had significant implications on the workload of Lynn as Office Manager who has responsibility for invoicing. An aspect of all the recruitment that has taken place this year has been to ensure we are able to service these requests but not to the detriment of our current contractual obligations. We provided paid RPR under Deprivation of Liberty Safeguards to 213 people in this year. The role is probably one that I am most proud that we fulfil as we work with some of the most vulnerable people and safeguard their rights with ultimate recourse to the Court of Protection. My thanks to the whole team for embracing this.

In terms of the Flintshire and Wrexham IMHA service we worked with a total of 533 people in the year 2016/17 an increase on the previous year and a testament to the effective way the advocates work to ensure people feel supported at this difficult time in their lives. Key IMHA's this year Nic, Helen and Jen have, along with new staff, kept the rota running and the service meeting its contractual requirements notwithstanding the loss of experienced staff this year. This three year contract to 2019 has the potential to continue until January 2021 Similarly with the IMCA service we worked with a total of 156 people, our resourcing for this year being 1.25 fulltime equivalent IMCA. The challenges for us in this area in the coming year are around a) a further reduction in our funding allocation from the partnership and b) having sufficient capacity in ASNEW's staff who can fulfil the role as an IMCA. The appointment requirements are that the advocate has the certificate in Independent Advocacy and must then gain the Diploma within one year of appointment. Having such a young workforce, even one as committed and enthusiastic as ours, it still takes time for people to become qualified. This contract has been extended to 31<sup>st</sup> May 2018 and has the potential to extend to 2019 before the requirement to tender.



This year is the first full year of the BCUHB contract which started in July 2015 and covers both Flintshire and Wrexham, incorporating for the first time Wrexham into our community advocacy service. Flintshire County Council have funded this service since 2000 and their community advocacy contracts cover adults, older people and younger people with dementia. This year we worked in the community with a total of 1,198 people. In this year we have had to operate waiting lists for Flintshire and Wrexham, to ensure equity of provision and to reflect the funding available in those areas. The longest waiting in that time was up to six weeks ( due to a combination of demand on the service, retirements and resignations and the consequences of) but all referrals are triaged by Lorraine supported by David and most people are seen within two to three weeks. We work to ensure that people receive the most appropriate service and many people are either signposted or referred to other organisations, as their requirements are identified through the triaging process. Suzanne and Rowan are two of our most experienced community advocates doing excellent work and achieving good results for their clients and sharing their knowledge with the new staff who have joined us in the last year.

Carers advocacy is in its second year with Lloyds foundation and is as successful in this phase of its funding as it was in the three years prior under the Big Lottery

funding. The challenge though is to manage the demands on that service with the reduction in capacity from full time to part time. Simone has supported Chris to take on the role as she moves to taking the lead on the IMCA service and the lead for Carers advocacy across the three counties. Carers advocates worked with 142 carers in Flintshire in this year. The coming year will be the final year of the Lloyds funding and the challenge will be to be able to continue to offer specialist carers advocacy in Flintshire.

The Self-Advocacy for Empowerment programme is a valued part of the advocacy service provision. The programme is always innovative and engaging and is a testament to the energy and enthusiasm of its facilitator Jude and the volunteers who support the delivery of the sessions in a variety of ways. SAFE – worked with 55 individuals who attended sessions 386 times throughout the year. Jude has conducted a full evaluation of the programme for 2016/17 and written a detailed report on the outcomes achieved for those participating and their ideas for improving the programme. This report will also be a valuable tool in attracting future funding and in securing its future.

Llais Fi the pilot working in a couple of residential settings came to an end, I am hopeful that the resources that were developed and the learning that took place will be put to good use before long.

Discussions have begun with BCUHB around provision of independent advocacy in HMP Berwyn. It has been agreed ASNEW will be the provider and further talks will take place to establish the way forward, initially on a spot purchased basis and working with the peer mentor group to raise awareness of ASNEW and independent advocacy's role in this setting.

Workforce development has as usual been a priority, see more detailed information within the report. A key requirement of our contracts is that the advocates are all required to have achieved the Diploma in Independent Advocacy qualification (IAQ) within a specified timeframe. Helen, in this year, gained her Diploma with IMHA and CYP specialist units, to be followed early next year by Jennifer who is doing the IMCA units. Lynn and Lorraine have successfully completed the IAQ Management Unit 307, making Lorraine probably one of the most qualified advocates, at least in Wales. Congratulations to all!

Back to the theme of change and preparation for change, the team in the background Lynn and Topher are there always making sure that the systems work, paperwork is accurate, salaries are paid, the website functions, policies and procedures are kept up to date and meetings minuted (to name but a few) in order that everyone else can get on and do their jobs. The office move and the mini office move already undertaken in order to fit nearly 20 staff into The Podium have necessitated lots of administrative change. We are also about to make a major investment in an advocacy specific programme that will ensure that ASNEW is fit and ready for the challenges ahead and that we can make even more efficient, effective use of our resources, people and technology in the years ahead.

The Board this last year has been doing a lot of work in relation to its governance and in particular around succession planning, something that is key in an organisation of our size to ensure stability and its future sustainability. Part of this

process has been to look in reasonable detail at the PQASSO quality mark. PQASSO as a standard is something the Board want to ensure is embedded into all elements of the organisation alongside and complementary to the advocacy quality mark. They feel this will support our aim of being a quality organisation and give us the benchmark by which to measure progress against. We are at the start of that journey with the aim of achieving the level one standard by this time next year. The Board has had the support of Martin Coyle ( advisor to the board) in particular around skills of the Board and succession planning and Bob Hughes around the PQASSO standard. Thanks go to Lloyds enhance programme allowing us to benefit from a Cranfield consultant specialist in Human Resources to support the work around succession planning.

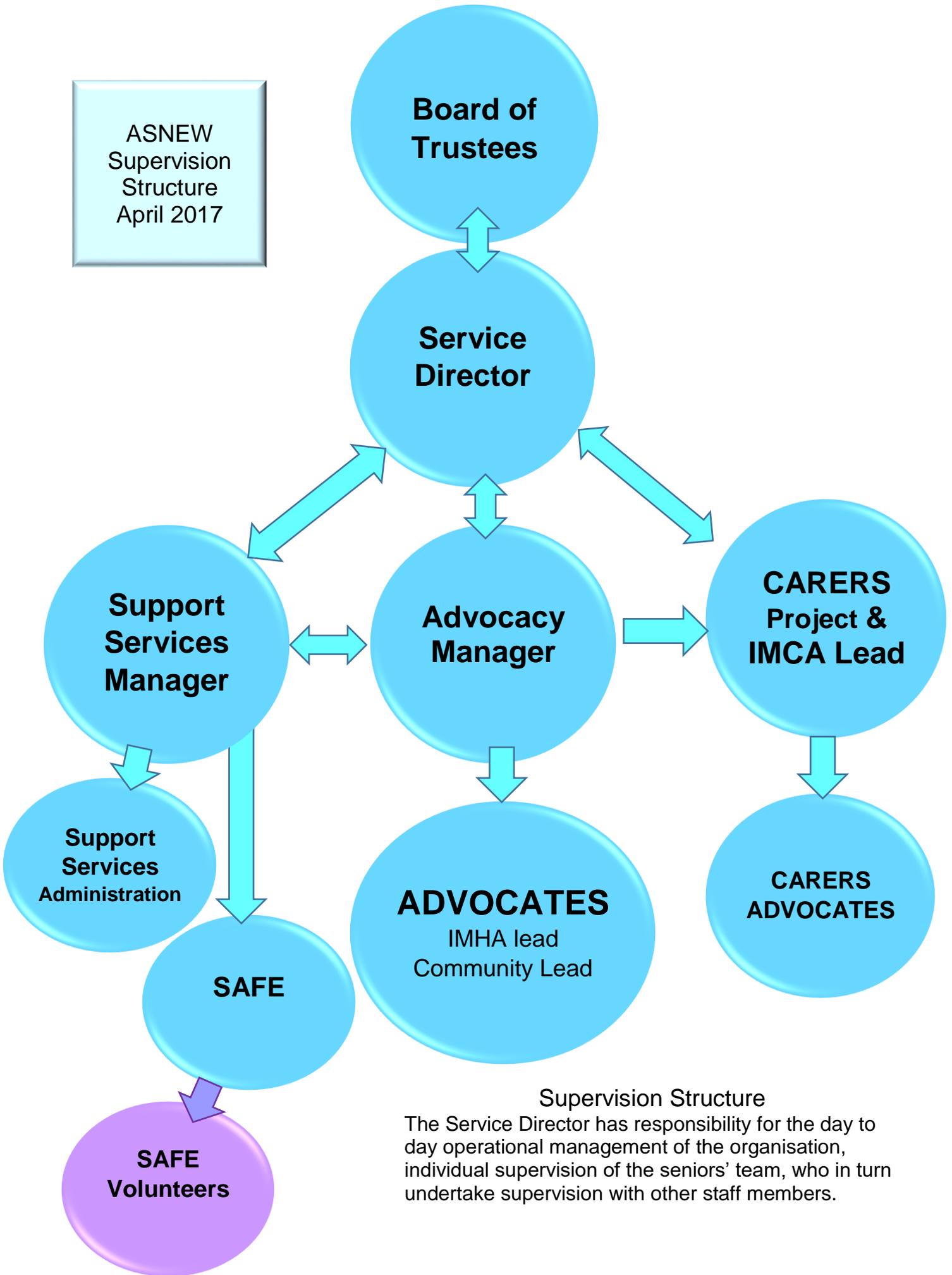
The year ahead will inevitably have some challenges but will also be a period of reasonable funding security with the exception of the uncertainty around the Local authority community advocacy contract. This will be important to retain as its where the roots of our organisation lie and it has been instrumental in us being able to be the organisation we are today. The future direction for ASNEW and the key objectives for the coming years will be set out in ASNEW next business plan for 2018 – 2021.

ASNEW has a great team of staff, trustees and volunteers who are all committed to supporting people to make positive changes in their lives. I have every confidence that we will continue to do great work for the people of North East Wales.

Sue Woods – Service Director



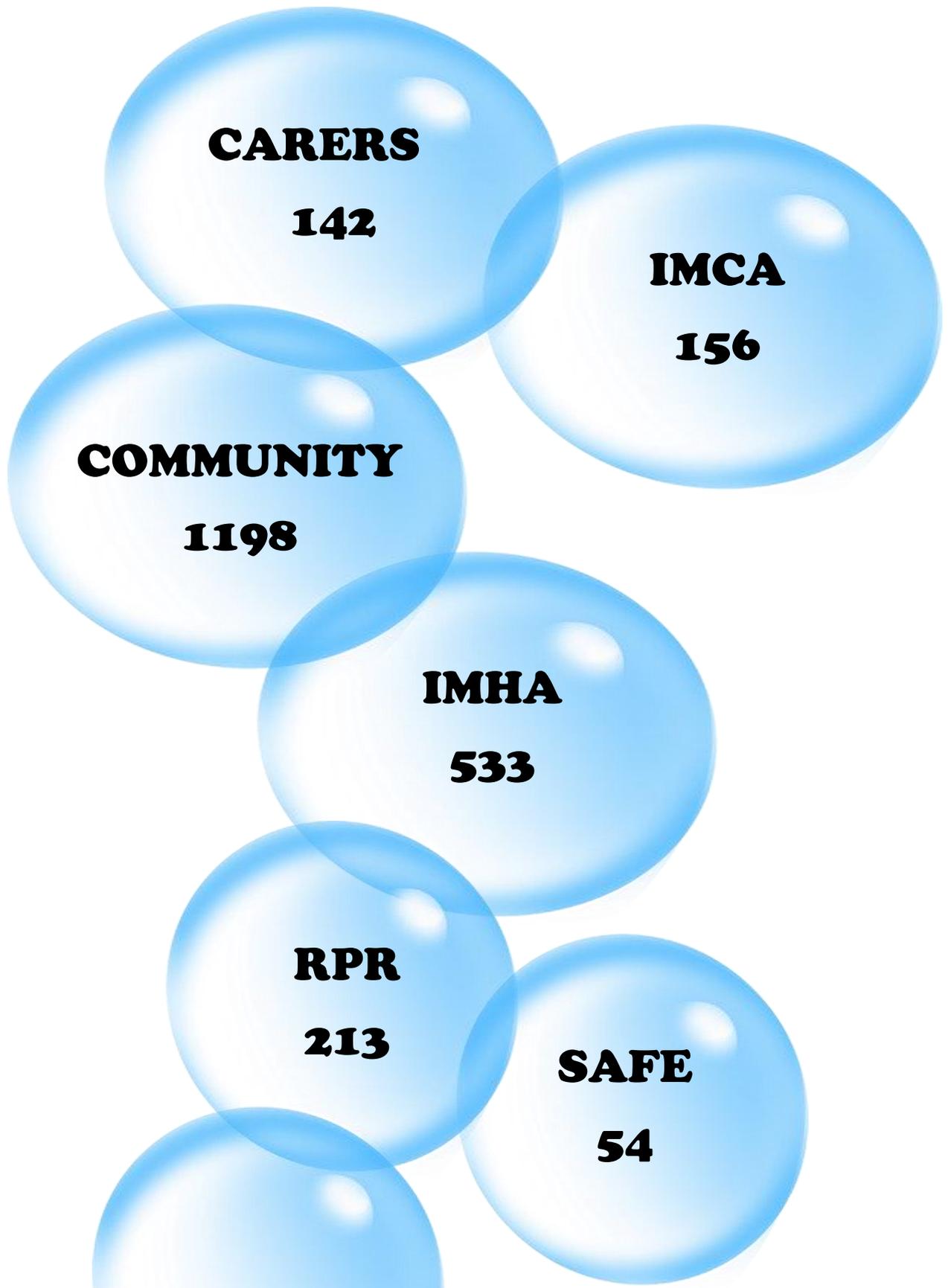
ASNEW  
Supervision  
Structure  
April 2017

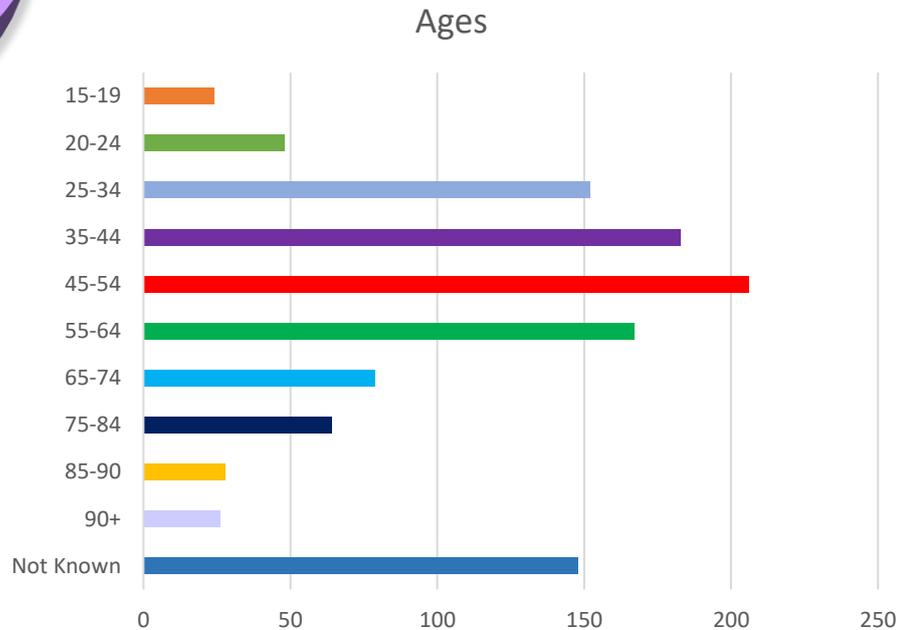
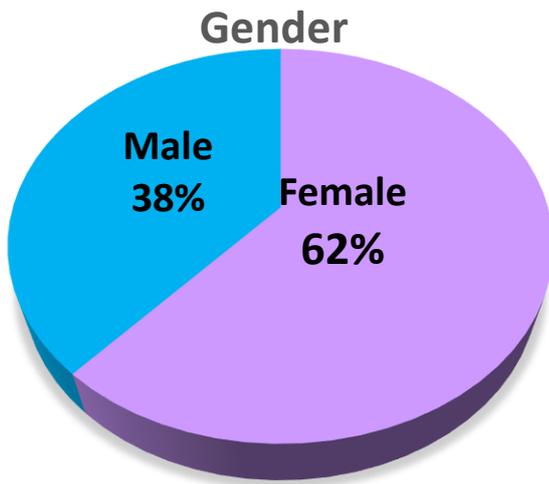


**Supervision Structure**

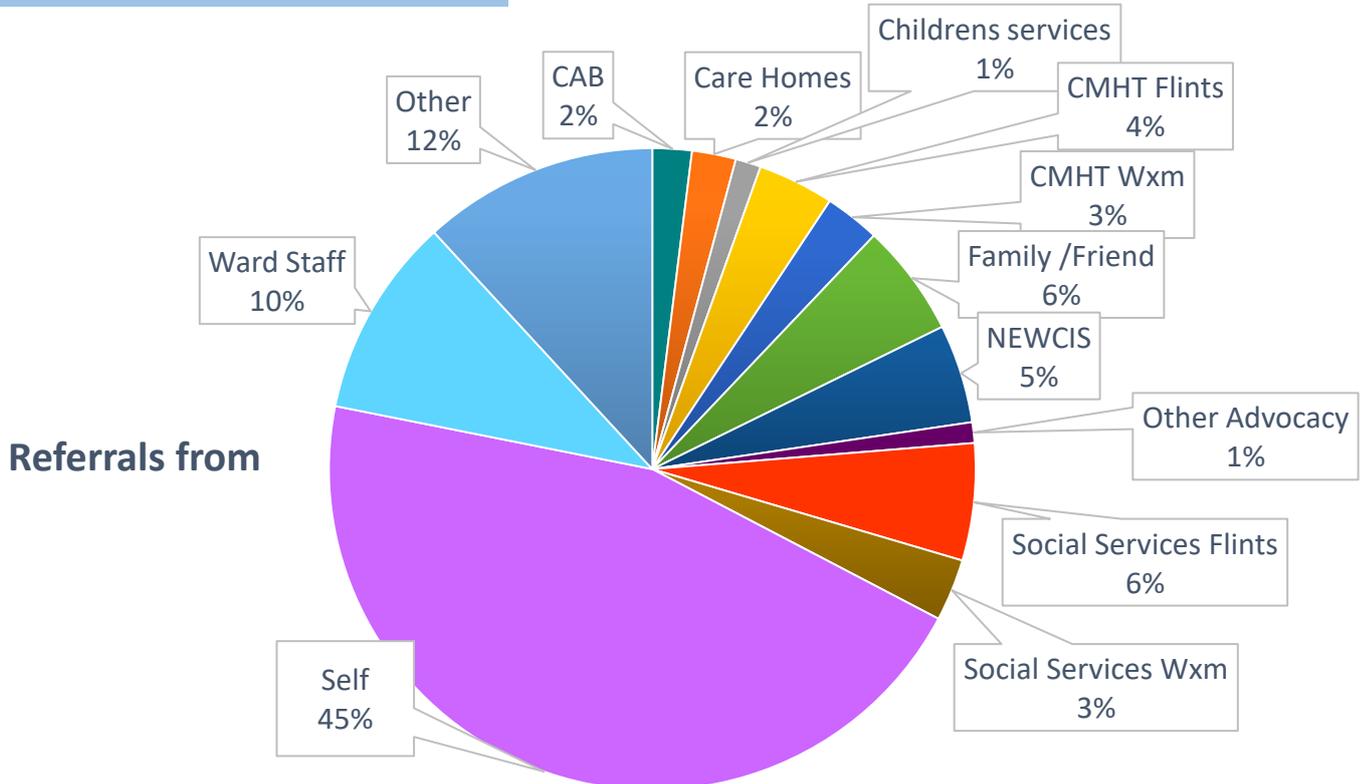
The Service Director has responsibility for the day to day operational management of the organisation, individual supervision of the seniors' team, who in turn undertake supervision with other staff members.

People accessing ASNEW in 2016/17





**Other:** Probation, Flintshire Substance Misuse Service, Royal British Legion, Health Visitor, Red Cross, Team Around the Family (TAF), Brain injury service, KIM, Wrexham Carers Service, SPOA, BCUHB, Second Voice, GP's, Councillors, Victim Support, Flying Start, HTT, Stepping Stones, Primary Care, Hafal, Shelter, Care & Repair, Nightingale House, FCC, Action for Children. MIND, CALL, MS society, Occupational Therapy, Solicitors

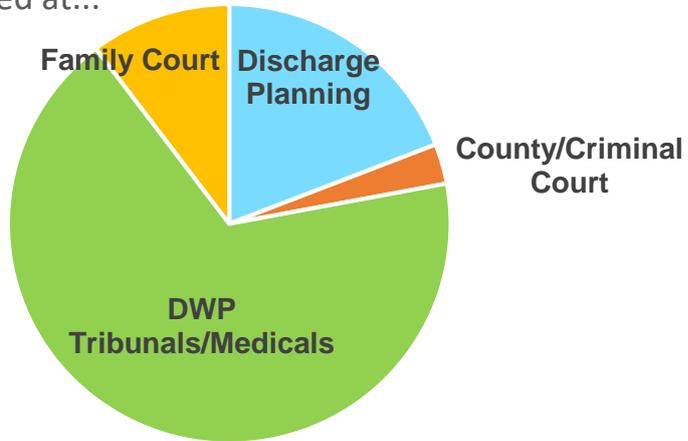




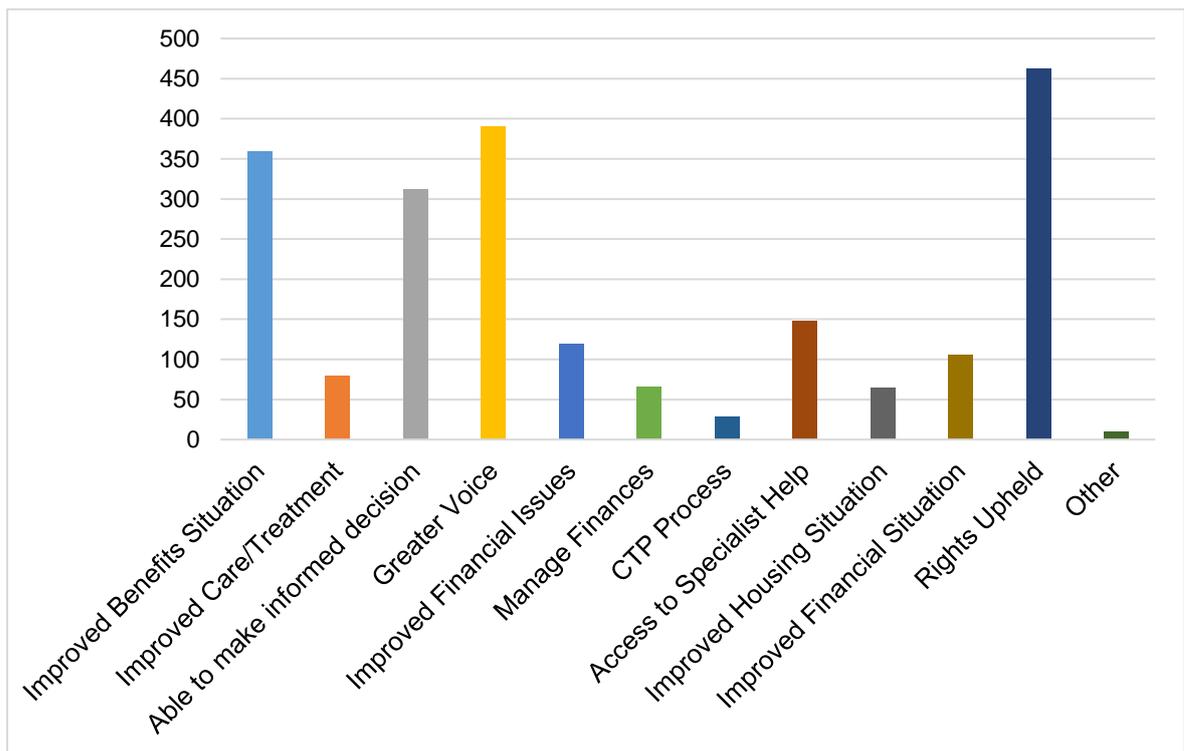
# Closure information

## Outputs

Supported at...



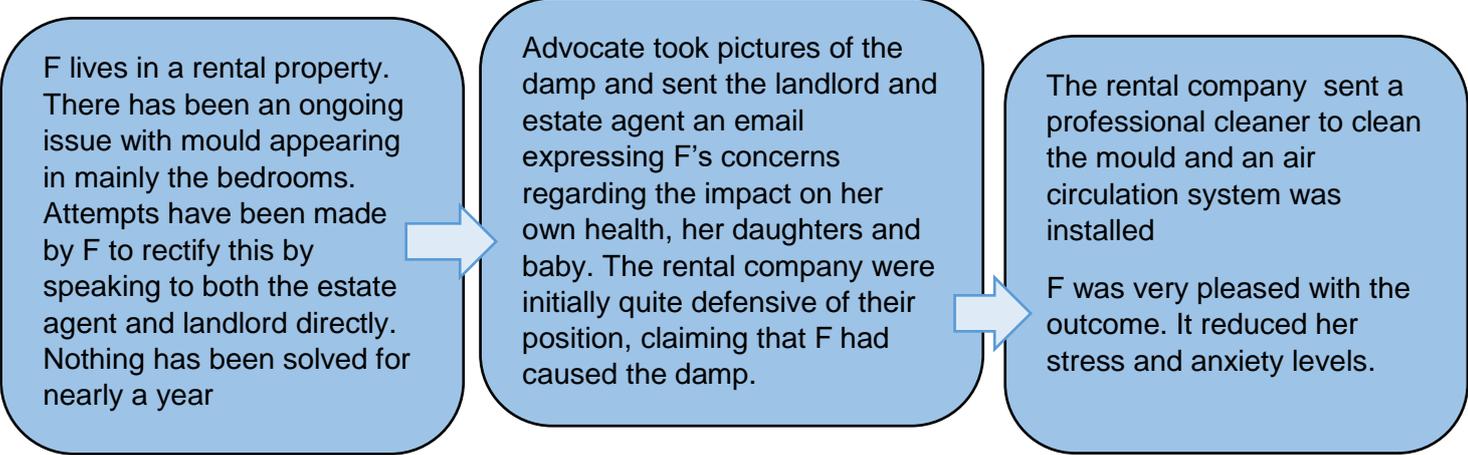
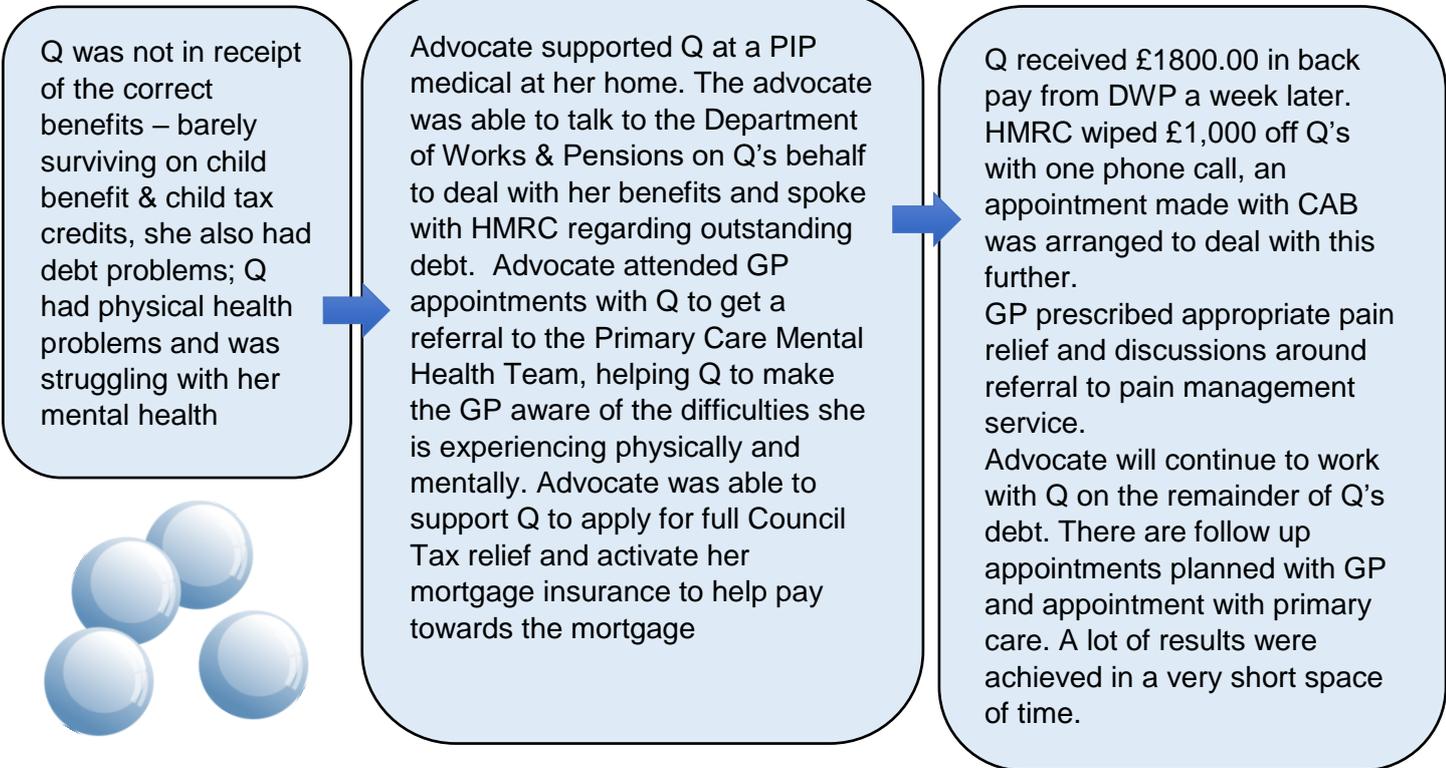
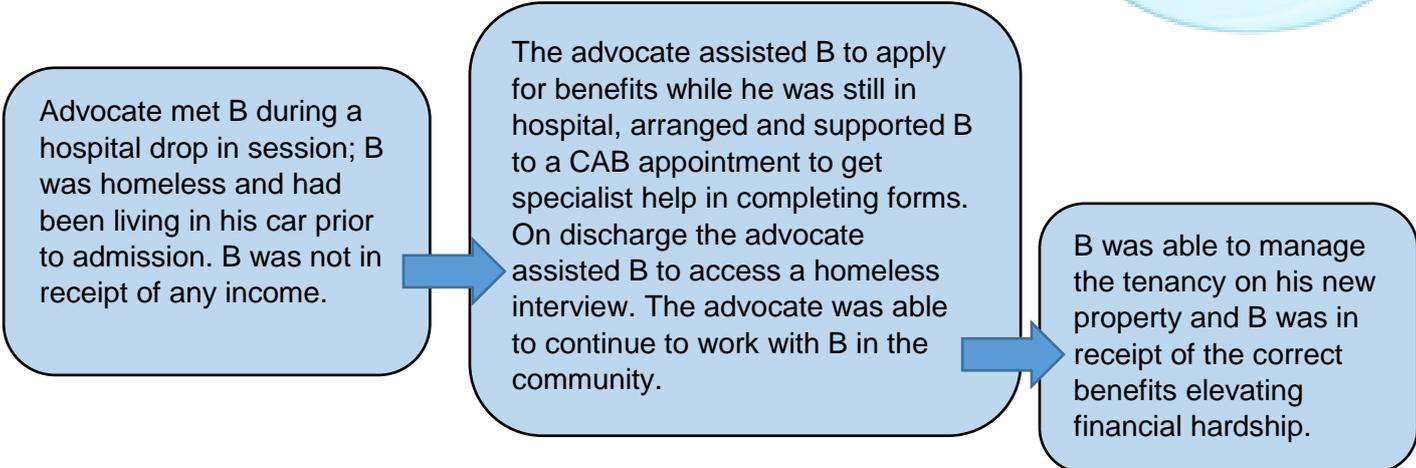
## Outcomes



## Satisfaction

**97% of our clients said that they felt listened to and supported**

# Client stories



# Community

S is unable to leave the house due to extreme anxiety and lives alone. The only access to the community is once a week with the support from a relative. S lives in a home which she has lived in all of her life, with the bedroom tax; S was unable to afford the rent. S needed repairs made to the house and path. S was unable to afford to replace her mattress which was causing S a lot of pain.

S and the advocate completed a form for bedroom tax relief. S had issues with the council; a decorator from the council left the property in a poor state (marks on the wall, holes in the wall) and was extremely rude to S. The advocate liaised with the council to lodge the complaint, also contacted housing repairs regarding the uneven path way. It was identified that S would like a befriending service, as S only sees family 1-2 times a week and due to anxiety, S is unable to leave the house alone, so a referral was made to the Red Cross 'Positive Steps' programme. The advocate identified an organisation that may assist with funding for a new mattress, and applied for a grant.

Bedroom tax relief was awarded for twelve months, alleviating the rent issue. The council corrected the errors the decorator had made and sending an Inspector round regarding the path way. Red Cross 'Positive Steps' programme. will be in touch with the client soon.

The grant application was successful and a new mattress was purchased with the grant money

The client was relieved and grateful for the support.

V was having difficulty communicating her needs and was experiencing nuisance calls at the time of referral. V was struggling to get appropriate support for her daughter in school. V also needed help with benefits renewals.

The advocate referred V to CAB, but as there had been previous issues with V at the CAB offices they would only see the V with an advocate present. The advocate attended the meetings with V. V was given information on call screening/ barring to resolve nuisance calls. V was supported to an appointment for her PIP renewal and her daughter's DLA renewal and provided with information on claiming carer's allowance. Also supported V with an application to the Family Fund. The advocate supported V to access assessment for her daughter by an educational psychologist and attend subsequent school meeting. Helped V to prepare for these meetings and took notes during them.

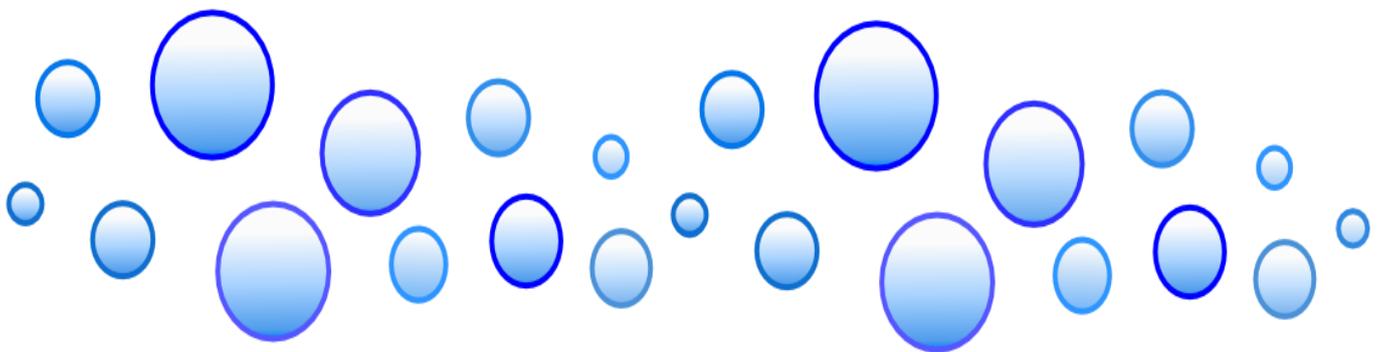
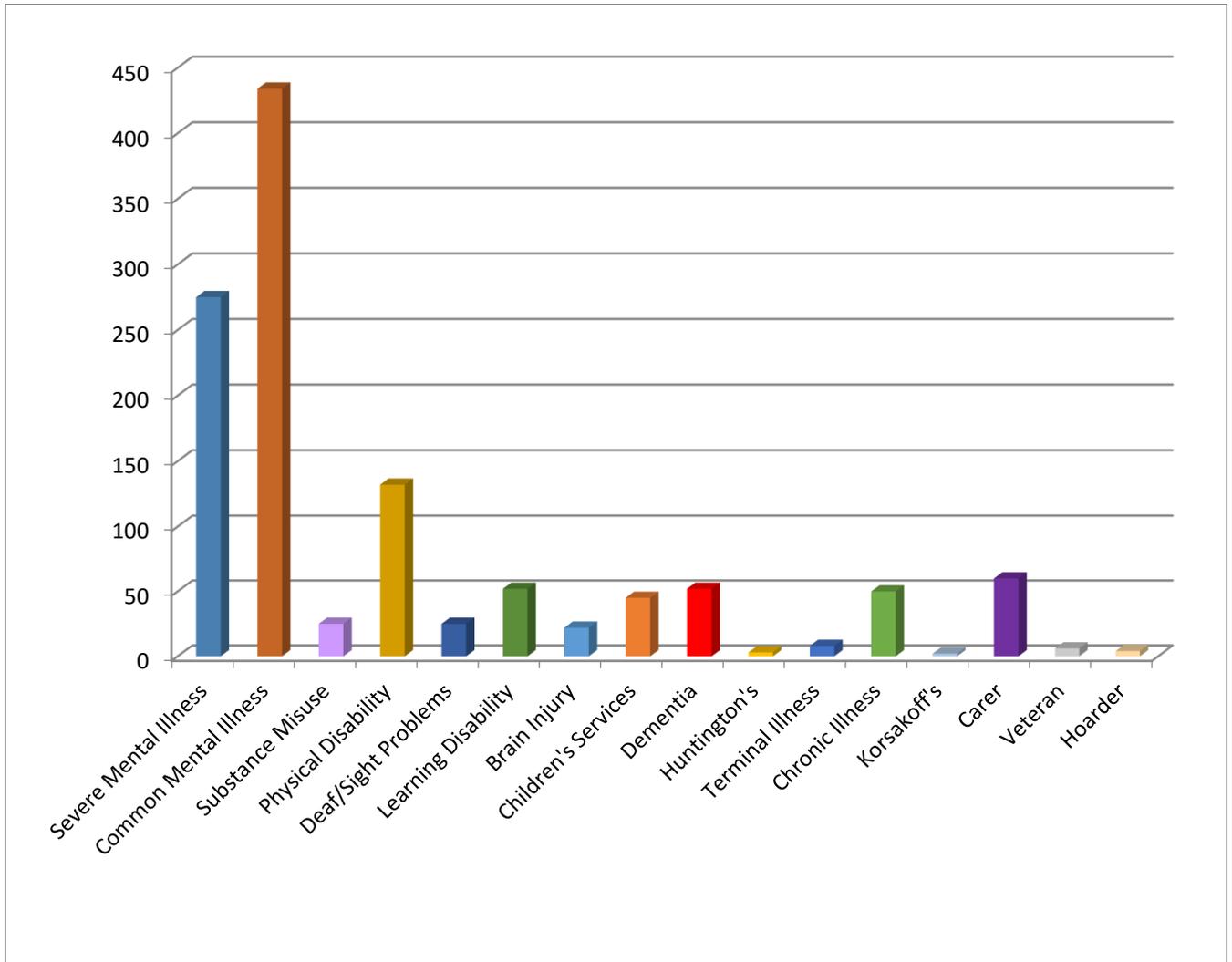
V now in receipt of correct benefits and enabled to access Family Fund. At point of closure - daughter's educational psychologist assessment had been completed and a behaviour plan agreed, which included support for V to manage her daughter's challenging behaviour at home, and support was agreed for daughter's short term memory problems.

Met C in hospital at the drop in, she was claiming Universal Credit with a requirement to look for work. She did not know when or how much she would be paid and was struggling to pay her rent from it, C was very concerned her landlord would evict her if she got into arrears.

Advocate followed C into the community on discharge, for the reassurance of having a familiar person. Supported her in hospital to call UC and inform them of change of circumstance and understand process of sending in sick notes. Supported C to CAB appointment to query entitlement to sickness element of Universal Credit. Chased a form that was needed. Started C's claim for PIP. Assisted with food bank when unable to afford food and helped get back payments.

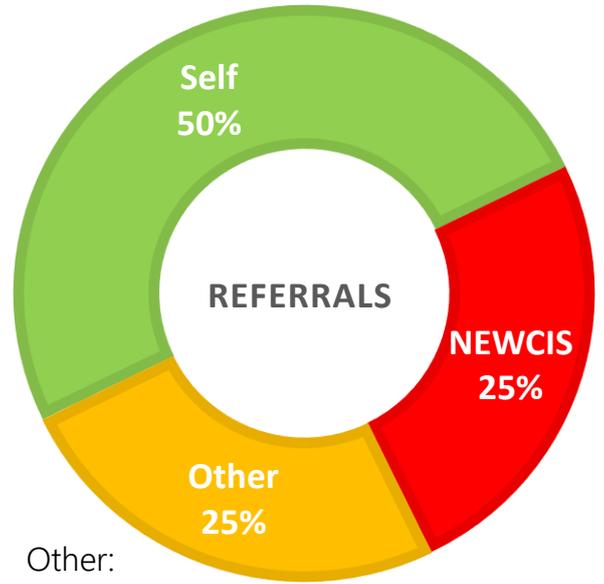
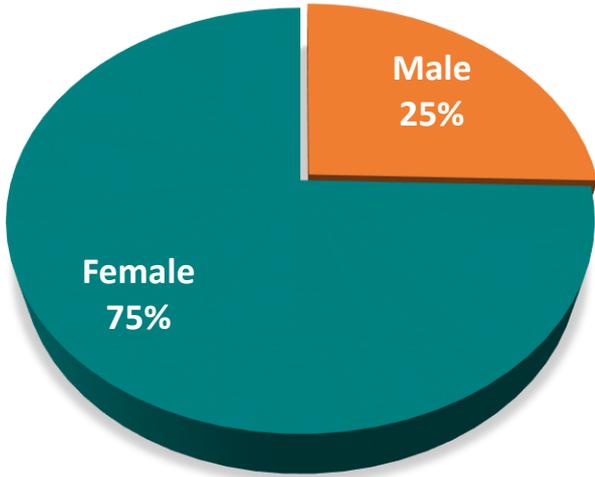
C had a clearer understanding of how to manage benefit issues as a result of this and was able to make calls independently. Correct benefits received. C was happy with the outcome.

Some of life's problems that our community clients contend with on a daily basis.



# Carers

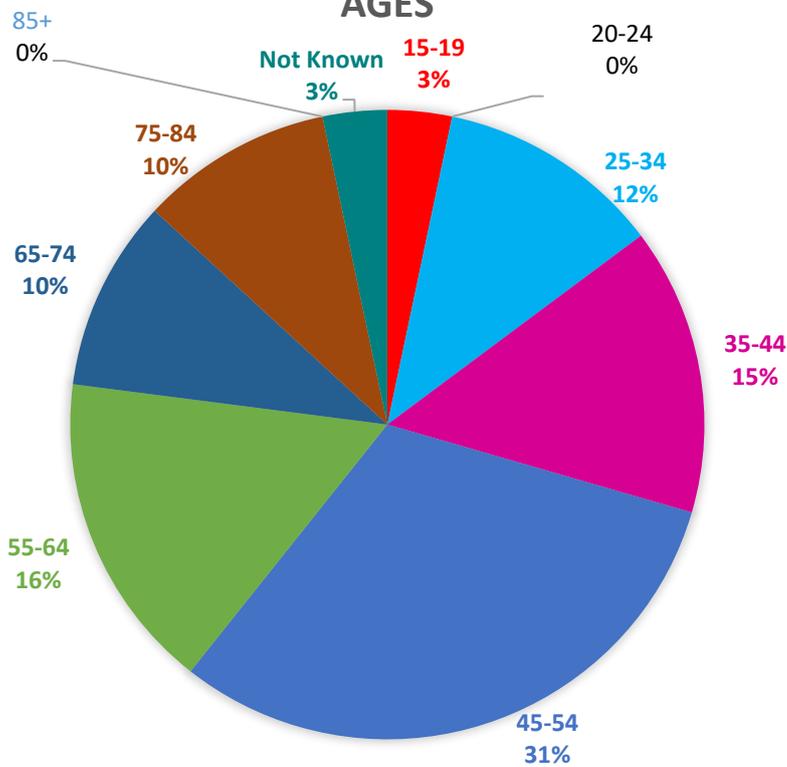
## Gender

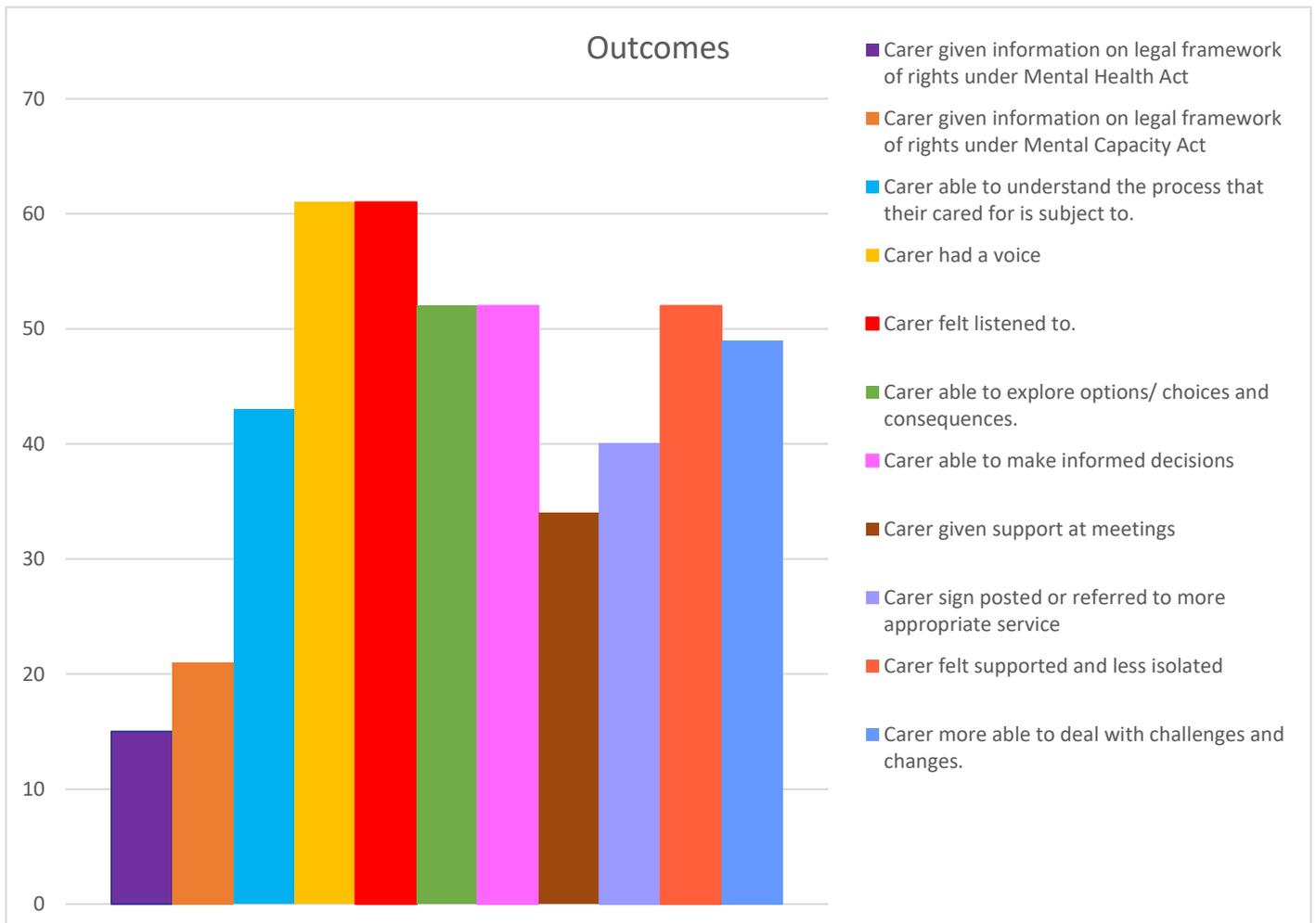
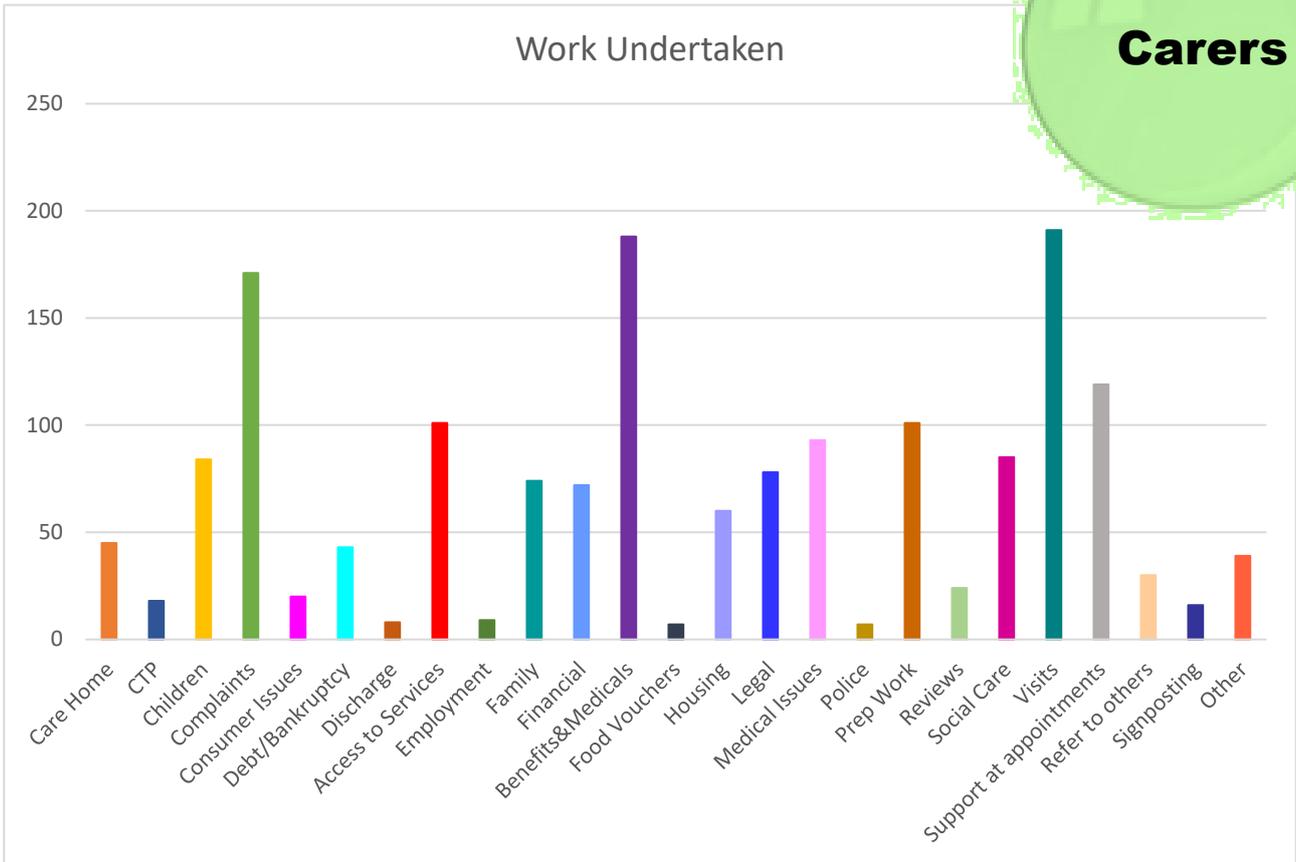


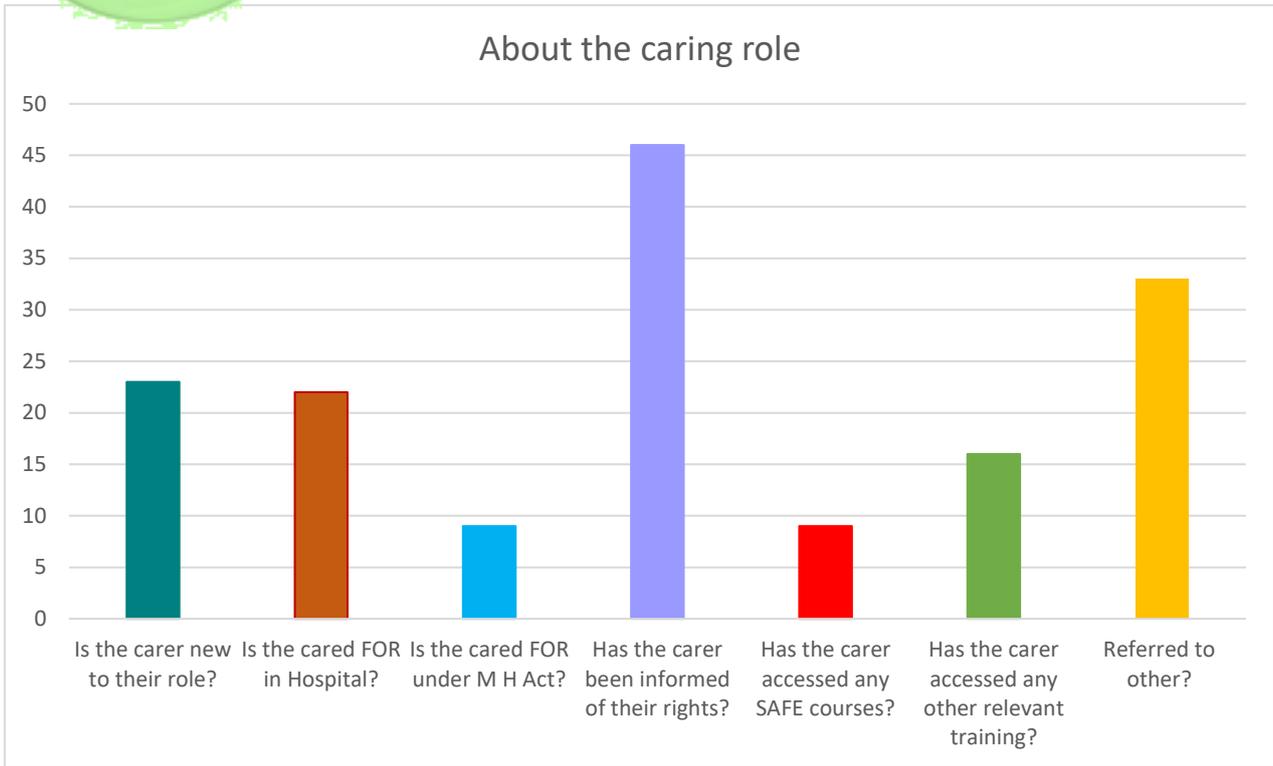
Other:

FCC Housing Options, AVOW, CAB, Team Around the Family, Ward Staff, Family, Friends, Action for Children, Wrexham Carers Service, Hafal, Care & Repair

## AGES







1. How did you find out about the Advocacy Service?	Community Mental Health Team NEWCIS Friends Met advocate Used service before
2. Did you find the Advocacy Service easy to access?	1 - I have difficulty reading & writing
3. Did the advocate explain their role to you?	<p><b>100%</b></p> <p><b>POSITIVE</b></p>
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?	
13. Would you recommend the Advocacy Service to other people?	

**Comments, compliments or criticisms**



**Carers**

I was at a very low state when I was referred to this service and it has really helped me mentally get back on my feet. Caring for someone with mental health problems can sap your confidence and be very isolating. The service made me feel valued.

My advocate is good, explaining the smallest things and difficult things. She was very good for helping me get more money for what I didn't know about.

Without the advocates help I would never have got this problem sorted, the small person has no chance with big companies. It was a huge relief when my advocate took over the case. I found my advocate to be a lovely lady, she seemed more like a friend.

I found the service very helpful and informative. My advocates knowledge about the area I was concerned about was extensive. She gave me the tools and skills to be able to help myself.

I think it is a wonderful service, and I have great peace of mind knowing it is there if needed. My advocate is so friendly and approachable which would encourage you to ask for help again, it makes you feel calmer about something that would otherwise seem too daunting.

All I can say without the advocates support, help, I would not be in the much improved condition of life that I am now in. words will never be enough.

Such a good advocate, really listens to me.

My advocate was helpful.

Totally excellent service, felt supported the whole way through a very traumatic experience.

**Any ideas on how we could improve our service?**

It is sometimes difficult to get through to the office on the phone.



Just make it available to everyone who needs it.

In my case the service I received I don't have any ideas how you can improve your service.

**Carers Stories**

AA is carer for her daughter who suffers with autistic traits and mental health issues. With her daughter's mental health spiralling out of control, AA contacted the advocacy after making several requests for help to various children's services with no response.

Advocate assisted AA to :

- Raise complaint with CAMHS requesting a full assessment and detailing the reasons why.
- Raise complaint with children's services due to 12 month wait for social worker.
- Attend meetings with education officer to look at school options available to daughter to complete GCSEs whilst taking into consideration her mental health.

As a result, AA was successful in getting:

- A full mental health assessment and opportunity to question previous diagnosis.
- New social worker to help with care and support for her and daughter
- A placement at a supported education facility to enable daughter to gain required GCSEs.

AA said "if it wasn't for the advocate she may have had to consider seriously giving up her daughter as she was no longer able to cope".

## Carers Stories

BB was full time carer for her husband who suffered with dementia and they lived independently with support. BB was sadly diagnosed with terminal bowel cancer and given just five years to live. As her husband's full time carer BB wanted to know what options available to her and husband to live in a supported living environment but still able to offer them independence.

During the time the advocate worked with BB they helped her to:

- Consider all options regarding appropriated supported accommodation.
- To put in a request for priority on housing association waiting list due to the delicacy and urgency of the request.
- To consider care at home whilst undergoing therapy.
- To address issue with surgery of not being able to see her doctor or get advice.
- To look at support options regarding her cancer.
- Listen to her when she needed it.

Sadly BB passed away suddenly. BB said to advocate before she passed, "I've been such an independent person all my life and all these people wanting to come in here and put in care isn't for me. I like that you understand that I want to keep my independence for as long as possible. I value your straight talking and honesty."

CC is full time carer for her mother who's needs had considerably deteriorated and resulted in a hospital admission. It was agreed that CHC funding should be applied but unfortunately the request was declined. CC requested the support of an advocate as she did not understand what the decision meant and what impact it would have on her or her mother.

The advocate attended the meeting with CC and was quickly able to ascertain at the beginning of the meeting the purpose and reason regarding the decision, which CC was not aware of. It appears that CHC had been declined due to the contradictory information contained in application to panel. I was able to explain the implication if CHC funding was awarded and what that meant to not only her but her mother. The meeting resulted in split funding between the authority and health and it was agreed the required amount of support and respite required for the family. Unfortunately CC's mum died soon after the meeting and the advocate then helped the family finalise the estate as there was much confusion about the direct payments and how they'd been used prior to her passing.

CC said to the advocate that this was a very stressful period for her and my help in moving matters along took away a lot of stress and allowed her to properly mourn for her mother.

DD is a carer looking after her parents in remote farm location. Local council advising only one service provider who can supply home care and at times which totally don't suite parents. DD worked full time and struggled to keep working due to lack of adequate support.

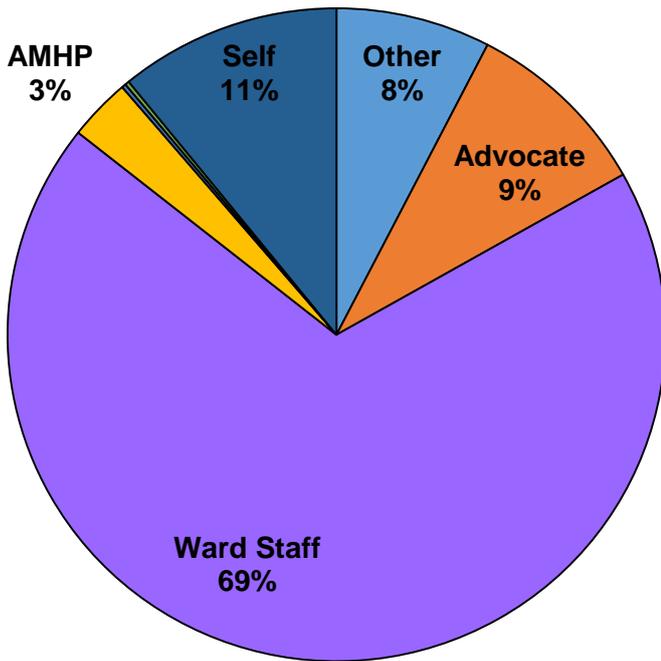
Advocate helped DD with:

- Requesting an urgent review of care provided.
- Requested and supported DD at urgent meeting with social worker to review situation and possible breakdown of care at home. This resulted in three calls per day rather than just one.
- Helped DD look at options outside the box for local authority and care agency to consider to better help carer.
- Requested an urgent carers assessment for DD which local authority had not offered.

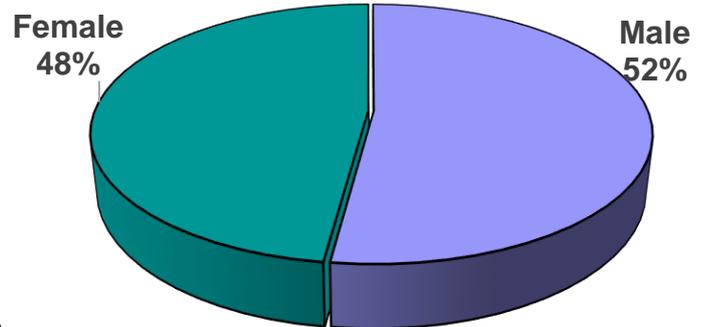
DD told the advocate that she was very grateful for the help and support which she could normally deal with on her own but due to her exhaustion and frustration in trying to resolve the matter - she felt that she was unable to do it on her own. DD said she was delighted with the outcome as a full care package was put in place and respite considered for future. AA said she'd regained strength and able to advocate for herself again.



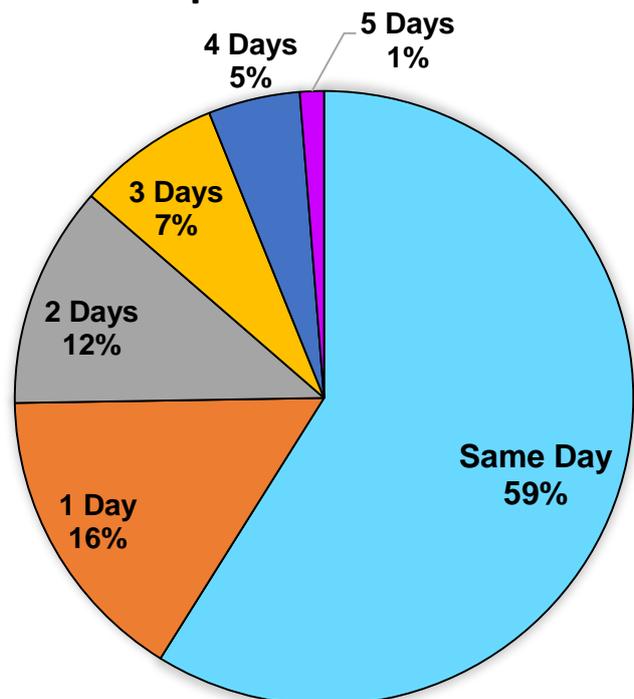
### Referrals from

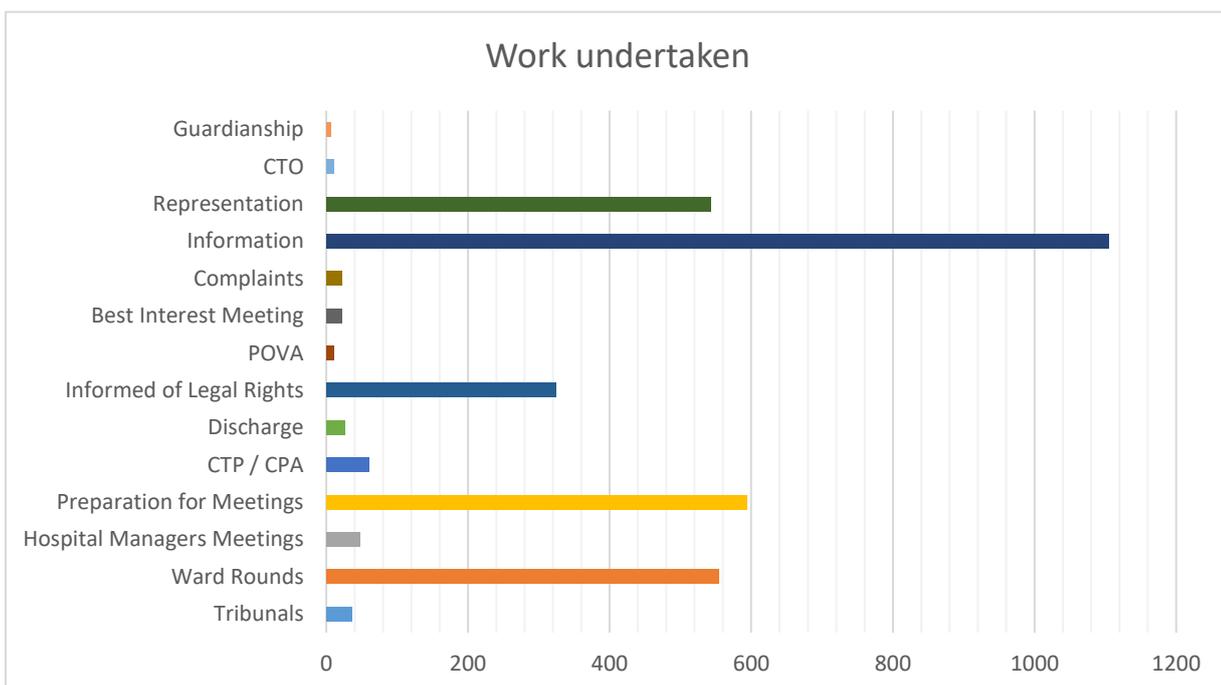
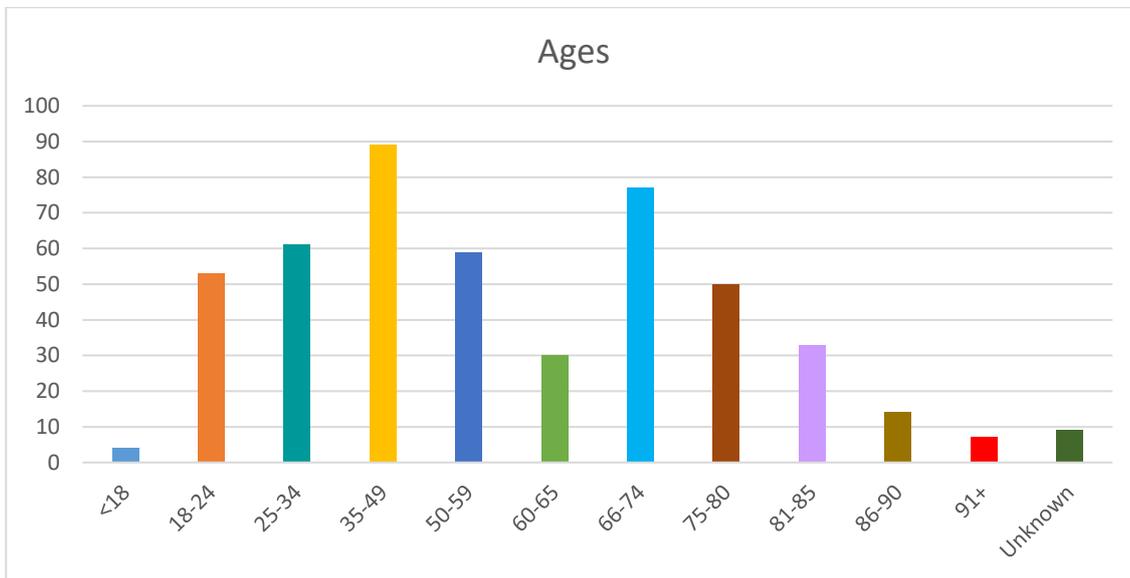
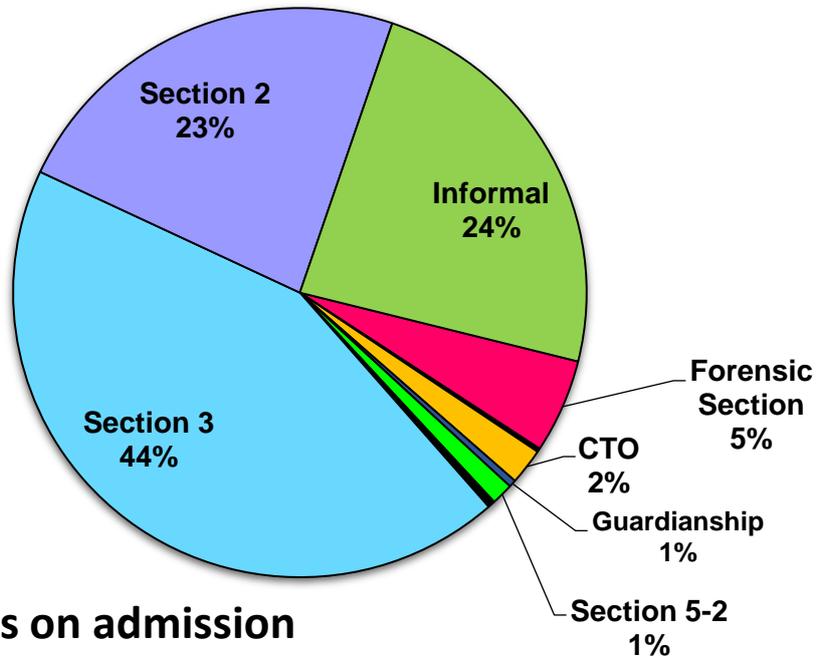


### Gender



### Response time





# IMHA evaluation responses



1. Do you feel that the IMHA treated you with respect? Comment: <i>Absolutely</i>	Always 100%
2. Did the IMHA help you to understand your rights? Comment: <i>The decision is mine.</i>	Yes 100%
3. Did the IMHA help you to explore your opinions & choices?	Yes 100%
4. Did the IMHA ensure your wishes and views were heard? Comment: <i>Got me safely discharged</i>	Always 86%      Sometimes 14%
5. Did the IMHA help you to access legal representation?	Yes 72%      Didn't need to 28%
6. Did the IMHA support you at meetings and ward rounds?	Yes 100%
7. Did the IMHA keep you informed of what was happening?	Always 86%      Sometimes 14%
8. Did the IMHA support you to access records? Comment: I did not know that I could access records.	Yes 14%      Didn't ask them to 86%
9. Did the IMHA support you to be involved in your care plan? Comment: I am not fully aware of a care plan.	Yes 58%      Not Applicable 42%
10. Has having an IMHA helped you?	Yes 100%
Are you satisfied with the IMHA service you have received?	Very 100%
Comments: Overall my IMHA was fantastic and helped see me through a very difficult time. She was respectful and always there when I needed her. A brilliant advocate who helped me every step of the way. 9/10 satisfaction from service.	
Gave me confidence, security and responsiveness.	
Came to visit on the day communicated.	
A voice- re drowning in paperwork.	





# IMHA

## IMHA client stories

Z is an 84 year old woman who was admitted to Gwanwyn ward as her placement in a care home had broken down. Z felt her liberty was being restricted and during her last protest at the home, she threw a chair through a window leading to the care home concluding that they could not meet her needs

On meeting Z, and having explained the IMHA role, she made it clear that she was a strongly protesting patient, one of the comments she made throughout her stay was " you may as well kill me If you take away my freedom". In the beginning Z was experiencing such high levels of anxiety; she requested that the advocate attend the meetings in her place and feedback exactly what had been discussed after the meetings when it was just the two of them. Z requested that the advocate contact her family as she wanted to see them more often. Z had an issue with a serious lack of clothing and despite the advocate raising this with the family members who were responsible for Z's laundry and requesting that the ward make an exception and intervene for Z; neither effort resulted in a solution. The advocate then raised this as a safeguarding issue with social services.

Z's clothing issue was addressed and as the IMHA relationship developed, and the advocate gained her trust, Z agreed to attend meetings on the basis that the advocate do the talking .Z was able to hear first-hand what the plans were for her care and eventually gained the confidence to express her views directly to the consultant. During her stay Z's section was removed but as Z was deemed to lack capacity she was placed on a DoLS (Deprivation of Liberty Safeguard). As Z was a protesting patient the advocate was able to identify legal support that then raised her case with the Court of Protection. Fortunately for Z, shortly after this she was found a less restrictive placement and was moved out of area. The advocate then referred Z to our Sister organisation enabling Z to continue to access advocacy support in her new environment.

X had experienced mental health problems from childhood and been in hospital for most of her teenage years. Although she knew what she wanted to say in ward round she struggled to stay focused and could not retain the information.

X struggled with her various diagnosis and following one ward round in which the consultant told her that he felt she had ADHD, X abscond which resulted in her being moved onto the locked ward. When the advocate saw her a few days later and talked through what had happened it became apparent no one had ever really talked through the symptoms of X's conditions and how they matched the diagnosis.

The IMHA helped X to prepare for ward rounds to enable her to keep on track in the ward round. It was agreed that if necessary, they would ask for time for the advocate to remind X what she wanted to raise. The advocate also typed up notes for X to keep and remind her of what has been discussed and agreed at the ward round. The advocate assisted X to look up and understand the information on her symptoms and helped to explain the information, which helped her to realise why this diagnosis had been made. Client was also supported to ask for a second opinion. X stated that she really appreciated the support of an IMHA.

# IMHA

P was admitted to the Heddfan psychiatric hospital in Wrexham after stating her intentions to end her life in the weeks before her admission. P presented with acute depression and anxiety, her depression so severe she was also experiencing psychosis.

Initially P was heavily reliant on the advocate to speak for her in the hospital meetings. The advocate would meet P prior to meetings to gain her views and concerns for the advocate to be able to relay P's feelings to the consultant. P gradually became confident enough to speak for herself and eventually the advocate was solely there to support P. P had short-term memory issues, so the advocate would keep her updated on exactly what was happening with her care plan.

Following several months in hospital P was discharged. P was given a train ticket only, and sent on her way with no community support in place. The IMHA then became P's community advocate; firstly they had to chase up P's medications. An appointment was made with the DWP to review P's low income which P attended with the advocates support.

P now receives her medication in regular and timely intervals. Following P's income review, her income was doubled which has alleviated her financial situation. P now has a CPN; Social worker, housing officer and community psychiatric consultant. With the correct support she has gained in confidence and independence and engaged with community activity groups. The advocate still supports P in meetings with her consultant. P stated that without the support of an IMHA /Community advocate she "would have given up on life"

Q was detained on the PICU ward in a psychiatric unit away from her home area.

This caused Q great distress due to the distance from home and family not being able to visit.

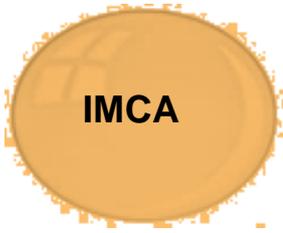
The IMHA supported Q to prepare for and attend ward round. Q found it helpful to have someone to be with her to remind her of the points she wanted to make, to be with her during ward round and to help make her points for her if she was struggling. The IMHA also helped the Q to prepare for a Managers appeal hearing. The IMHA supported Q to complaint to the health board about the situation and follow up regarding the complaint.

Q was moved back to a unit in her home area as per her wishes.

W was on the PICU ward in the psychiatric unit, she requested the support of an advocate.

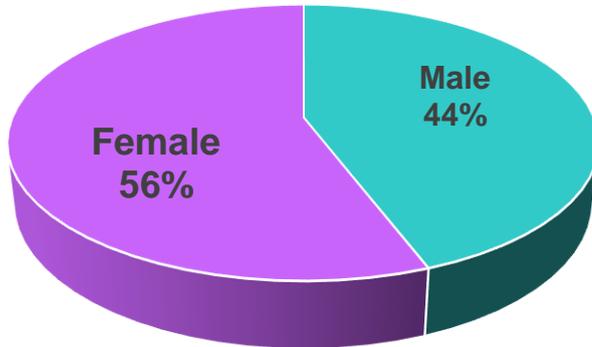
W was given information on the IMHA role and the support available. Her rights were explained regarding detention under the Mental Health Act and support given to enable W to access a solicitor and have a mental health review tribunal. The IMHA also supported W to prepare for, and attend ward rounds to help her to express her views.

W was moved from the locked ward to an open ward, and from that point she said that she felt she had greatly improved and no longer needed advocacy support. W said that she felt supported in the process and it was good to know that she could have help if and when she needed it.

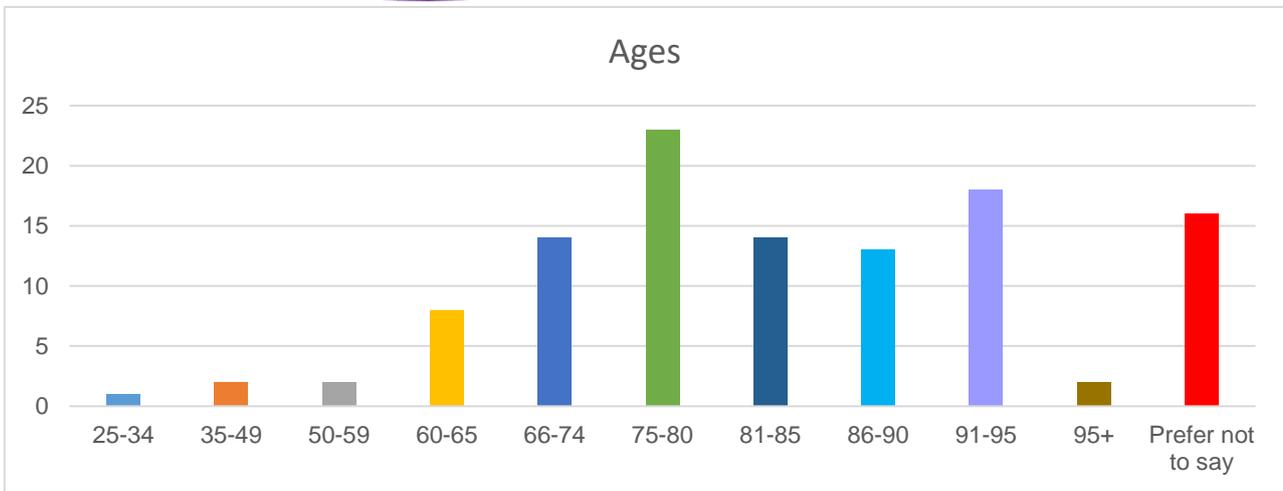


# Independent Mental Capacity Advocacy

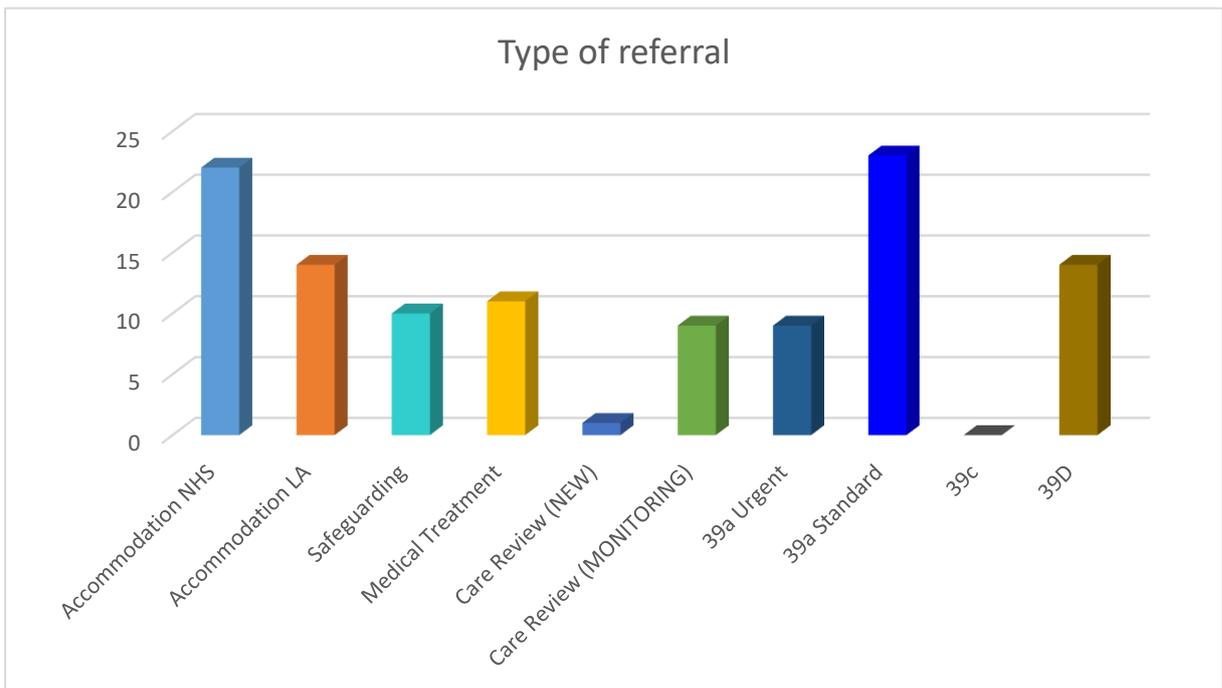
## Gender



## Ages

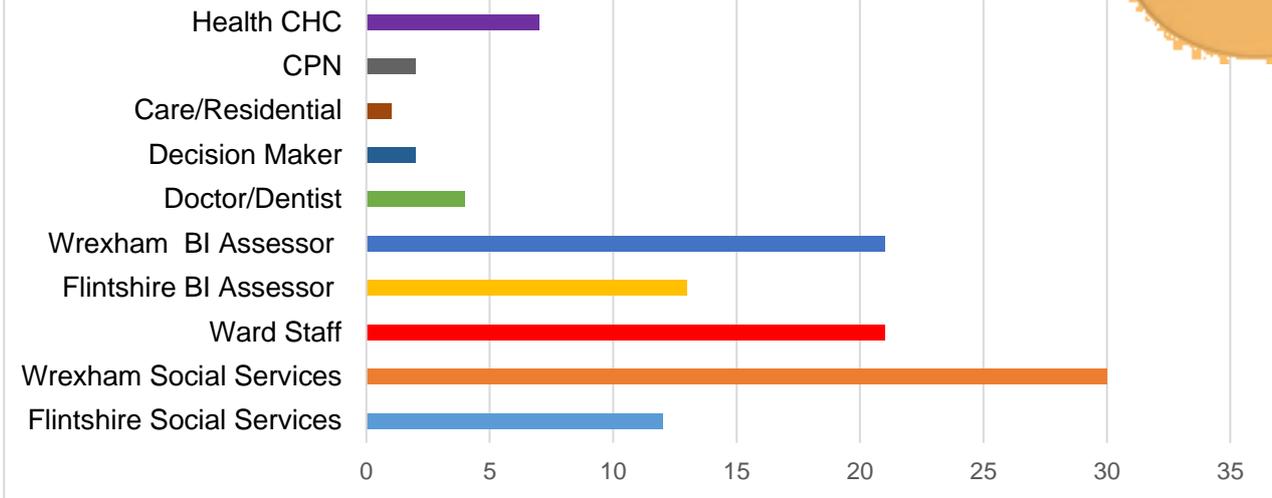


## Type of referral

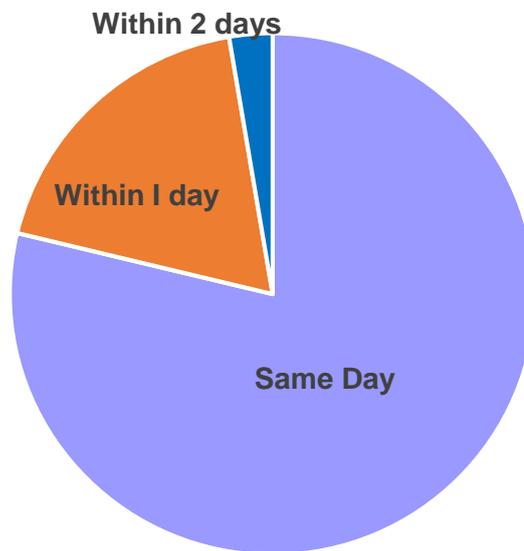




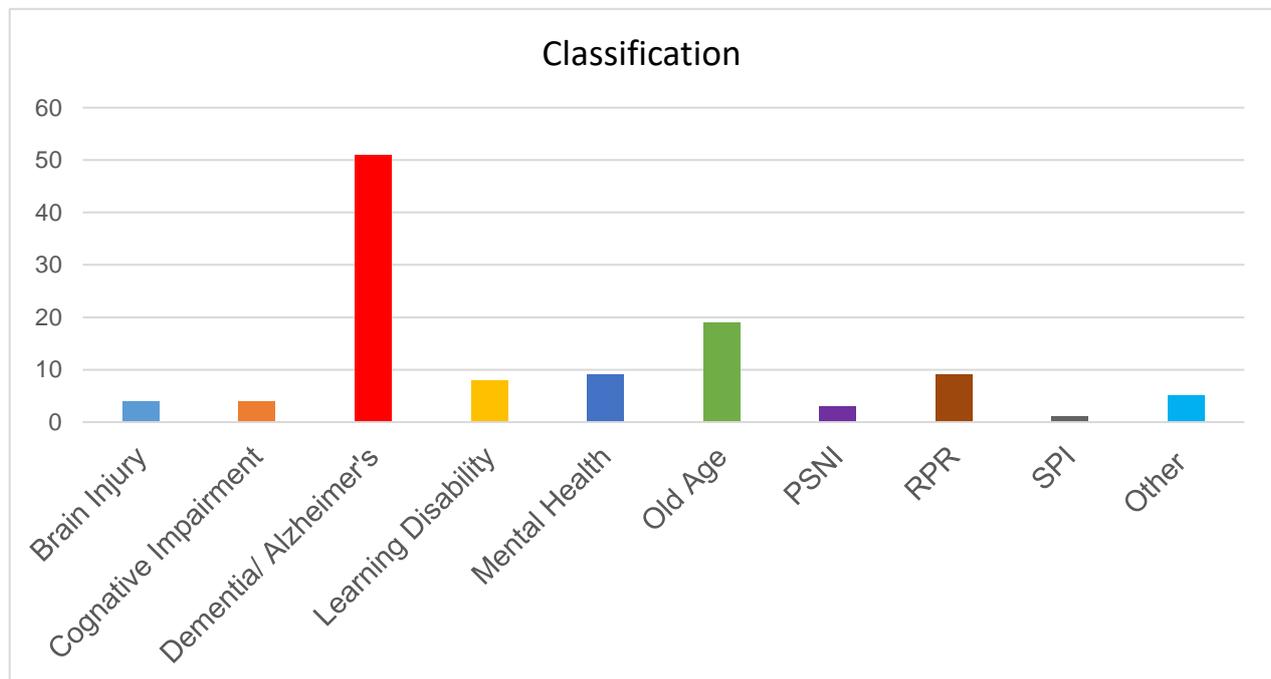
### Referred By



### Response times



### Classification





## DECISION MAKERS EVALUATION RESULTS

1. How easy was it to refer to this service?	100% Easy															
<p>Comments: <i>Always find the staff are happy to take referrals via webmail or telephone which is helpful.</i>  <i>On telephone contact spoke to the person that was then allocated and involved.</i></p>																
2. Did the IMCA respond in a timely way to the instruction?	100% YES															
<p>Comments: <i>Very quick and responsive service.</i>  <i>Very timely many thanks.</i></p>																
3. Was the IMCA report provided at an appropriate time in the process and was the written report of a good standard?	100% YES															
<p>Comments: <i>Very much so.</i>  <i>The report was very comprehensive and took into account all the relevant factors. Very helpful in the decision making process.</i>  <i>Very swiftly received</i>  <i>I found it especially useful to discuss findings with the IMCA and have found their assessment and report to be of a high standard.</i></p>																
4. Did the IMCA identify the service user's wishes, feelings, beliefs and values?	100% YES															
<p>Comment: <i>Captured the service users views extremely well.</i>  <i>Service users wishes and values captured.</i>  <i>The IMCA did the best they could to identify the persons wishes: however they were unable to communicate. In addition they did not have any family available who can or want to have input into the Best Interest decision.</i></p>																
5. If the outcome went against the service user's expressed wishes did the IMCA represent their views (e.g. by informally or formally challenging the outcome)?	50% YES 50% N/A															
<p>Comment: <i>Met</i>  <i>Worked with the service user and responded to professionals in a very professional manner.</i></p>																
6. Did the IMCA's involvement have a positive outcome for the service user in your view?	100% YES															
<p>Comments: <i>IMCA advocated for a move to a care home which is being pursued.</i>  <i>Improved dignity in care.</i>  <i>Ensured the lady's voice was heard</i></p>																
<p>Overall satisfaction rating of the IMCA service:</p> <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 10px;">low</td> <td>1.</td> <td></td> </tr> <tr> <td></td> <td>2.</td> <td></td> </tr> <tr> <td></td> <td>3.</td> <td></td> </tr> <tr> <td></td> <td>4.</td> <td><b>20%</b></td> </tr> <tr> <td style="padding-right: 10px;">high</td> <td>5.</td> <td><b>80%</b></td> </tr> </table>		low	1.			2.			3.			4.	<b>20%</b>	high	5.	<b>80%</b>
low	1.															
	2.															
	3.															
	4.	<b>20%</b>														
high	5.	<b>80%</b>														

### **Any other comments?**

Both OT & SW felt she was realistic and took aboard our professional recommendations.

I was very happy with the report provided and the involvement of the IMCA in the best interest meeting. However, I was surprised and disappointed when myself and the discharge nurses had to advocate strongly for an IMCA to attend the meeting as we were told by the IMCA service that they only need to supply the report and did not need to attend the meeting. The service user has no family to be involved so I felt quite strongly that she did require an advocate to be present and was disappointed when I had to argue with the advocate to persuade them that they needed to attend.



## 39D EVALUATIONS

2 returned

100% Yes to all questions and both rated the IMCA service 5 (highest)

### IMCA Stories

W was referred to the IMCA service whilst an inpatient in a local hospital. W had been diagnosed as suffering with an ischemic stroke and had been left with difficulty with her speech and little movement in her right arm. W's swallow had also been affected with expressive dysphasia and she was being fed, hydrated and administered medication via a nasal gastric tube (NGT).

#### *Barriers being faced*

IMCA met with W and initially found W reluctant to speak to her. However with reassurance the IMCA was able to ascertain that W's reluctance was due to her anxiety about her struggle to communicate and the IMCA not understanding her.

The IMCA Initially communicated with W via small sentences, and although struggled to understand W verbally, soon learnt W communicated better via pictures and using a communication picture book.

Communication was slow and It was essential that the IMCA was patient in order to understand what was being said by W. W did have a friend who was deemed Inappropriate to consult with on the issue of PEG feed. However on speaking to W It was clear she did not wish to have any discussions around a PEG feed without her friend being present with her. It was clear that despite being told the opposite, W was aware that a PEG was being considered but was refusing it due to lack of Information .

#### *Changes experienced as a result of IMCA being involved.*

Following her meetings with W, the IMCA Immediately requested:

The consultant answer a number of questions (provided by the IMCA) about the PEG which

then needed to be communicated to W In picture and word format cards.

The consultant conducted a second capacity assessment as the IMCA was querying capacity regarding the decision and gave consultant reasons why.

Consideration be given for W's friend to attend any future meetings with W, as that was what W wanted.

As a result ,the Speech &Language Therapist became involved and communicated the full PEG procedure to W In the presence of her friend and the IMCA. This included the procedure, the risks of having the procedure and the risks of not having the procedure. This enabled W to make an informed decision, which was she could refuse the PEG procedure and instead opt to 'risk feed'. W was clear in her communication to staff she understood the risk to this was possible death.

Following a second capacity assessment, the consultant assessed W has having capacity regarding her serious medical treatment decision and W's request not to have the PEG procedure was upheld.



## IMCA

P was an 89 year old man who had a diagnosis of dementia and schizophrenia and who lived in an extra care facility. Staff there had become concerned that P's care needs had become greater than they could offer and believed that he may be at risk if he remained living there. The staff believed that P was wandering in the community on his own, looking lost and he was often returned to the facility as he looked so vulnerable. A decision needed to be made whether it is in P's best interest to remain at the extra care facility or be moved to a 24 hour EMI residential care home.

### *Barriers being faced*

IMCA met with P and he was clear that he was extremely happy living where he was and there was no risk to him accessing the community. P said he would refuse to move from her flat, and would not consider a care home.

The IMCA provided the decision maker with a benefit's and burden's sheeting outlining the options and weighting the pros and cons to each option. The IMCA stated great concern that a move to EMI residential could have a huge impact on P as it would not only deprive him of his liberty, but may impact on his mental health negatively (this statement was supported by P's CPN).

The IMCA highlighted that on reading P's records there have been no actual reports of him getting lost -only incidents whereby he has been brought back by concerned people. On speaking to carers it transpired that despite concerns -P was still able to safely cross roads and still goes out and return to his home on his own.

The IMCA stated that given the principles of the Act, and the best interest checklist, remaining in the extra care facility would appear to be a more reflective in terms of P's best interest before consideration be given to a more restrictive environment. The IMCA suggested that the decision maker's safeguarding concerns around P's going out into the community could possibly be negated by some observation work by carers and/or her social worker in the community. The IMCA suggested this may be a bigger piece of work but may avoid a too early decision of depriving P of his liberty at this stage

### *Changes experienced as a result of IMCA being involved.*

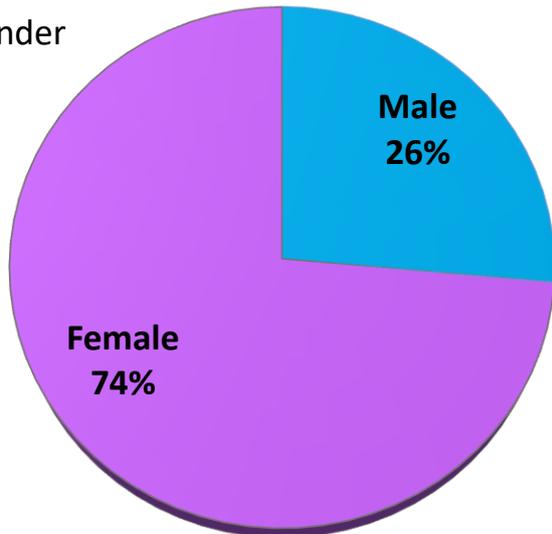
As a result of the IMCA involvement, the local authority decided that rather than deprive P of his liberty immediately, they would instead conduct some observation works and trial some support workers to support P in the community before making a decision to move him to EMI residential.

The aim of all SAFE courses is to promote

- self-advocacy skills
- relationship and communication skills
- safe personal boundaries
- choice and independence
- information about rights
- thinking and listening skills
- the introduction of different theories and models relating personal development

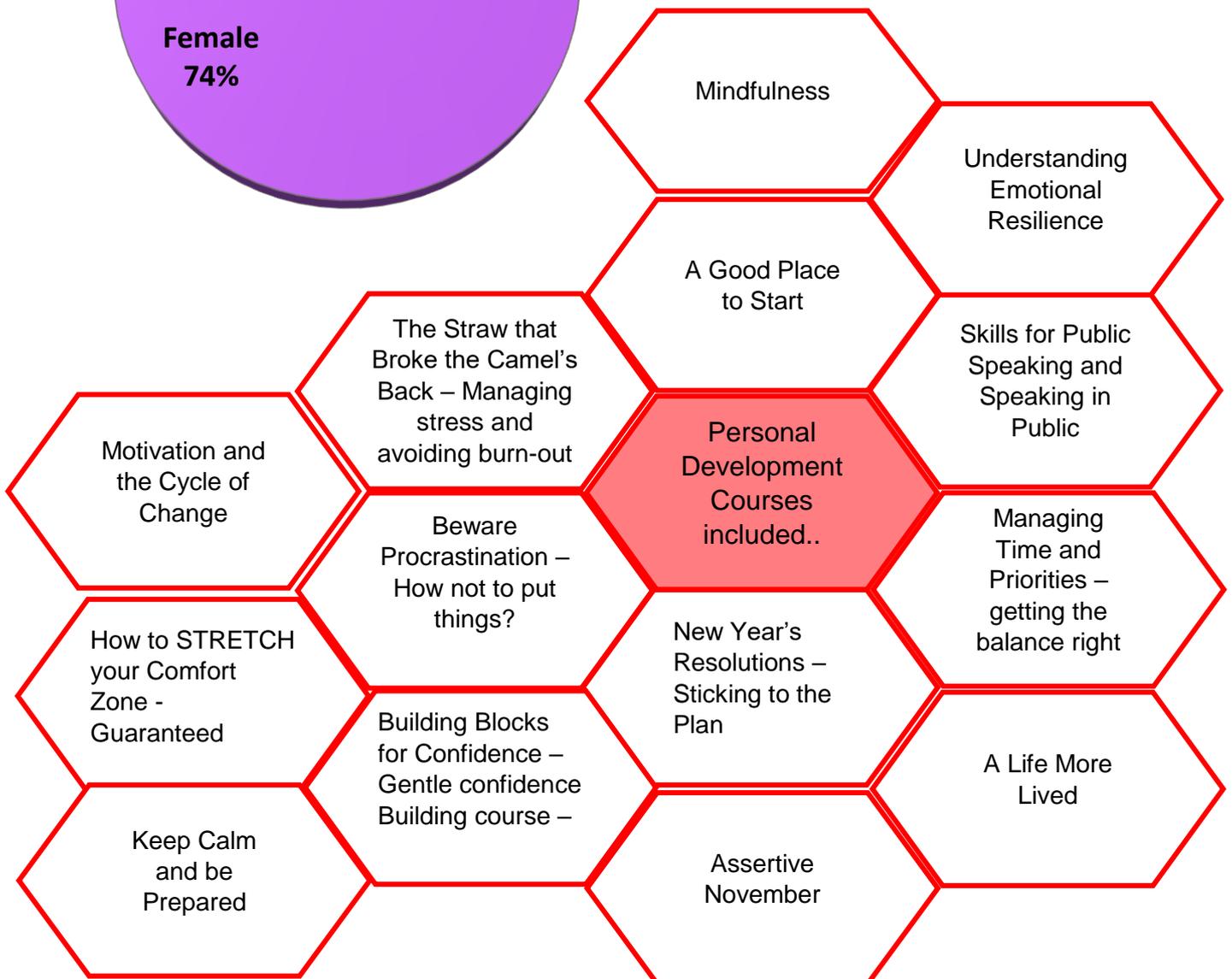
**SAFE**

Gender



36 courses delivered between April 2016 – March 2017.

3 Programme reviews



# SAFE



## Feedback from people who attend SAFE sessions

*I appreciate all the support but I now work on Thursdays. I am so gutted I can't attend....I appreciate all the help I couldn't have done it without you.*

Thank you for all the help, support and guidance given throughout the SAFE programme. After each meeting there is always something positive to take away from it and build on, making life and the future that bit brighter each time. Thanks again and long may the SAFE programme continue for all those who need it.

“Coming to SAFE has changed my life for the better. I now feel like I have a purpose in life again. I'm more assertive and more confident than I was when I first started. And although I still need to work on them, I now feel like this is possible thanks to all for your hard work.”

“What SAFE does isn't therapy but we learn to understand things. We learn useful things that help us cope with stress and face things we're scared of.”

“Thanks for creating sessions where if you are willing and able you have the opportunity to learn, voice your own thoughts and develop in a safe environment where everyone, I feel, is made to feel welcome.”

“We're good for each other because we can relate to each other. We are in a group when usually we want to be isolated. In the first few weeks we feel really alone and then we fit in....sometimes we do things just to fit in. In SAFE we go through a process of realising I am allowed to have my own opinions.”

“I don't have to pretend to be somebody I'm not. I can just be myself. Everyone is so kind and calming here and we encourage each other because we know how we have all felt.”

“I feel grounded and happier than before due to the companionship and feeling of security of being with SAFE.”

“The SAFE group has given me a space to just be me which is a new experience for me in a group setting.”



## Volunteering with SAFE

All volunteers have attended the project for support themselves and so volunteering can be seen as part of each person's personal development.

**The following comments were made by SAFE volunteers and relate to their experience of volunteering with the SAFE.**

"SAFE has helped me to gain confidence and become a volunteer and helped me gain the skills to cope when things are not going to well. I can now spot the signs before it gets too bad and turn it around. I am now off antidepressants for the first time in 10 years and I'm looking forward to the future instead of dwelling on the past. Thank you. This is all down to your help and support."

"Thank you for the encouragement you repeatedly give, for being enthusiastic about my ideas and for believing in me."

"It's (SAFE) brought me out of my shell and made me a confident person."

"Helping to run SAFE sessions has opened up a whole new side of me! I've gone from being really quiet to now you can't shut me up."

"This is like a dream come true to me. I am now doing things I've always wanted to do. I now do public speaking to community groups about my 'hobby'."

"Being at SAFE sessions always makes me feel cared for, appreciated and never judged. I am glad I got the opportunity to become a volunteer and be such a big part of the SAFE programme."

"Since coming to SAFE I'm going to ....(another project) to volunteer. I feel more confident now and I can have better personal boundaries which I've learnt from here to keep myself safe and not feel guilty if I say I can't do something for them. I've sometimes done things I don't really don't want to do because I can't say no and get drawn in to other people's problems"

Other progressions include

- one volunteer completed her QCF Level 3 in Health and Social Care,
- three volunteers are about to embark on Level 3 Certificate in Mental Health,
- all of our volunteers attend the Mental Health First Aid course as part of their training,
- one volunteer has returned to part time work,
- one is preparing to write his second book,
- two volunteers completed an independent course in Mindfulness (Mindfulness-Based Stress Reduction Course (MBSR))



## RELEVANT PERSONS REPRESENTATIVE (Paid)

The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005. They apply in England and Wales only.

The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

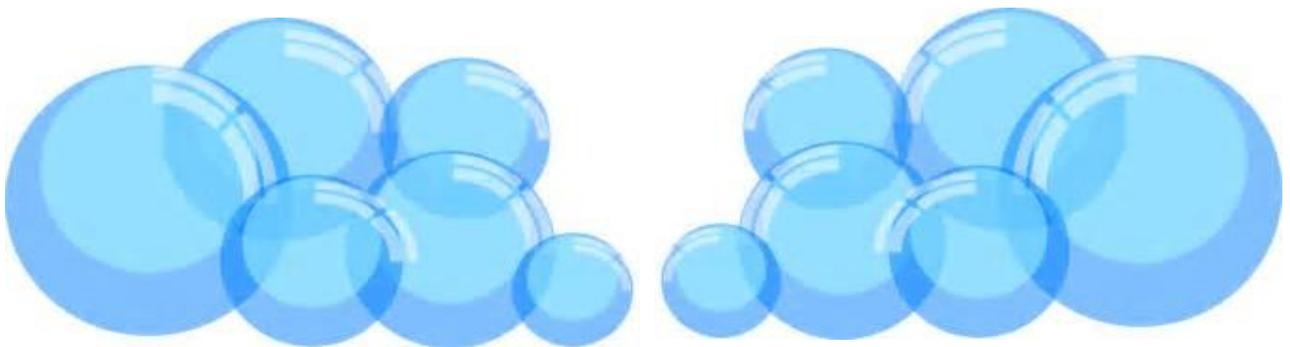
A Relevant Person's Representative (RPR) is a person chosen and appointed to represent the interests of the relevant person. It is usually a family member or friend, but where there is nobody available within a person's network, a paid representative will be selected.

"The 'acid test' was whether the person is under continuous supervision and control, and is not free to leave."

As Lady Hale\* said

"a gilded cage is still a cage". People who lack the capacity to make (or implement) their own decisions about where to live may justifiably be deprived of their liberty in their own best interests. They may well be a good deal happier and better looked after if they are. But that does not mean that they have not been deprived of their liberty.

\*Lady Hale is currently the Deputy President of the Supreme Court of the United Kingdom.



POLICY / PROCEDURE	
Advocacy Charter	Referral Policy & Procedures
Advocacy Charter Welsh	Reserve Arrangements
Advocates Role	Monitoring & Evaluation
Answer Machine/Message Book Procedures	Sign Posting and Referring
Board of Trustees - Code of Conduct – Working Rules	Disclosures Security & Information
Board of Trustees Working Rules	Support, Supervision & Appraisals
Complaints Procedure	Volunteer Policy
Confidentiality Agreement	User Involvement
Confidentiality Policy	Making a Protected Disclosure
Conflict of Interest & Boundary Issues	Recycling & Environmental issues
Disciplinary and Capability Procedure	Delegated Powers
Employee Equality & Diversity monitoring form	Code of Conduct
Equality & Diversity	Children & Young Persons Policy
Equality & Diversity Recruitment & Employment Procedure	Severe Weather Policy
Expenses Policy	Driving – Safe Practice
Files, Emails & Internet	Absence Policy
Finance Policy	Safeguarding Monitoring Sheet
Gifts & Hospitality	Data Protection
Grievance Procedure	IMCA Policy
Health & Safety Checklist	Advocacy Quality Assurance
Health & Safety Policy	TOIL
Holidays	Vulnerable Persons Safeguarding Policy
Language Policy	Information Sharing
Lone Working - SL booklet & Risk assessments	Disclosure & Barring
Mobile Phones & Ultra book's	Fraud Policy
Non Instructed Advocacy	Recruitment of People with a Criminal
Office Procedure for Files	What is required of an Advocate
<i>All policies &amp; procedures are reviewed annually</i>	

#### Other Relevant Documents.

Memorandum and Articles of Association.
IMHA Engagement Protocol
IMCA Engagement Protocol
Community Engagement Protocol
ACAS Code of Practice
DBS Code of Practice.
Providing and using work equipment safely
Maintaining portable electric equipment in low risk environments
Electrical safety and you
Working with substances hazardous to health
Data Protection Act – A guidance note for advocacy providers
Betsi Cadwaladr University Health Board P & P for Protection of Vulnerable Adults
Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse

## Advocacy Services North East Wales Workforce Development Plan 2016

Need Identified	Undertaken By	Delivered By
Working with people with Autism	Advocates	To be sourced
Brain Injury – How to Communicate	All Staff	Rudi Croits
CAB updates	All Staff	CAB staff
Carers specific legislation	Simone Edwards	To be sourced
Case Studies	All Advocates	Sue Woods
Communication	All Staff	Jude Elliot
Complaints	All Staff	Sue Woods
Confidentiality	All Staff	Sue Woods
Discrimination	All Advocates	CAB
Equality & Diversity	All Advocates	To be sourced
First Aid	Admin & SAFE facilitator	FLVC
Governance	Trustees	To be sourced
Health & Social Care Wellbeing Act	All Advocates	To be sourced
Health & Safety	All staff	H&S Officer
Human Rights	Advocates	Sue Woods
Independent Advocacy Qualification	All new advocates	Coleg Cambria
IMCA Qualification	All new advocates	Coleg Cambria
IMHA Qualification	All new advocates	Coleg Cambria
Interface between the MCA & MHA	All Staff	Neil Allen - Barrister
Introduction to Advocacy with taught elements of IAQ	All new advocates & advocates refresher	Sue Woods
I.T	All Staff	Topher Boden
Makaton	Advocate	To be sourced
Mental Health Act	All Advocates	Peter Edwards Law
Non Instructed	All Advocates	Sue Woods
Outcomes	All Advocates	Eileen Murphy
Peer supervision Community	All Advocates	Facilitated by LM
Peer supervision IMCA	All Advocates	Facilitated by LP
Report writing	All IMCA's	Sue Woods
Risk Assessment & Lone Working	All Staff	Sue Woods
Safeguarding	All Staff	Louise Hughes
Welsh	All Staff	To be sourced
Working with Sexual Abuse	Advocates	To be sourced
SAFE Courses	Open to people who use services	Rolling Programme delivered by Jude Elliot
Self-Advocacy for Carers	Open to all carers	Jude Elliot

## ASNEW Training Undertaken 2016/17

Advocacy management	IMHA/IMCA – interface
Benefits for Non Benefit Advisors	Introduction to Advocacy
Carers Rights	Introduction Welfare benefits
Case Law	IT Training
Case Studies	Litigation Friend
Children’s Services process	Mental Health Act
Communication Training	Relevant Persons Representative
Court of Protection	Report writing
Data protection	Safeguarding Adults & Children Awareness
Diploma in Independent Advocacy	Social Care & Wellbeing act and Code of Practice
Discrimination	Transgender Awareness and Equality
Expert Class on Advocacy	Universal Credit
First Aid	Working with Autism
Health & Safety	
How to Challenge Decisions	<b>Conferences</b>
Human Rights	Two Day Partnership Training
IMCA 39A	Third Sector Conference
IMCA Qualification	National Advocacy Conference
IMCA safeguarding	Autism Conference
IMHA training	

Delivered two four day Introduction to advocacy courses

*There are very few certainties that touch us all in this world, but one of the absolutes is that we will experience hardship and stress at some point.*

Dr. James C. Dobson

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