



ADVOCACY SERVICES NORTH EAST WALES

Annual Report 2017/18





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Advocacy Services North East Wales
Annual Report for the year ended 31st March 2018

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

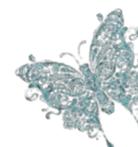
Meryl Hayes

Julie Lambert

Mike Webster

Charlotte Atkins

Catherine Lloyd-Williams



Company Secretary: Sue Woods

Advisor to the Board: Martin Coyle

ASNEW Staff:

Bethan Vernon- Advocate

Chris Vick – Lead Carers Advocate

Clive Rowland – SAFE Facilitator

Daniel Robinson - Advocate

David Pownall – Community Lead

Emma Derkatsch -Advocate

Gaynor Davies – Carers Advocate

Helen Waterton – Advocate

Jennifer Challinor- Advocate

Lorraine Morris – Advocacy Manager

Lynn Roberts - Support Services Manager

Nicola Parry – IMHA Lead

Rachel Jones – Carers Advocate

Richard Strefford - Advocate

Rowan Rosenthal - Advocate

Sandra Kelly - RPR

Sarah Bowen - SAFE Facilitator

Sue Woods -Service Director

Suzanne Hughes - Advocate

Topher Boden- Support Services Administrator

Bank account is held with: Lloyds Bank

Accountants: Gardners Limited. Brynford House, Brynford Street, Holywell.

Employment Law Solicitors: Richard Hall & Partners.

ASNEW's Mission Statement

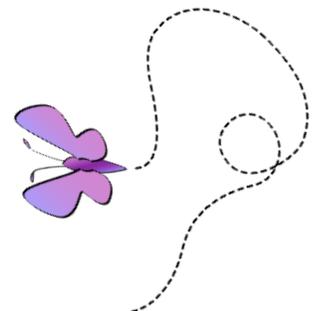
Changing lives for the better

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

Aims of the organisation

This service working to our charter and within the infrastructure of Advocacy Services North East Wales will:

- ✦ Provide an independent, confidential, free, equitable, accessible advocacy service to the people of North East Wales.
- ✦ Enable people to access services they need 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, 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 , Social Services and Wellbeing Act, Mental Capacity 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 problems 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 client group.



Area of Work



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.

Thank You



**COMMUNITY /CARERS
ADVOCACY**
Covering
Flintshire & Wrexham



**CARERS
ADVOCACY**
Covering
**Wrexham &
Denbighshire**



Covering
Flintshire & Wrexham



Covering **Flintshire**



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

And last but by no means least
our phone company....



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.



Previous Years AGM Business

The Annual Report was presented to the Board and worked through, Sue read her annual achievements and performance report and an analysis of all the work that had been undertaken in the previous year, the statistics now need analysing in full.

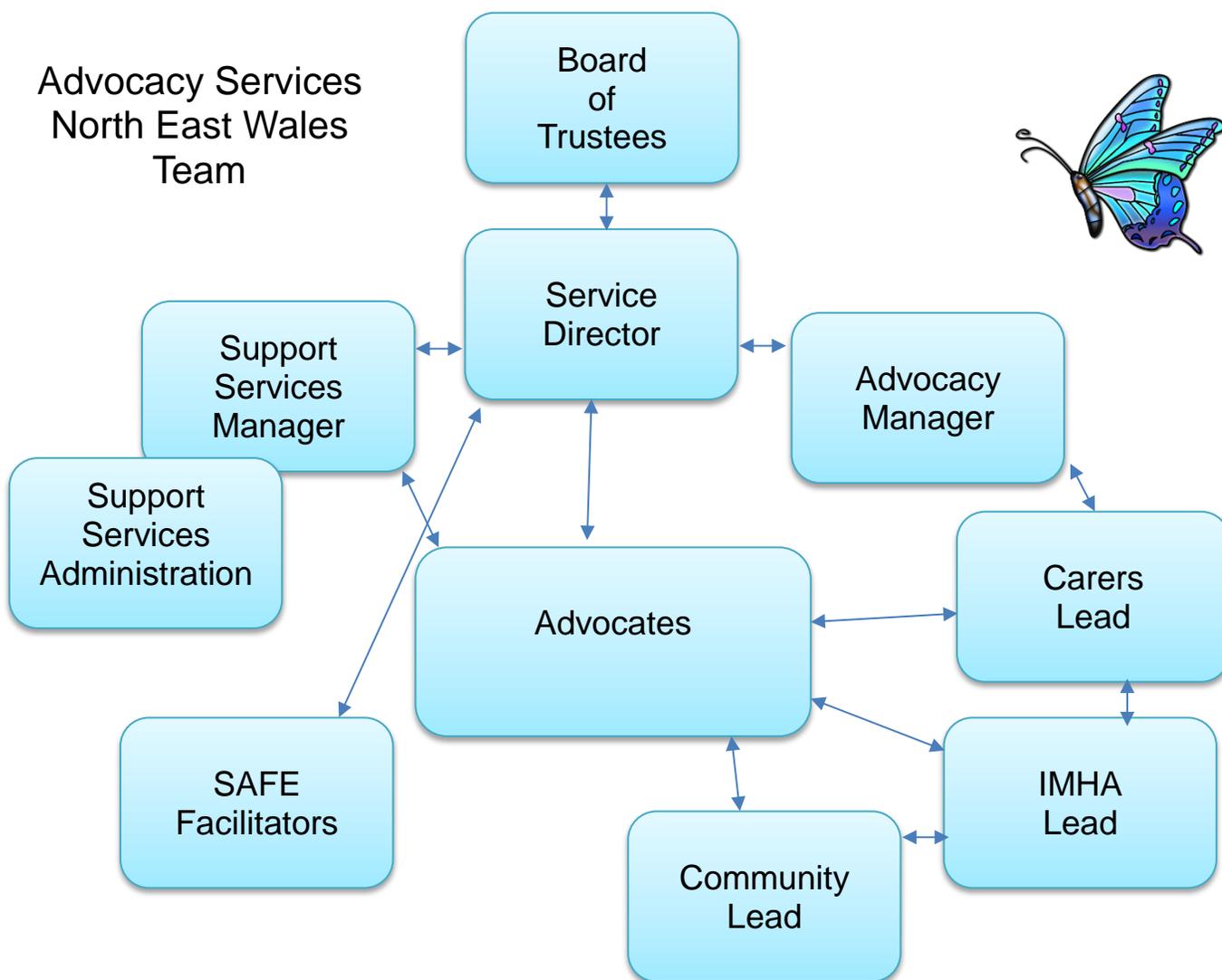
The Annual Report was approved by the Board.

Mike Webster and Julie Lambert retired as trustees and immediately stood for re-election.

Meryl Hayes proposed Mike and Julie as trustees and Mark McIntosh seconded the proposal. Mike and Julie accepted the positions.

Gardners were agreed as the accountants for the coming year.

Martin Coyle agreed to be an advisor to the Board for the coming year.



SERVICE DIRECTORS ANNUAL REPORT INCORPORATING ANNUAL ACHIEVEMENTS & PERFORMANCE 2017/18

At the start of this reporting period we heard the sad news that John Richards, former trustee and volunteer advocate with the service, had passed away after a long illness. In his honour, and thanks to the kind gesture of his wife Anne and family in requesting donations to ASNEW, we have set up the John Richards memorial fund. This fund will provide financial support to clients of ASNEW in need of financial support at times of need.



The process that had started last year to identify and secure appropriate office accommodation finally resulted in the move to offices in the High Street Mold in the summer. Thanks to all staff for their help with the move and for bearing with the inevitable disruption both physical and technological that is an inevitable consequence of such a change.

The start of the year saw five more new staff join us, Emma as a community and Independent Mental Health Advocate and Bethan working in the community. In June Sandra joined us as an additional resource to support the much in demand Paid Relevant Persons representative service. Then, as a result of the Safe facilitator vacancy, Sarah and Clive were recruited to, not just maintain the excellent programme operating in Flintshire, expand the provision in North Wales with the aim of making SAFE a self-sustaining element of our service. Everyone who joined us this year has proved to be excellent additions to the team! We have also had two long standing staff members leave us this year, Simone and Jude, both moving on to new challenges and we wish them all the best in their new careers.

A mini restructure and a shifting of work distribution in the organisation had to take place in order to adjust to the staffing resources available. This has enabled us to better meet the current requirements of the organisation. Complexity of client issues and the specific extensive knowledge of relevant legislation needed has also required ASNEW to adapt and modify to some degree our way of working, bearing in mind the organisations priority of minimising risk in order to protect current staff.



The Board made a decision last year to invest in a bespoke case management system now named Seren. Alongside Blue Door, the company that has provided the system, Topher (Office Administrator), has dedicated many hours to code writing and working with the senior management team to ensure that what was being developed would meet our requirements. Under Lynn's (Support Services Manager) capable guidance we are now beginning to see the investment bearing fruit and this will also ensure that compliance with the incoming GDPR regulations and the resultant focus on Cyber Security is more achievable. This implementation has had, of necessity, an effect on the day to day whilst things are being embedded. I am sure that this time next year all the hiccups will be forgotten and only the positive benefits will be remembered!

David (lead Community advocate), Suzanne and Rowan, along with Emma and Bethan provide the main community focus with others still holding some community clients on their caseload.

In the year 2017/18 we provided a service to a total of 1032 people. The demand for community advocacy continues as the challenges that face our clients in the current financial climate are at times overwhelming. It is inevitable though, with the level of resources available, that people will have to wait to be allocated an advocate. The team work hard to ensure that communication is maintained and that priority issues are identified and that any wait is kept to the minimum. There is still uncertainty with regard to our local authority contract, currently on six month extensions, whilst the authority reviews its strategy for funding the third sector and advocacy in particular. ASNEW's business plan 2018-2021 identifies the need to start looking at alternative sources of funding that enable us to continue to work with the people who need us the most, this will be a priority in the coming year.



In terms of Independent Mental Health Advocacy (IMHA) service those staff whose primary role it is, Nicola (lead IMHA), Helen, Jennifer, Daniel and Richard have worked with 672 people this year a significant increase on the previous year. This is proving an effective way of providing the service with positive feedback from all stakeholders and, as in previous years, we have met all contractual requirements with particular reference to adhering to required timescales in engaging with clients.

The Independent Mental Capacity Service (IMCA) provision had to be re-allocated following the resignation of Simone who was the Lead IMCA. This meant Lorraine (Advocacy manager), Daniel, Jennifer, David, and Nicola all contributing to ensuring all referrals were acted on within the two days required. Thanks to everyone for pulling together across the service to ensure that this was possible. The service was provided to 143 individuals in this year.

April 2017 saw the start of the Carers advocacy service in Wrexham and Denbighshire in partnership with Newcis. This service comes under the Carers wellbeing project, funded by the Big Lottery, with Gaynor and Rachel joining the team in April as carer's advocates. Sadly the Carer specific advocacy for Flintshire funded by a Lloyds foundation grant came to an end in March 2018. But the good news is that we have been able to bring it in under the community advocacy service umbrella. Chris, who had been fulfilling the role, will still maintain the carer specific focus in his work. His knowledge in supporting the new carer's advocates will be invaluable in ensuring we continue to operate a respected and valued service to Carers. 145 Flintshire Carers were provided with Carers advocacy and, in the first year of provision in Wrexham and Denbighshire, 101 Carers received an advocacy service.

Most advocates work also as Paid Relevant Persons Representative (RPR), with it being Sandra's main role. This is a crucial role working with some of the most vulnerable people in our society. Sandra also maintains the systems and processes around the RPR service in conjunction with Lynn Support Services manager. 285 people were supported by Paid Relevant Persons Representatives in this year, an increase on the previous year.



The majority of the income for this element of service provision is generated by spot purchased contracts with a number of local authorities and the health board requesting the service.



This year however Flintshire county council decided to move to a specific contract, seeking suppliers via tender to provide Paid RPR, and we were successful in that process.

Lorraine has oversight of all these areas of our work, her main focus being to ensure equity, and quality, of provision whilst maintaining contract compliance.

The Self-Advocacy for Empowerment (SAFE) programme, run very successfully for the last few years by Jude, has also had change thrust upon it, with Jude's resignation in December. But thanks go to Sarah, a dedicated volunteer and SAFE facilitator, who made the brave decision to take on the paid role on a part time basis and magnificently kept the programme running for the remainder of the year. Clive was recruited in January as lead facilitator but wasn't able to join us until mid-March he will be working full time and a key requirement of his role will be in developing the range of the programmes on offer and also the counties where the programme can be offered. He has already made inroads with this starting with Conwy County Council. Forty nine individuals participated in this year's programme.

We began the process of assessment for the Advocacy Quality Performance Mark in January 2018 and gained the QPM in March 2018. This was another significant piece of work requiring, amongst other things, an audit of all policies and procedures to ensure we met all the requirements against the standards. ASNEW was also trialing the latest version of the QPM and our feedback has been invaluable to NDTI, who are the awarding body.

Chris, Daniel and Emma have all been awarded the Diploma in Independent Advocacy this year, with other members of staff well on the way Richard, Gaynor, Bethan, Rachel and Sandra who should all have the required qualifications by December 2018. This is excellent progress considering the significant changes in the workforce over the last two years and is further evidence of the commitment and passion which all the team demonstrate every day in their work with our clients. Workforce development in its broadest sense continues to be a high priority of the organisation and further in the report is more detail on what has taken place this year in building skills, knowledge and confidence.



We value all comments positive and negative from those to whom we provide a service and from a variety of other stakeholders. We are looking to improve the range of opportunities on offer for people to let us know their views and opinions on ASNEW. We continue to receive many compliments and thanks from clients pleased with the service they have received. We have also received several complaints this year mainly from care providers with regard to issues and concerns around the Mental Capacity Act and the Deprivation of Liberty Safeguards. All complaints are thoroughly investigated and responded to appropriately in accordance with our policies. As an organisation we are open to valid criticism and where required amend or change our way of working in order to reflect this.

The coming year will be a time in which we will work together to consolidate and strengthen the team. It will be crucial this year to be strategic in our thinking, being aware of the potential impacts of Social Services and Wellbeing Act Independent Professional Advocacy, the Inspection and Regulation Act and changes being proposed around the Mental Capacity Act, to name a few!

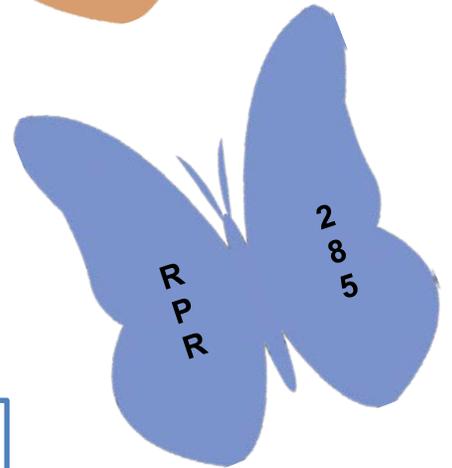
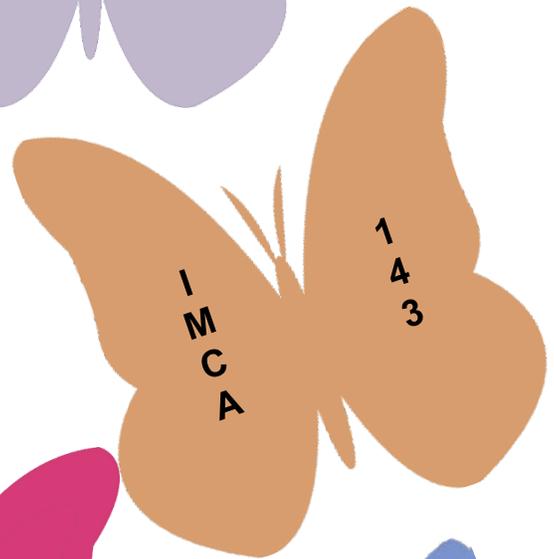
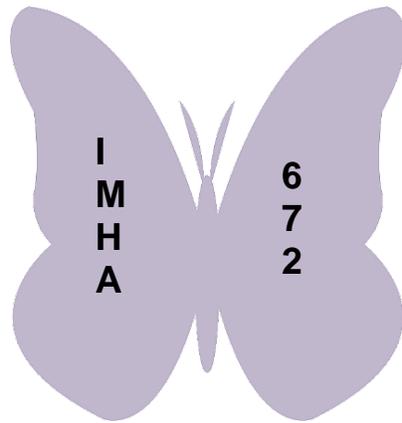
I continue to be very proud of this organisation and the work everyone does every single day that makes a difference to the lives of the people of North East Wales.

My thanks to all of you for the energy and commitment you show to our fellow citizens for whom life at times proves too hard to face alone.

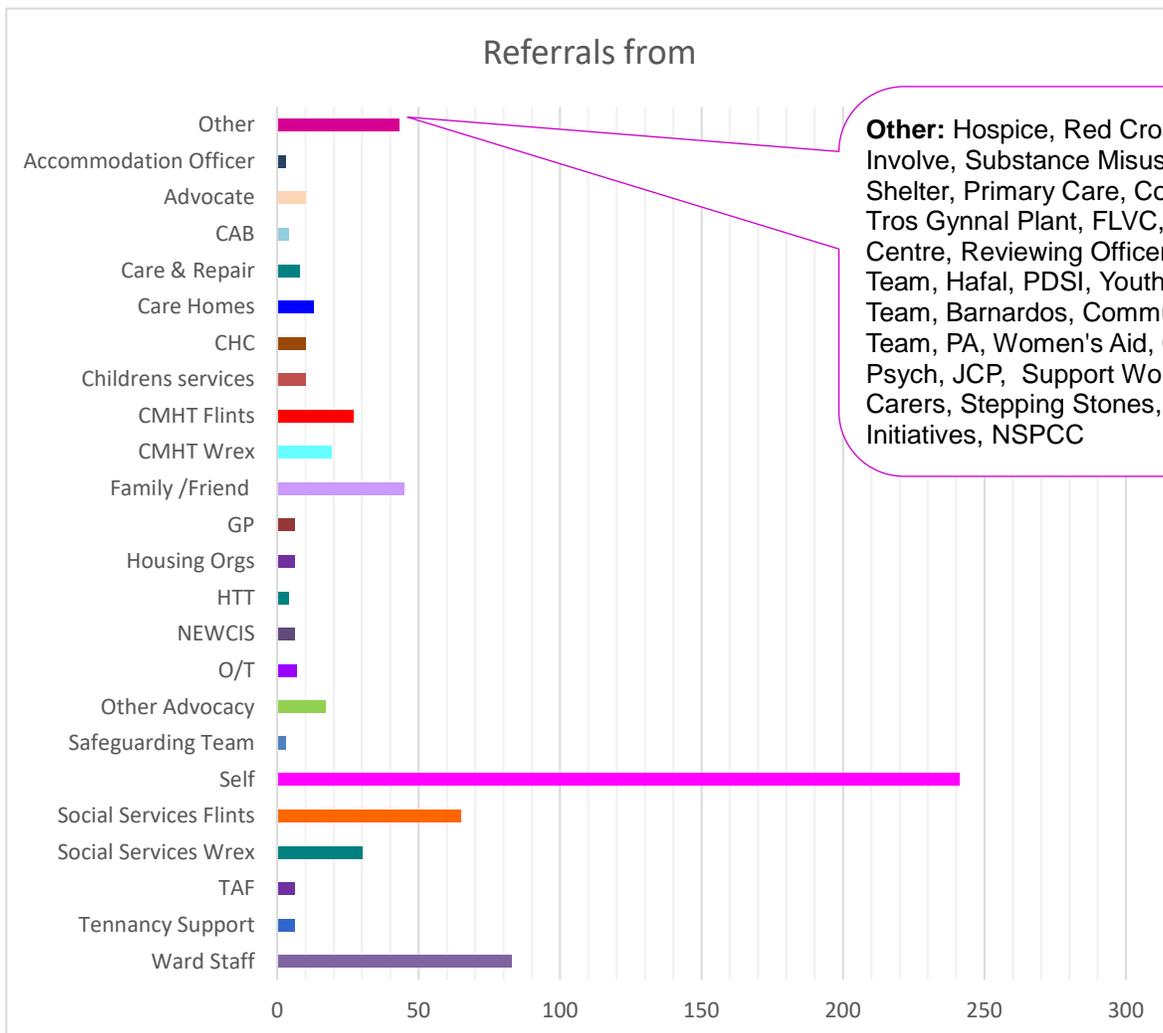
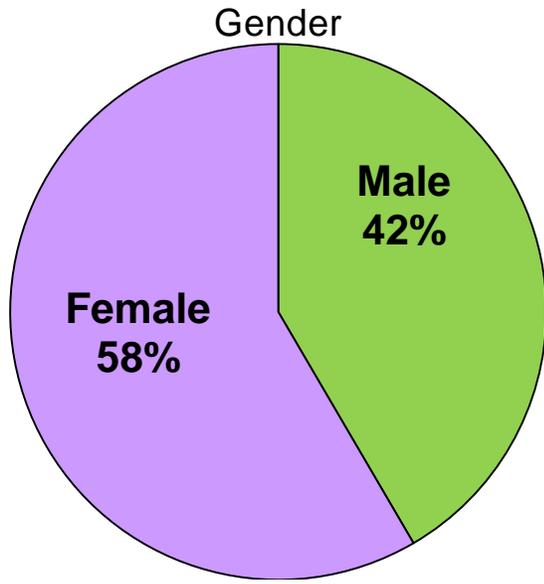
Sue Woods - Service Director

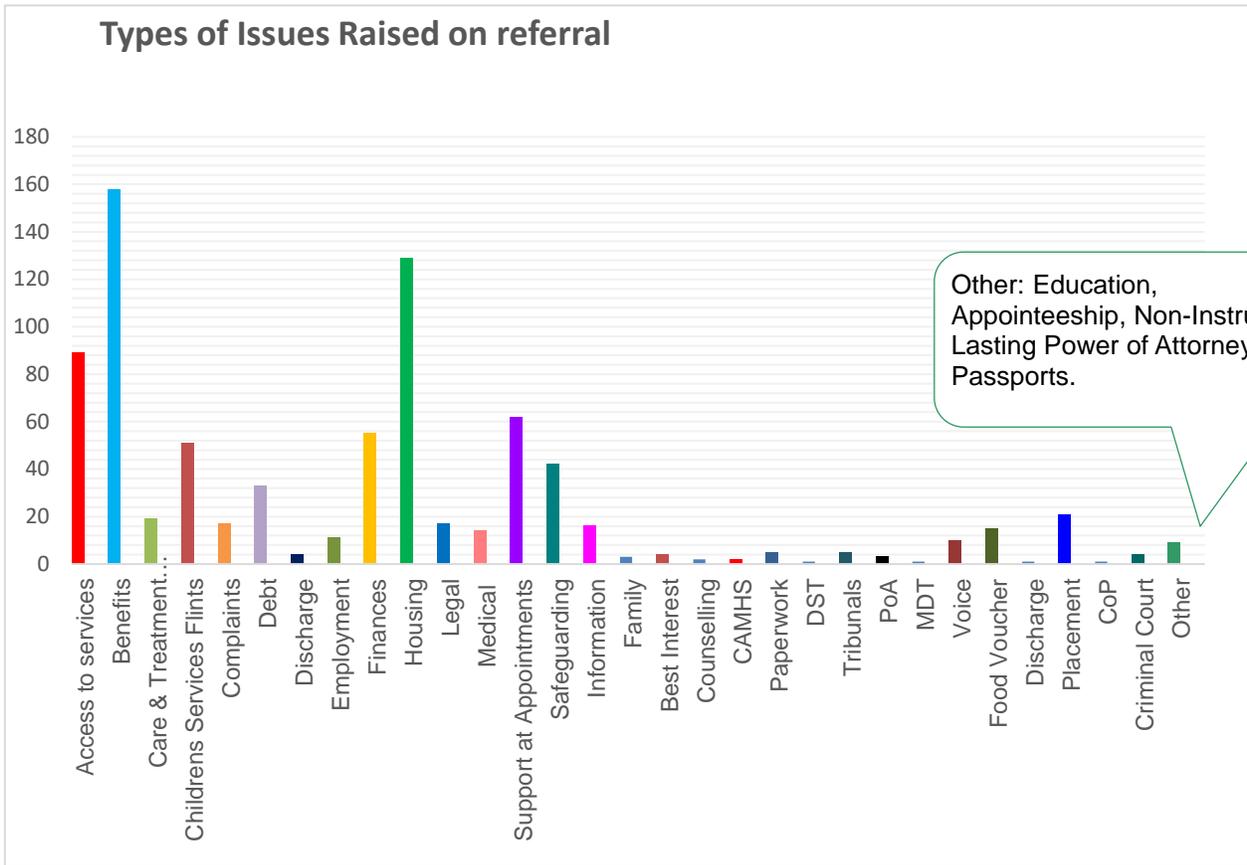
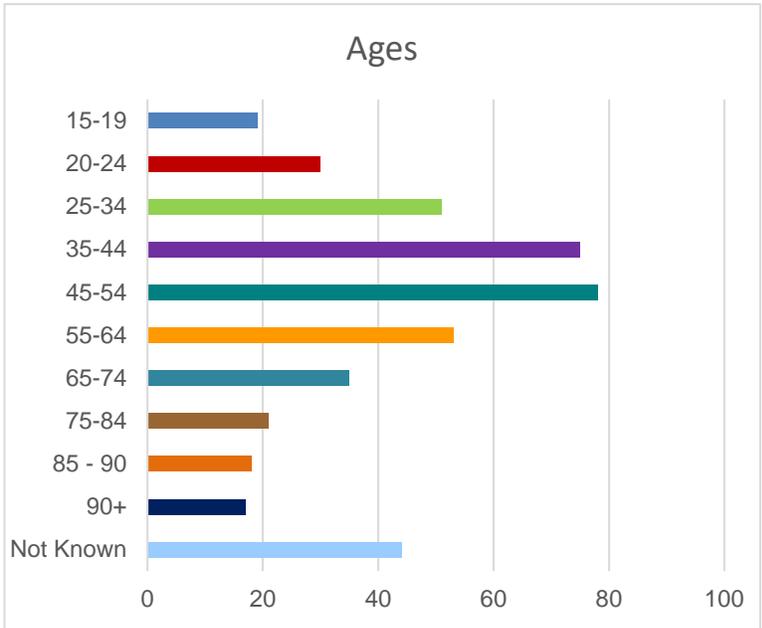
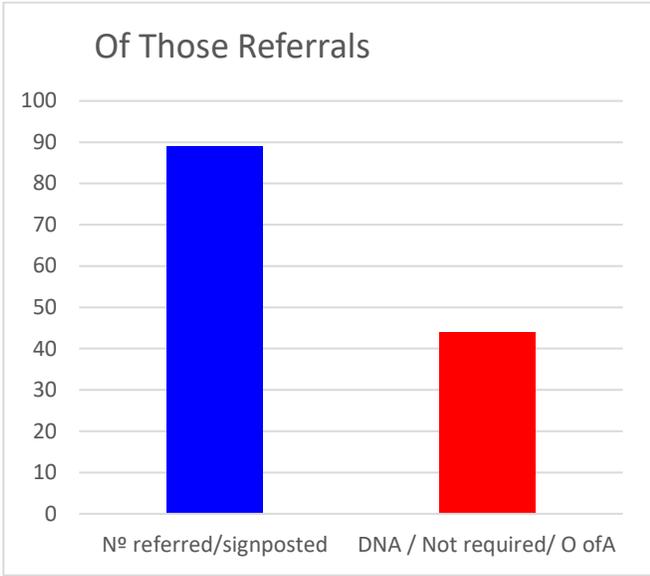


ASNEW worked with how many people?????

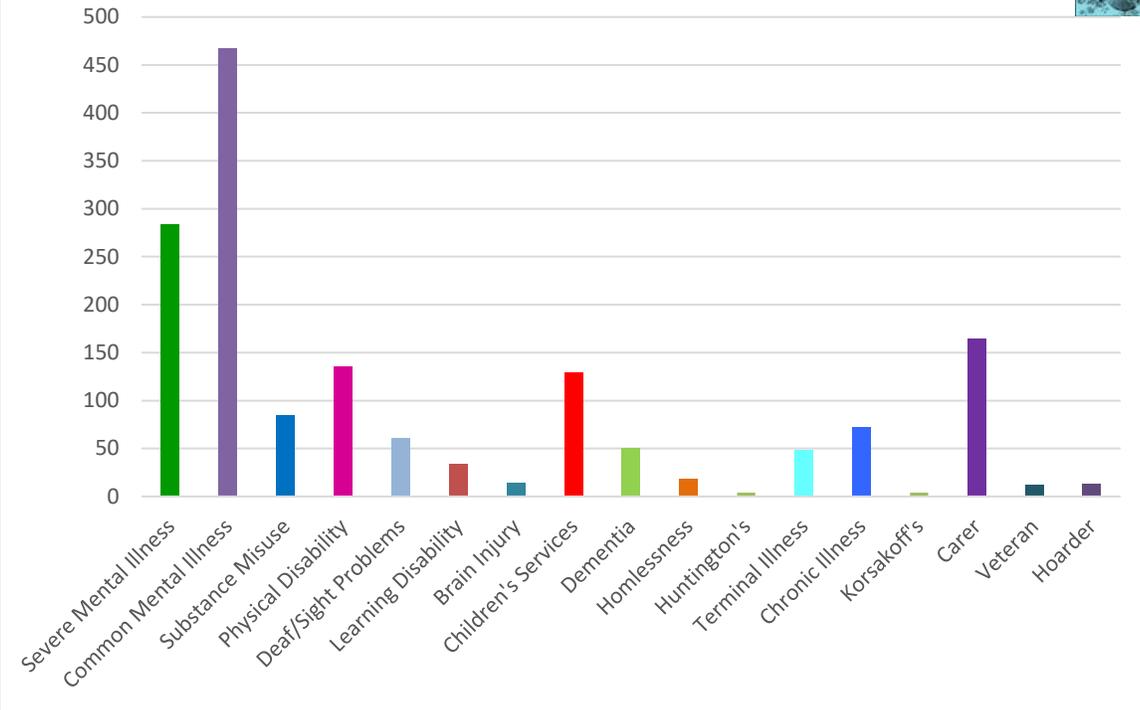


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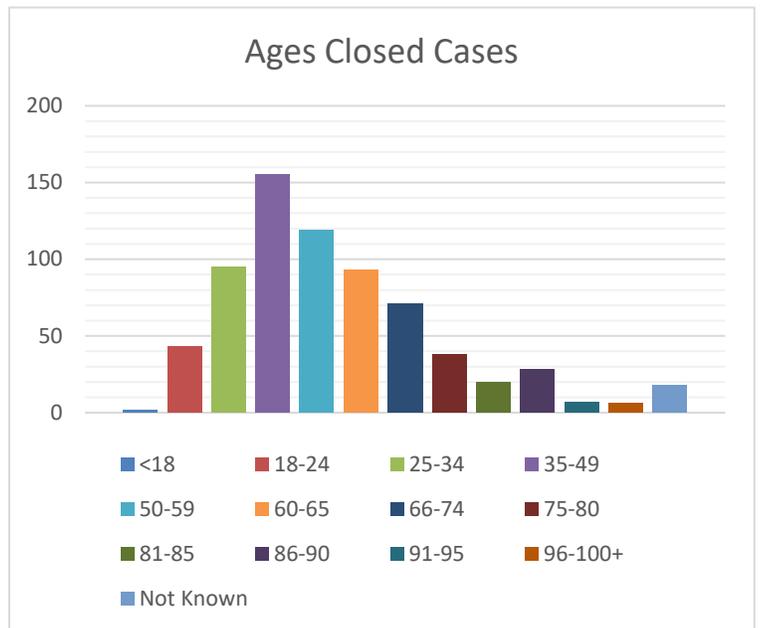
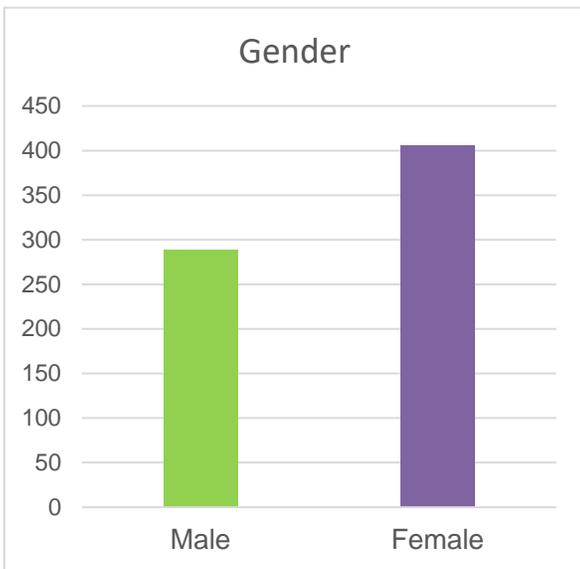




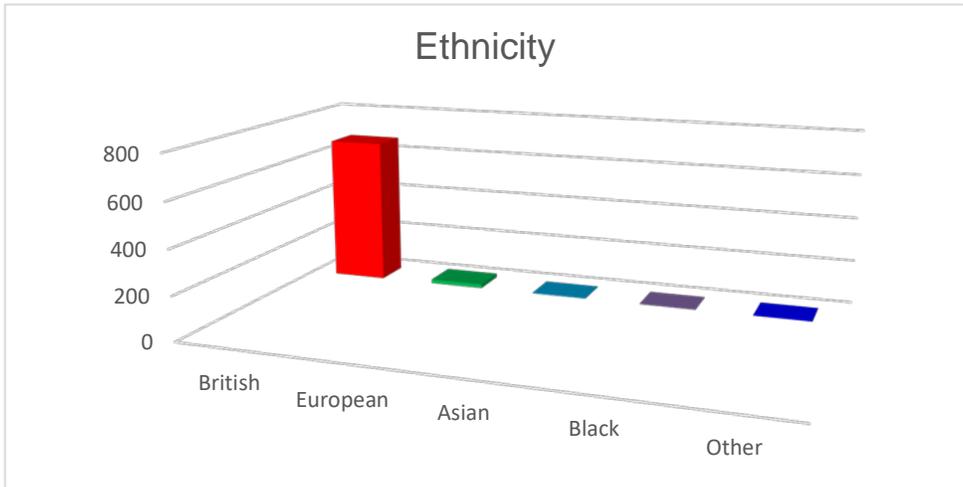
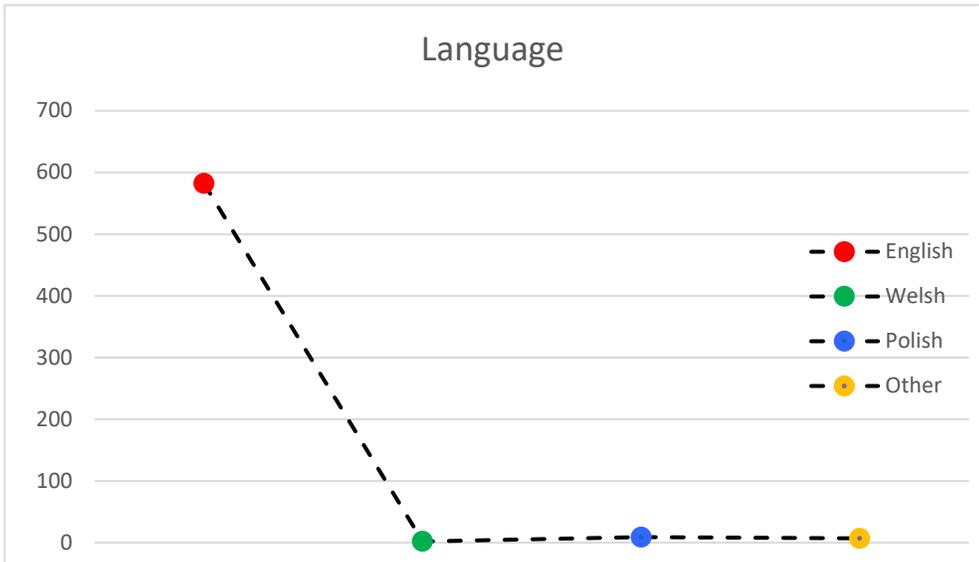
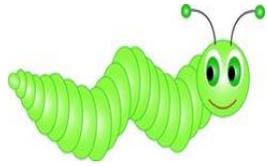
Just some of the issues the people that we work alongside deal with every day.

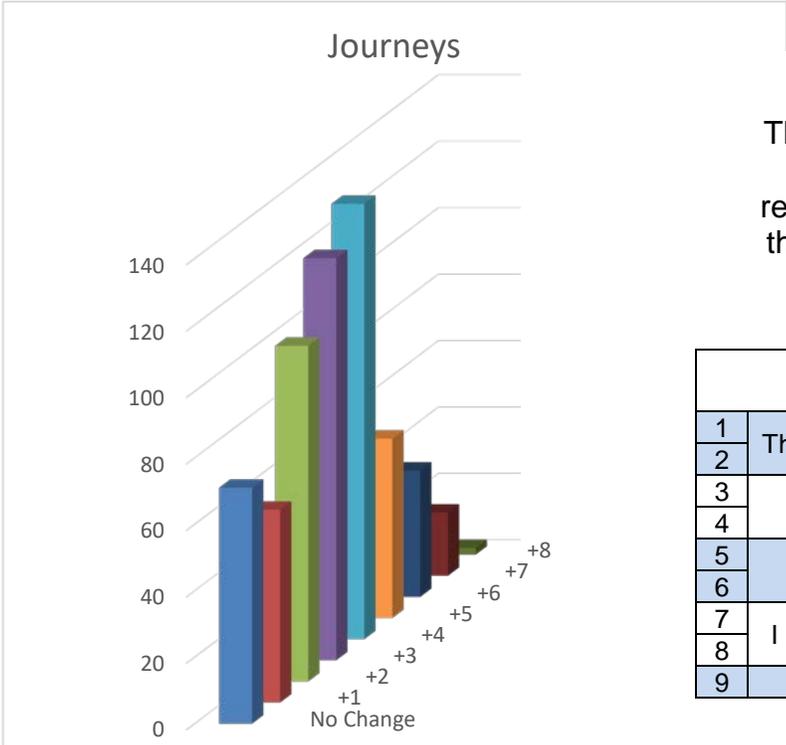
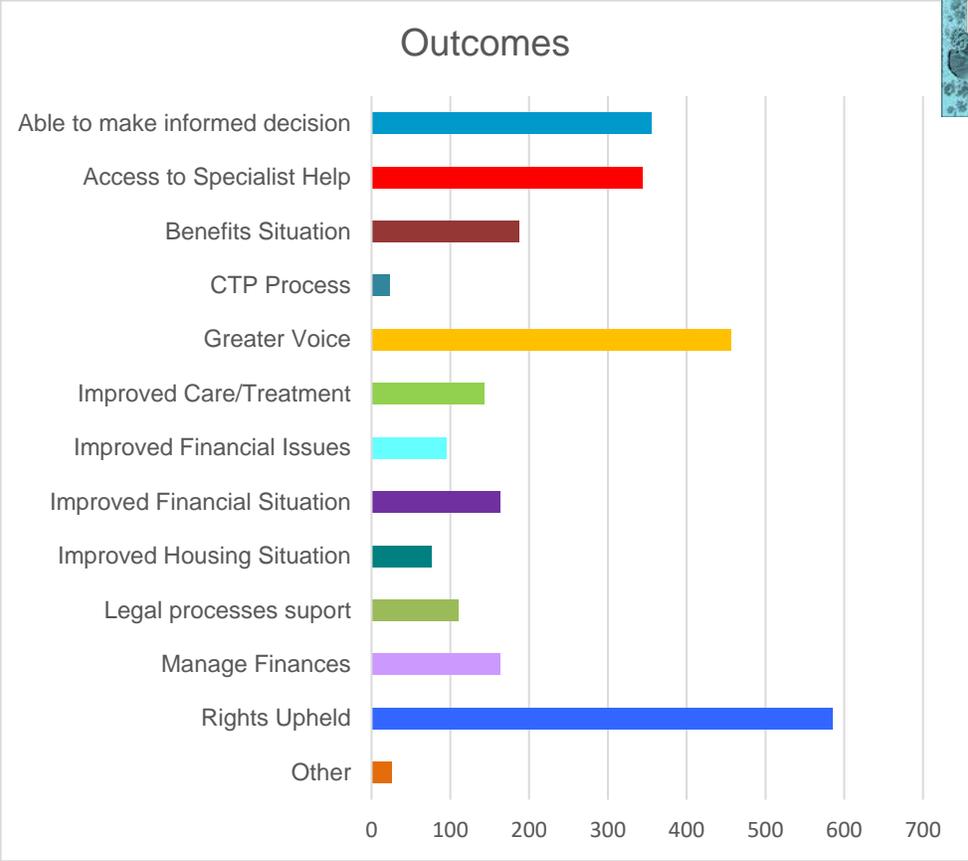


Closed Cases



Community closures





Advocacy Journey

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 their advocacy journey.

Advocacy Scales		
1	The Advocate will need to sort this out for me	1
2		2
3	I'll need lots of support from the Advocate	3
4		4
5	I need some support	5
6		6
7	I can sort things out, I just need a little support	7
8		8
9	I can do this on my own	9

Community stories

A needed support to obtain appropriate treatment and support from Community Mental Health Team. **A** felt that they were not being listened to. **A** was struggling to communicate their goals were and what help they wanted. **A** wanted a second opinion from another consultant.

A was supported at consultant's appointments. The advocate helped **A** to prepare prior to the appointments and address issues during appointments. The advocate then typed notes and sent to **A** as **A** struggled to remember what had been discussed during the appointments. The advocate supported **A** to engage with the Community Support Team to enable **A** to get the support they needed. **A** was struggling to communicate what **A**'s goals were and what help **A** wanted. The advocate worked with **A** to identify and access community groups and gave **A** the information requested about getting a second opinion.



A had a medication review and started to engage more productively with the Community Living Team. **A** started to build up confidence, going out as a result of this support. **A** regularly attending community groups. **A** now knows how to obtain second opinion.

B was referred to advocacy after giving up work due to poor mental health. **B** was not accessing benefits and struggling to pay bills. **B** had poor mental health and substance misuse issues. **B** also had difficulties with housing having being targeted by drug dealers.

The advocate supported to **B** to obtain the correct benefits, including backdated housing benefit. Assisted with utilities and setting up affordable payments, and assisted with debt. The advocate attended court with **B** regarding rent arrears. The advocate supported **B** to access services for support. Together they gained support of substance misuse services for **B**, and the advocate supported **B** to attend CMHT appointments and to raise concerns about accessing a mental health assessment in hospital.

On closure **B** had the right medication for mental health issues, and was receiving a full service in the community, including support workers through the substance misuse service. **B** was on the waiting list for detox, and with a plan to go to rehab out of county following this. **B** planned to stay out of county for a fresh start. **B** was also in receipt of correct benefits. During the time working with the advocacy **B** frequently commented that they felt the advocate was the only person who understood and were there for them. **B** ended the service feeling hopeful for the future.

D referred herself back to the service as she didn't feel as though she could get her voice heard with regards to her CPN and her needs for therapy

The advocate attended CMHT appointments with **D** and ensured **D** was able to get her voice heard during consultation; The advocate also ensured that **D** was able to get her voice heard with the CPN who visited her regarding her needs and how she feels at the moment including getting on the waiting list for therapy. The advocate supported **D** to apply for universal credit and explained how to use the DWP website and then referred **D** to the CAB to support **D** with her PIP review and a benefits check.

D is able to speak more for herself now and is able to explain how she feels in the consultations with the psychiatrist and the CPN. **D** was also able to improve her benefits situation.



Community stories

E was referred to the service as she was going through social services as she had previously handed over her children to foster care due to her mental ill health which meant they had become too much to manage.

E was seeing the children thought the social services and needed support at the meetings to ensure she understood what was being said and what she needed to do.

The advocate supported **E** at core group meetings to discuss the children and moving forward when she could work towards getting her children back. **E** was able to express that her mental health had improved and she was better now; she was aware of the triggers for her declining mental health and was now able to recognise this. The advocate ensured **E** was able to understand what the social worker and other parties were saying regarding her children and any risk she poses to them; and to also understand what she needed to do to ensure she was able to work towards getting her children back. The advocate supported **E** to get hold of a solicitor in case she needed one and also supported **E** with getting her UC benefit instated.

E was able to understand what was happening and was able to sort her finances out with support; **E** was able to get her voice heard and was able to fight her case with the support of Advocacy. **E**'s mental health improved to a degree that her consultant stated she was not a risk to her children and she was able to have increased contact until they were eventually returned to her. All **E**'s benefits were put back in place.

F was initially a client with the IMHA service and was made a community client when they were discharged from Heddfan.

F was very unhappy living in his current flat due to his neighbours and their behavior towards him, which ultimately led to his stay in hospital for mental health due to the overwhelming pressures **F** was put under.

After leaving hospital the advocate supported **F** to get himself on to the housing register; they then met with the housing officer at which the advocate supported **F** ensuring that his voice was heard and speaking on his behalf if necessary to ensure they understood exactly how the neighbours were affecting **F**'s life. A week after the meeting, **F** received two offers of accommodation and the advocate supported him to go and look at both. **F** decided to take the second property and further support was given for **F** to accept this property and prepare for a move. Together they looked into moving costs and **F** decided on a budgeting loan. The advocate helped **F** with the application, **F** was awarded this and moved in to his new home. Following the move, the advocate ensured that **F**'s benefits were updated with his new address and supported him with knowledge on carpets and getting his home to the standard he required; The advocate gave **F** information on the support he could gain from his housing officer regarding use of the equipment in his home such as the shower, boiler etc. **F** was also supported with appointments with the CMHT to ensure that his voice could be heard and for emotional support as **F** did not like to see the consultant. This meeting went well and gave **F** a confidence boost.

F is now so much happier within himself and is much more settled now he has moved. He is in a safe environment away from nasty neighbours. This has helped his mental health greatly. **F** still suffers with anxiety and depression although this has improved greatly. **F** has been decorating his flat and making it his home. **F** now has more confidence in himself and is making new friends where he lives.

C had been in a care home for several years and was quite happy there, however **C** wanted support to be able to go out into the community. The care home said that they had not been able to contact the correct local authority as the phone just rings out.

The advocate met with **C** and discussed what **C** wanted, they were then able to research the appropriate authority and who they needed to talk to. The advocate then arranged a meeting with the right people to discuss **C**'s request.

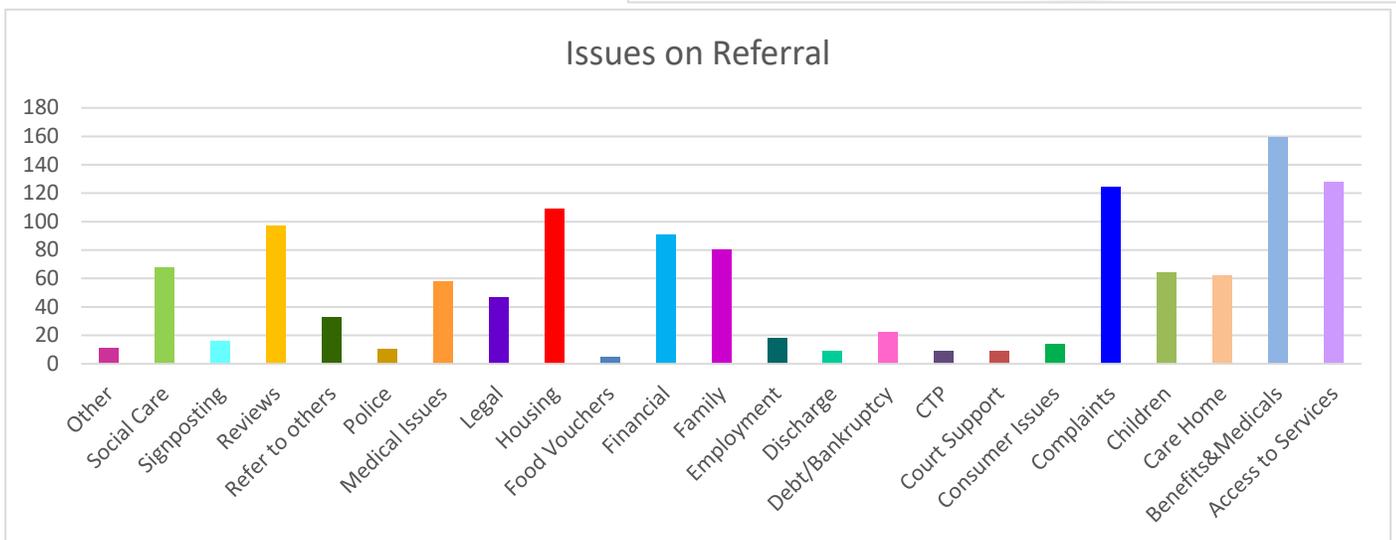
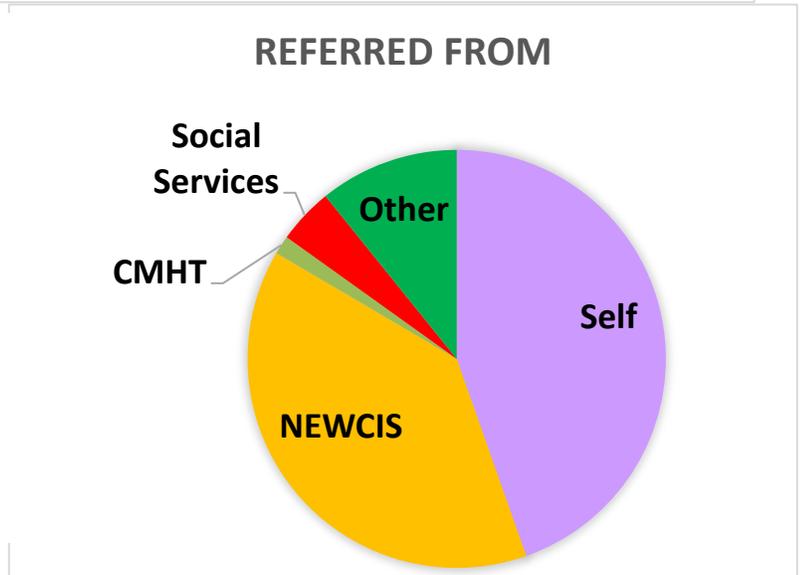
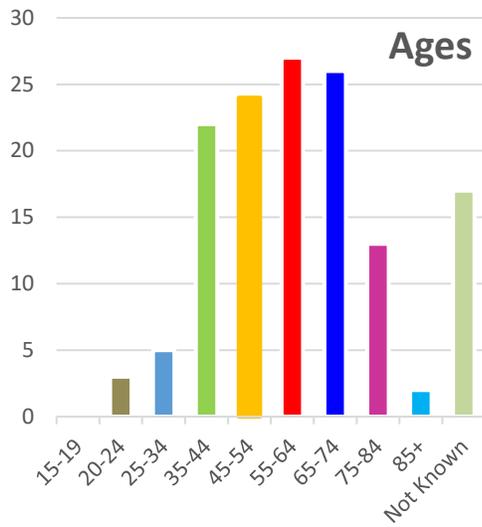
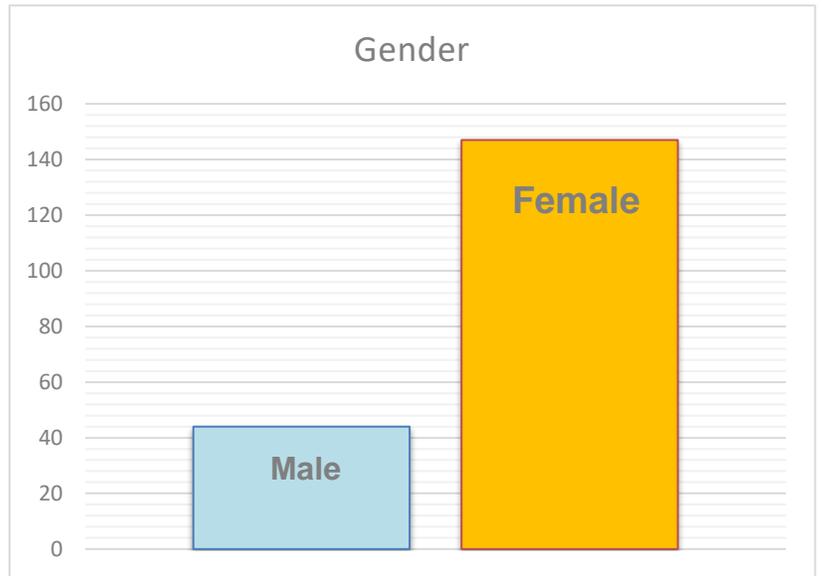
C was granted 2 hours a week to go out with a member of staff.

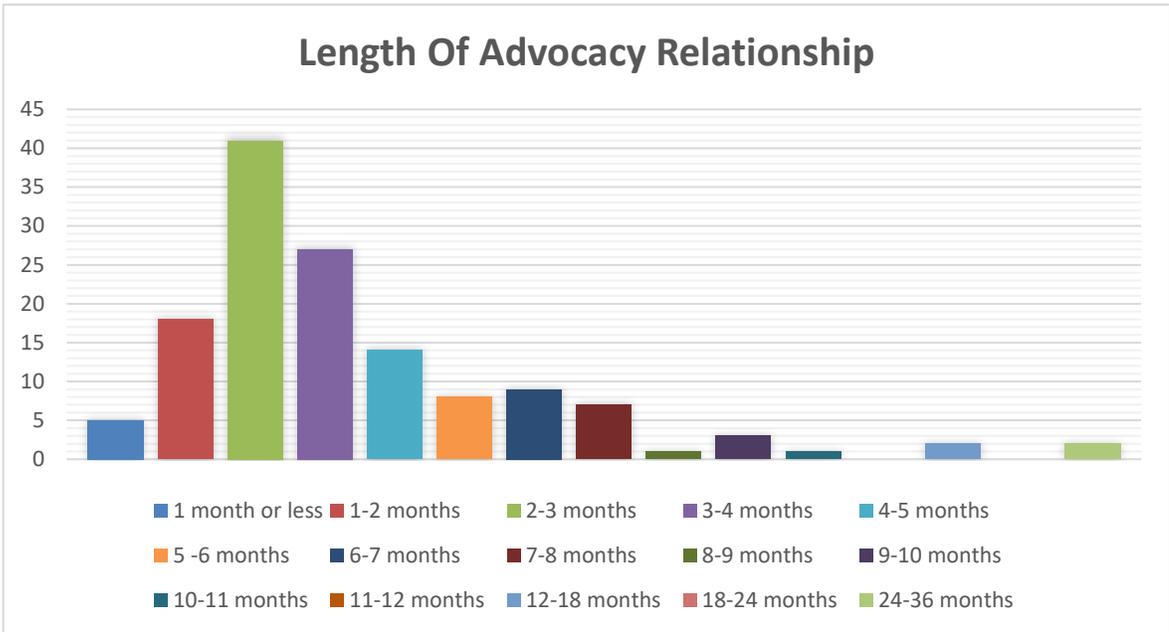
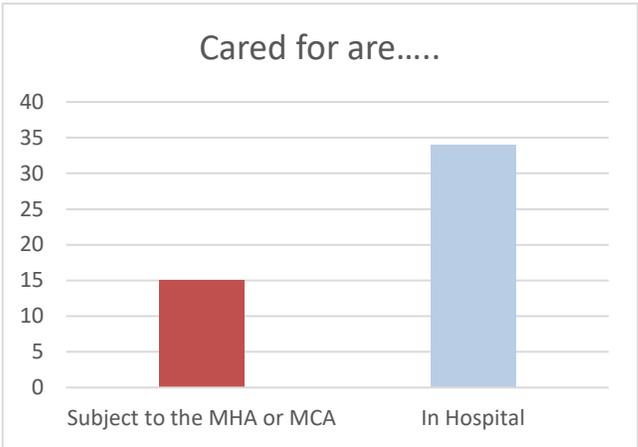
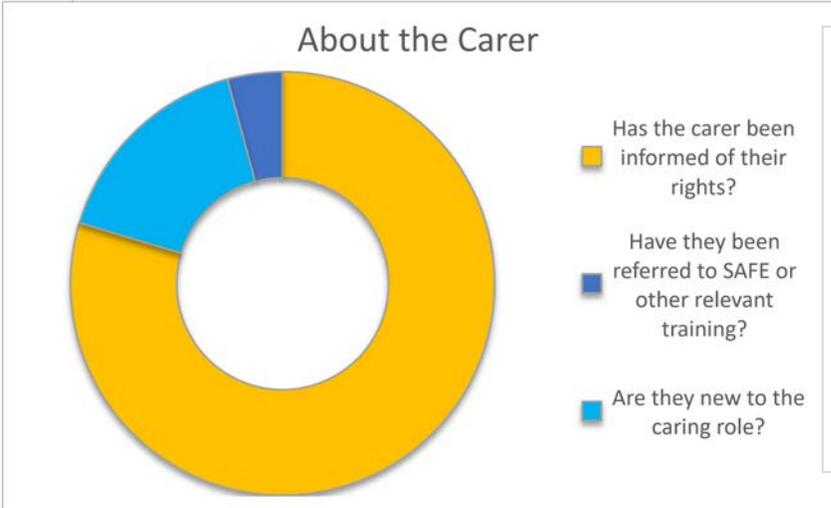
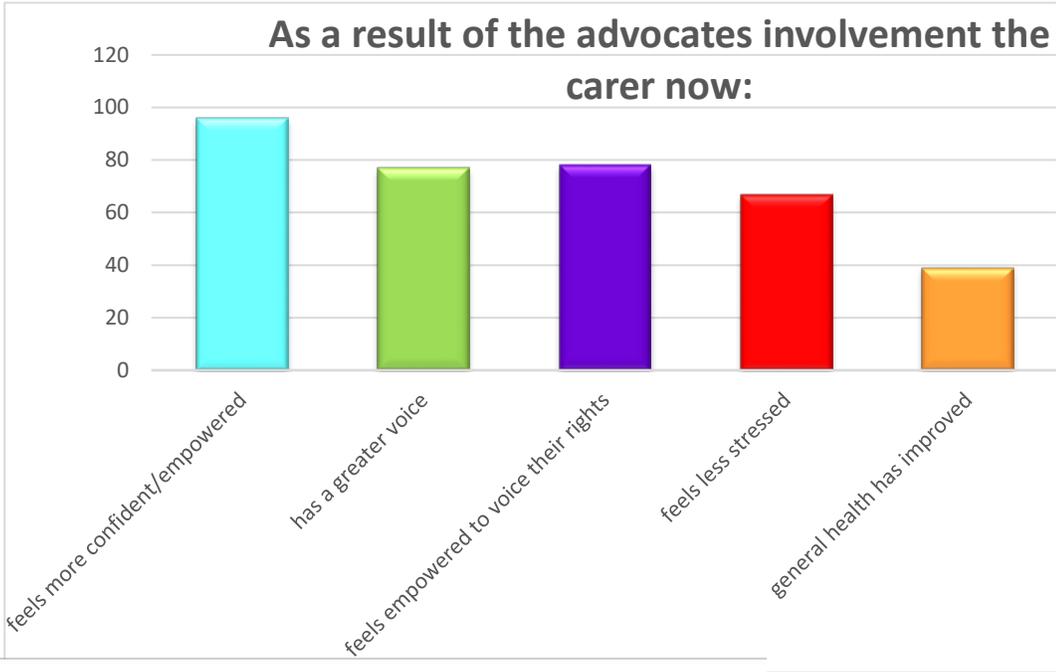
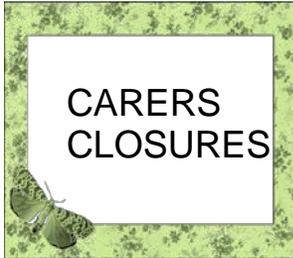


1. How did you find out about the Advocacy Service?									
CAB	Advocate	Friend/Family	Previous Client	Social Services	Kim Inspire	Hospital	Online	Unllais	
7%	7%	20%	17%	23%	3%	13%	7%	3%	
2. Did you find the Advocacy Service easy to access?							Yes	No	
							91%	9%	
3. Did your advocate explain their role to you?							Yes	No	
							91%	9%	
4. Did the advocate keep all appointments?							Yes	No	
							91%	9%	
5. Did the advocate do what they said they would?							Yes	No	
							91%	9%	
6. Did the advocate express your views clearly?							Yes	No	No Answer
							91%	4.5%	4.5%
7. Was the advocate clear about what you wanted?							Yes	No	No Answer
							96%	0%	4%
8. Did you feel respected?							Yes	No	
							96%	4%	
9. Did you feel supported?							Yes	No	
							91%	9%	
10. Did you feel listened to?							Yes	No	
							96%	4%	
11. Do you feel that having an advocate has helped you to be better able to deal with the difficulties in your life?							Yes	No	No Answer
							87%	9%	4%
12. Would you use the advocacy service again?							Yes	Have Done	No Answer
							96%	4%	0%
13. Would you recommend the Advocacy Service to others?							Yes	Have Done	No Answer
							87%	9%	4%

<p>✧ Really pleased with the service and my advocate.</p>
<p>✧ Thank you so much for the help the advocate gave me and her support. It has made an immense difference to my situation/life. Again, thank you.</p>
<p>✧ Did everything I wanted and more; would 100% recommend and would have been lost without it.</p>
<p>✧ Without your help I would not be here.</p>
<p>✧ My advocate is wonderful! Very friendly and lovely personality.</p>
<p>✧ I cannot thank my advocate enough for helping me challenge my care plan. I had tried to challenge it on my own but found I was just being fobbed off by Welsh government and BCUHB. Having an advocate helped take the pressure off such a frustrating and soul-destroying experience. Thank you very much.</p>
<p>✧ I can't praise my advocate enough, I ended up in hospital because of all the difficulties I was facing but my advocate has just taken over them so I can recover stress free. Everyone should have an advocate!</p>
<p>✧ Your services are good and help in any way that you can to the public people in the Wrexham area.</p>
<p>✧ My advocate has provided an excellent service. He has helped me very much and I hope he can continue to help make me a better and stronger person in future.</p>
<p>✧ My advocate is very friendly, attentive and helpful. I felt very supported having her with me at appointments and I am very grateful to her for helping me with phone calls.</p>
<p>✧ Pleasure to deal with.</p>
<p>✧ I can't thank the service enough, it is good to feel that support.</p>
<p>✧ My advocate was excellent, I would like him again if I want him. The service is very good.</p>
<p>✧ Excellent service thank you! Allowed my son to have an independent voice. Thank you very much.</p>
<p>✧ I found my advocate to be such a kind, caring and supportive person. She put me at ease from the start and made me feel listened to and understood. She helped me to understand/explaining info and helping me write information I needed. I felt she helped me clarify what felt like complex information and outline my options so I could make my own decision. She was brilliant at keeping in touch via text/phone.</p>
<p>✧ I am so grateful for my advocates support, she is so brilliant at her role, thank you!</p>
<p>✧ My advocate was extremely pleasant but my complaint is that I didn't see enough of him.</p>

CARERS





CARERS Evaluations

Did you find the Advocacy Service easy to access?	
Did the advocate explain their role to you?	
Did the advocate keep all appointments?	
Did the advocate do what they said they would?	
Did the advocate express your views clearly?	
Was the advocate clear about what you wanted?	
Did you feel respected?	
Did you feel supported?	
Did you feel listened to?	
Do you feel that having an advocate has helped you to be better able to deal with the difficulties in your life?	
Would you use the Advocacy Service again if you needed to?	
Would you recommend the Advocacy Service to other people?	
Do you feel more confident and more able to advocate for yourself and the person you care for?	

Please use this space for any comments, compliments or criticisms about the service you have received..

- *Having a carers advocate is invaluable and very supportive. As a carer you have limited time to look into issues and be aware of your rights, in addition a carer's role can be very stressful. An advocate supporting you helps promote good health and well-being for the carer and their family.*
- *I found the advocacy a fantastic group of people, I could not have done without them. I would like to say a huge thank you to my advocate, without their help I would not be here today.*
- *The advocacy service has been brilliant. They are the voice for the weak and without them I would probably have gone under! I will want then to support me when my DLA changes over to PIP – which I am dreading!*
- *I hope that transferring advocacy to the advocate for our son is the right thing to have done, I am not so sure as I doubt that he will continue to communicate. However we must give him the chance- otherwise his confidence will be further eroded.*
- *Very grateful for the help over the years, always there for me.*
- *My advocate was extremely helpful and supportive. He was very easy to talk to and he is an excellent advocate.*
- *Very pleased with the service I received.*
- *I feel that I would not have achieved my goal without the support I received. It allowed me under very stressful circumstances to feel I had someone on my side who sincerely wanted to help achieve a good outcome for myself and my husband.*



Q had been carer for her Dad who had several physical disabilities and in turn her Dad had cared for **Q** around her mental health needs. Sadly, Dad died which had put **Q** in a considerable state of anxiety. There was an outstanding amount owed to the funeral company and there was also an issue regarding the home. On death there was several thousands of pounds immediately due for payment on an interest only mortgage that Dad had.
Q wanted to leave the property and find somewhere more manageable. Support workers had already helped support her being put on the housing list.

The advocate spoke with the funeral company and made them aware of the situation, they agreed to put a hold on the account for a month, whilst possible ways of clearing the debt were explored. Establishing what **Q**'s Dads career had been, the advocate researched the industry and was able to approach the relevant benevolent fund that agreed that the situation warranted funding for the full payment of the funeral debt.
The advocate and **Q** then turned their attention to the mortgage, there were many difficult conversations, meetings and letters with the bank and the council over several months, during which time **Q**'s mental health deteriorated and she became very unwell.
The advocate sought advice from a solicitor regarding the debt and possible probate which would incur costs.

Finally, 10 months on from her initial referral she was allocated a refurbished flat in an area which she grew up in. The solicitor confirmed that **Q** was not responsible for the debt and she did not have to go to probate. On visiting **Q** in her new property, just on appearance it was clear how much **Q** had benefitted from the move. On closing her file, her support team, said it is the happiest they have ever seen **Q**.

R is the sole carer of her three adult children who all have extra needs. She herself has a physical illness which leaves her tired and in a great deal of pain.
R's youngest son had been asked to leave college part way through an animal handling course. The way in which it was handled by the college left the family confused, upset and unsure where to go.
R was so shocked and upset by the treatment from the college staff that neither she nor her son could go back on campus or talk to the staff.

R and the advocate worked together and composed a complaint letter to the college. Together they went through the letter and took out some bits that weren't relative. The advocate then contacted the college enquire as the complaints process to ensure it was directed to the correct person - the Principal.

A response was received back from the College answering each of the points and apologising for the upset caused. **R** said she felt happier her voice heard by the college and she was better able to understand reasons why they had treated her son the way they did. **R** was happy to accept the college's answer.
R said that both herself and her son felt much happier having had their questions answered. **RR** felt ready to concentrate on her family and put this chapter behind her. **R** felt that without advocacy she wouldn't have been able to have written to the college.
The advocate learnt that simply having your voice heard can be very powerful and healing for a carer and help them to find closure and move on.



S was rushed to hospital after having a massive stroke. Approximately six months later **S** was discharged from hospital, under CHC* funding, and admitted to a nursing care home for assessment on whether his wish of being cared for in his home was feasible or whether he would have to be cared for permanently in a home. At the discharge meeting the local district Nurse stated to his wife that **S** would not be able to be cared for at home as he needs four people to turn him and this would not be viable during the night time. This comment was incredibly upsetting to both parties.

S's wife (**Mrs. S**) was referred to ASNEW by **S** social worker who was concerned that **S** was still at the care home and no assessment had yet taken place. **S**'s health had declined and he had become depressed. She quoted in his words "I feel like I am in a prison" was his comment on her last visit. **Mrs. S** had made several attempts to find out what was happening, but was constantly running into brick walls. **Mrs. S** had become very anxious, stressed and was feeling helpless. **Mrs. S** is ordinarily a very strong and articulate lady.

On meeting with **Mrs. S** it was clear that the possibility of **S** coming home was never explored fully either from a physical/emotional ability point of view or indeed a financial view. No meeting had taken place as everyone was working on the belief that **S** could not be looked after at home.

The advocate worked with her in ascertaining what the correct process should be and finding out what her rights were as his carer/wife. On speaking with the CHC commissioners, the advocate and **Mrs. S** became aware that **S** should have been assessed within six weeks of leaving hospital.

A meeting was arranged promptly by a CHC lead nurse. It became clear at the meeting that several of the professionals were also not sure of the correct process.

The advocate supported **Mrs. S** in challenging some of the views given and it was finally agreed that the option of **S** being cared for at home should be explored.

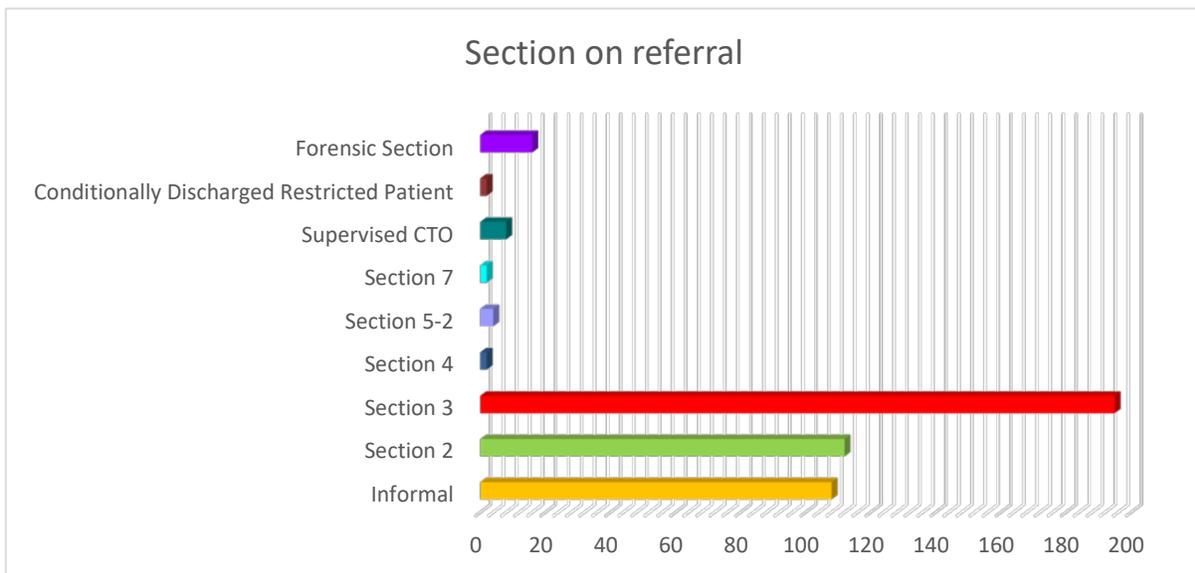
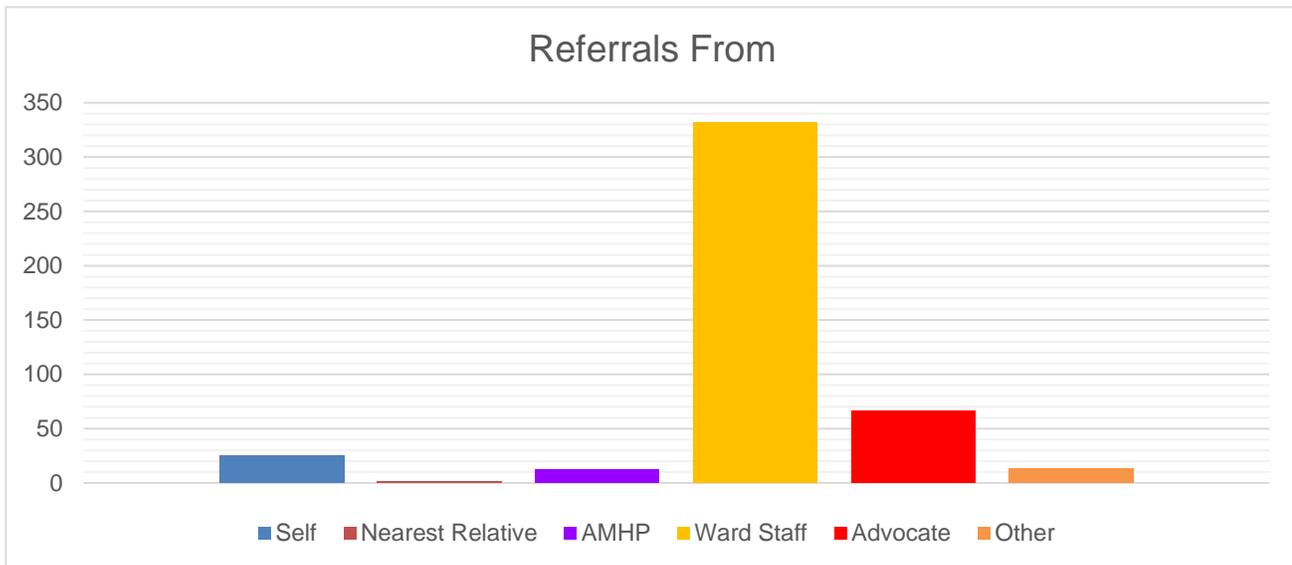
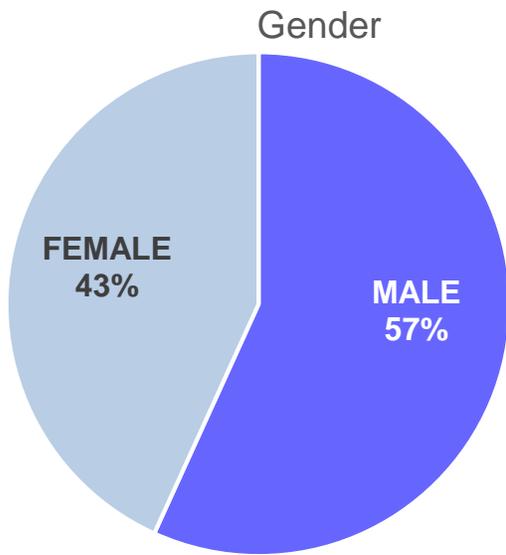
Whilst a variety of assessments took place the advocate stepped back and empowered **Mrs. S** to take back control of the situation, being brought in only when **Mrs. S** felt she needed to explore her options and understand the legislation around the process.

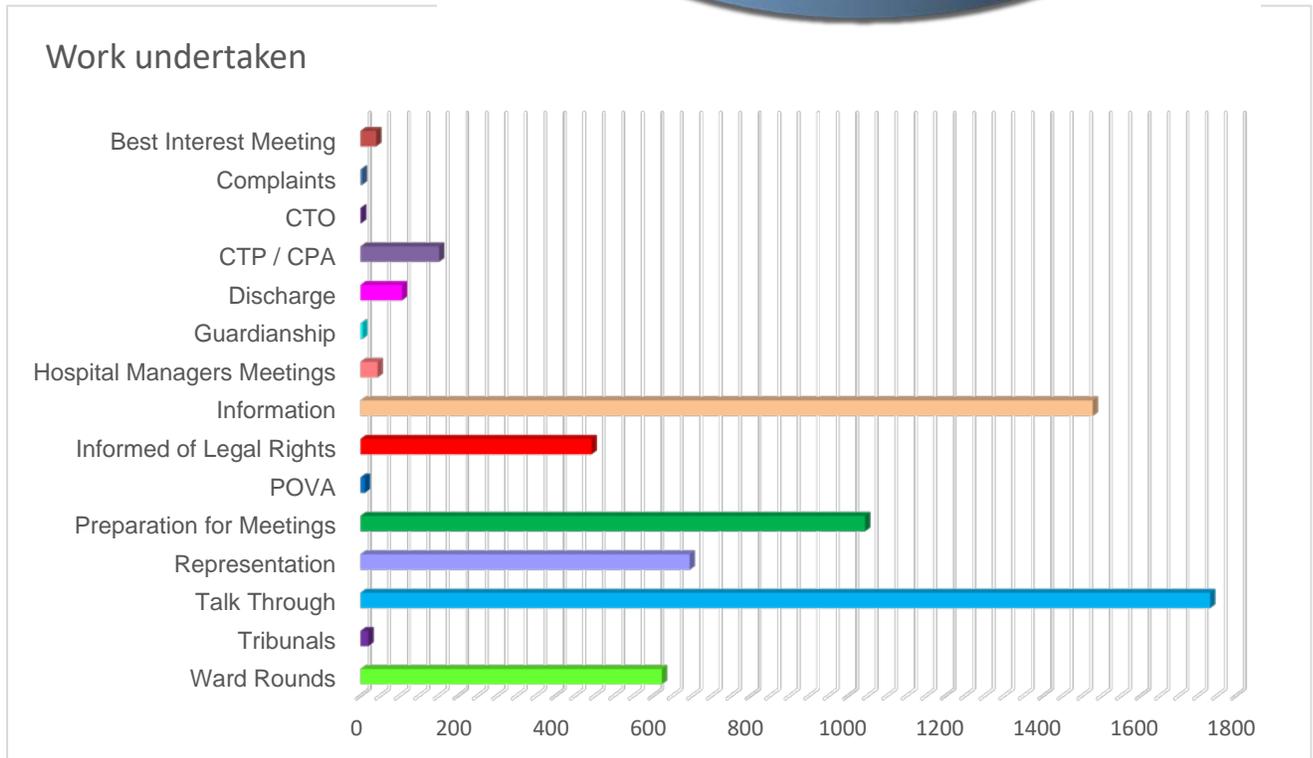
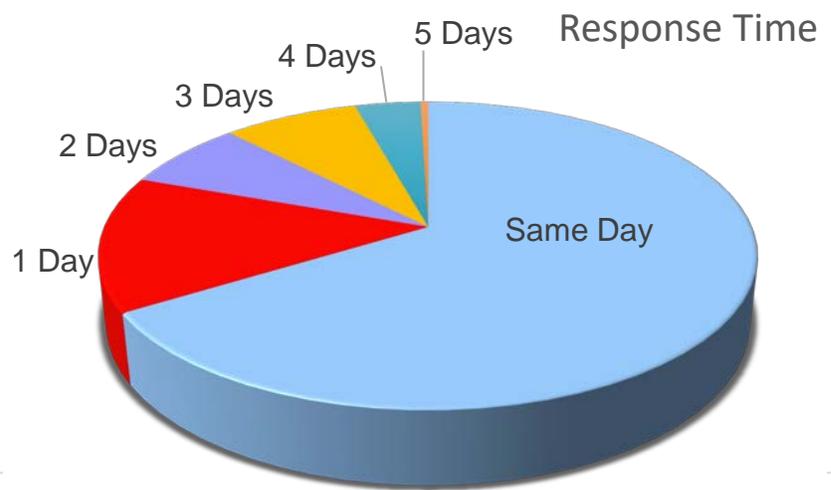
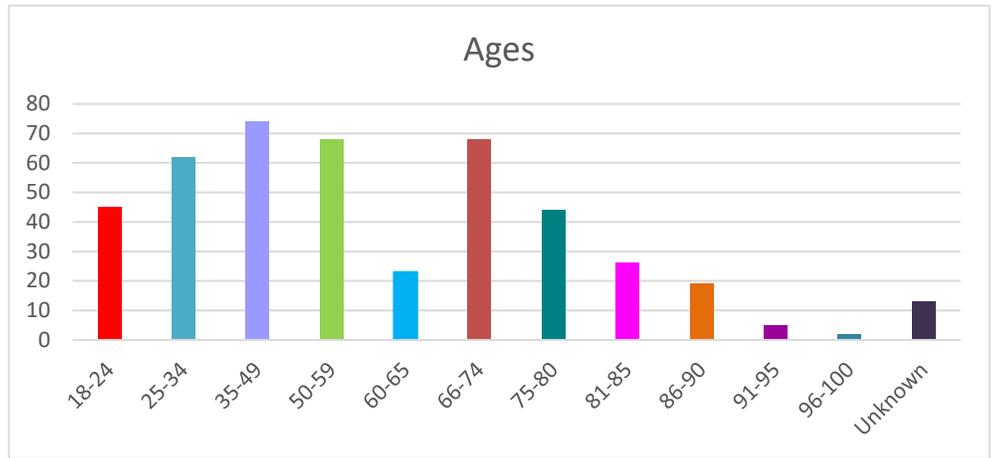
There were many challenges that continued as incorrect information was given by professionals, who still did not fully understand the correct process. This was a large learning curve for both **Mrs. S** and the advocate however with them both gaining more knowledge of the CHC process **Mrs. S** became more confident and empowered to challenge the professionals.

The advocate received an email from **Mrs. S** to say that **Mrs. S** was finally home and attached a photo of him entering the house.

Mrs. S thanked the advocate and said it would not have been possible with their help.







L reported struggling to communicate with staff when first referred and experiencing paranoid thoughts about what was being discussed and recorded in her file. **L** thought staff did not understand her and were not taking her suicidal thoughts and attempts seriously.



IMHA Client Stories

On **L**'s instructions the IMHA accessed her file to offer reassurance around the calls and conversations recorded about her. IMHA supported **L** in ward rounds to raise her concerns. **L** felt that staff were not taking her suicidal thoughts seriously, IMHA explained that there were risk assessments in the file that indicate that the risk is being taken seriously. **L** was reluctant to be discharged and had decided not to take medication or engage in psychological therapy, the IMHA supported **L** to understand that the staff had little clinical reason to keep **L** in hospital any longer if she is not engaging. Supported **L** to find out what support could be accessed in community.

L felt supported in ward rounds and that she had the best chance of having voice heard. The IMHA attended **L**'s initial meeting with new CMHT consultant and helped **L** explain her difficulties from the start. **L** left feeling she would have a better relationship with the new team supporting her. The IMHA helped **L** to understand the support available on discharge and to think positively about the plan for this, rather than only dwelling on the things that had not gone well in hospital.

M had a number of issues whilst in hospital, including complaints made regarding some aspects of care and treatment. **M** is also in the process of moving to a new placement, which has involved a number of delays, leading to frustration at lack of clear communication around process.



IMHA attended ward rounds and tribunals with **M**, **M** felt he could speak up at times but valued support in areas where he felt uncomfortable raising some issues. **M** did sometimes misinterpret communication, although **M** felt this was often due to conflicting messages from different members of staff.

M was able to attend his tribunal and with support, **M** felt confident in voicing his frustrations. The tribunal chair felt **M** had dealt with a difficult situation in a commendable manner and understood his frustrations. **M** also explained his frustrations with his solicitor in a meeting and the communication became much clearer. A placement was identified and **M** has met with staff from this placement, **M** was able to discuss issues important to him in preparation for the placement, although there have been delays which has at times compounded **M**'s frustration. **M** developed confidence over the course of the IMHA working alongside him and has now moved to a step down hospital in another area in preparation for his move to a placement. **M** is due to attend a tribunal on 2nd May 2018, where a date should be decided regarding **M**'s move to a long term supported living placement.



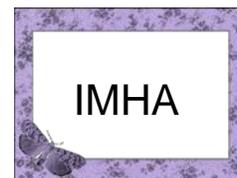
IMHA
Evaluations



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. 9/10 satisfaction from service .		
Gave me confidence, security and responsiveness.		
Came to visit on the day communicated.		
A voice- re drowning in paperwork.		
A brilliant advocate who helped me every step of the way.		

Stakeholder Questionnaire Results and Feedback

(only six returned)



Q1: Have you had any contact with IMHA?

- Yes - 6
- No - 0

Q2: How did you find the referral process to IMHA?

- Very useful.
- Fair, easy.
- Do not do the referrals, done by the wards.
- Quite good.
- No issues.
- Easy.

Q4: Did the IMHA Service respond appropriately?

- Yes x5
- Eventually.

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

- Providing a voice to the patient and articulating with professionals professionally with involved professionals / colleagues.
- A very vital independent support for patients to know their rights / options.
- Our section patients, who have renewal hearings, that are not attended by solicitors and have no capacity. We are finding it difficult to engage IMHA's to attend on patient's behalf, like they used to, or they don't even turn up.
- The difference made was mostly to the patients. The patients find them as a good support and rely on them to convey patient's difficulties, needs and wishes.
- Very positive outcomes across a number of cases spring to mind: thoroughly impressed with depth of work to help out in the challenging circumstances.
- We have a lot of input and are always happy with the support we receive as are our patients.

Q3: How easy did you find it to contact us?

- Very easy. I have contacted IMHA via the wards and always found them helpful.
- Usually ask inpatient staff to refer.
- Easy – contact by email.
- Quite easy.
- No issues – easy.
- Easy.

Q5: How could this process have been improved?

- Written report in cases where significant representation has been made on behalf of the client. EG: appealing to a mental health tribunal.
- No response x2
- More communication is needed between IMHA and mental health act office, as difficult to know who has an IMHA.
- Unable to comment.
- No

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

- Written report in cases where significant representation has been made on behalf of the client. EG: appealing to a mental health tribunal.
- No response x2
- More communication.
- Unable to comment. I find the service as it is as good. Keep up the good work!

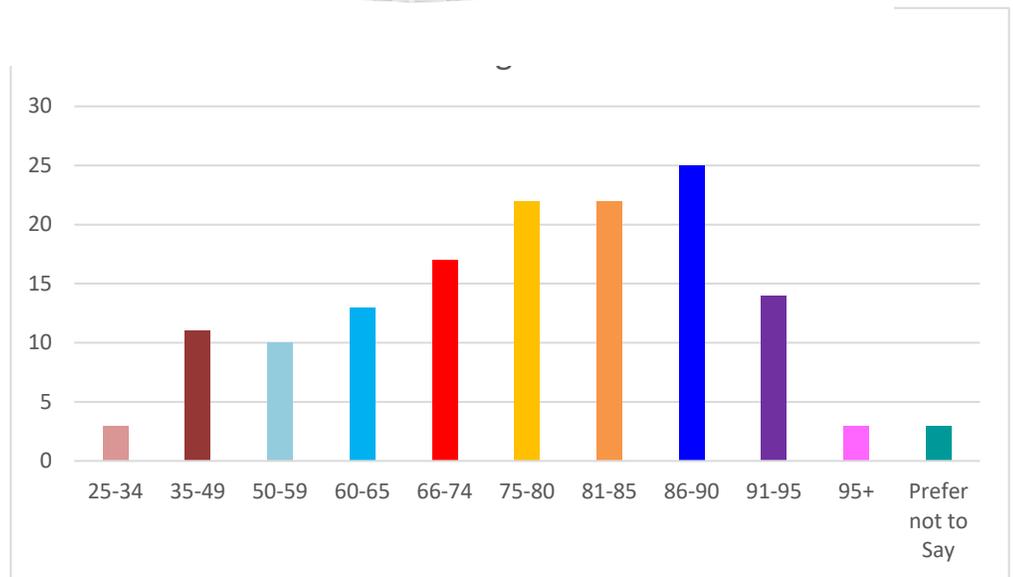
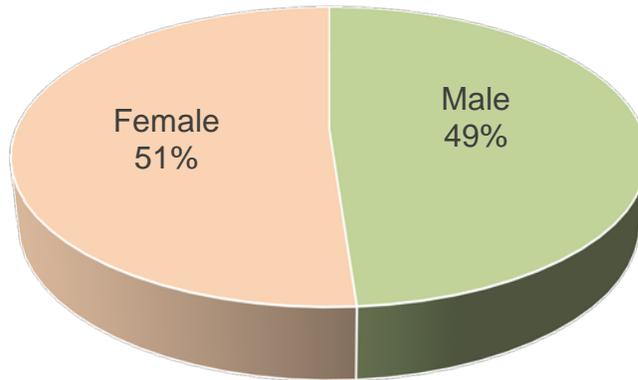
Evidence does not support this statement

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

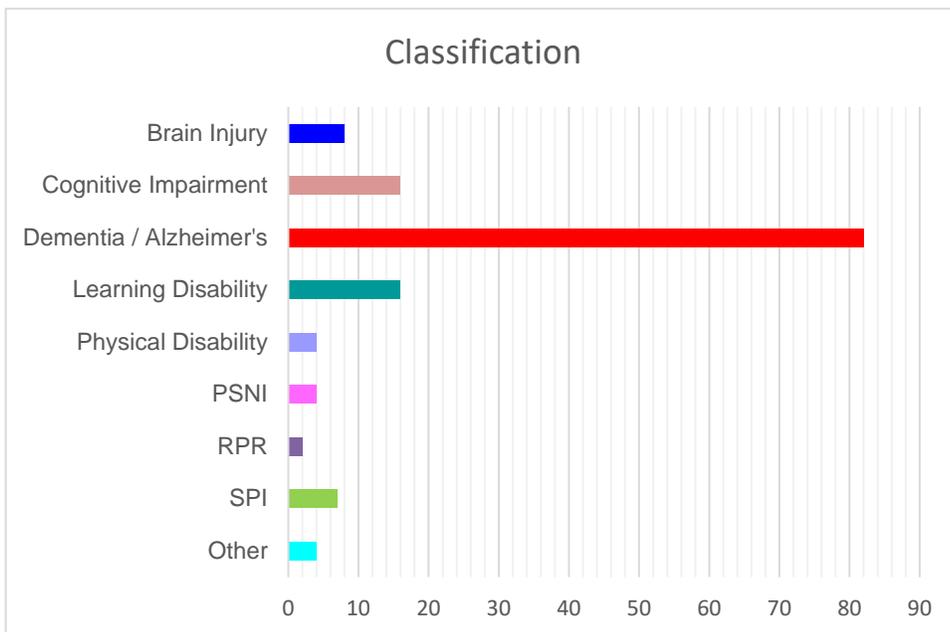
- Generally very supportive and well received by the staff and patient group.
- No response x2
- We find that IMHAs refer section patients to solicitors, but tend to use the same Wrexham based one, which is not fair to all the other solicitors on our list.
- I find the staff and service very supportive to the patients and play an excellent role supporting this vulnerable group of clients.
- Thank you!

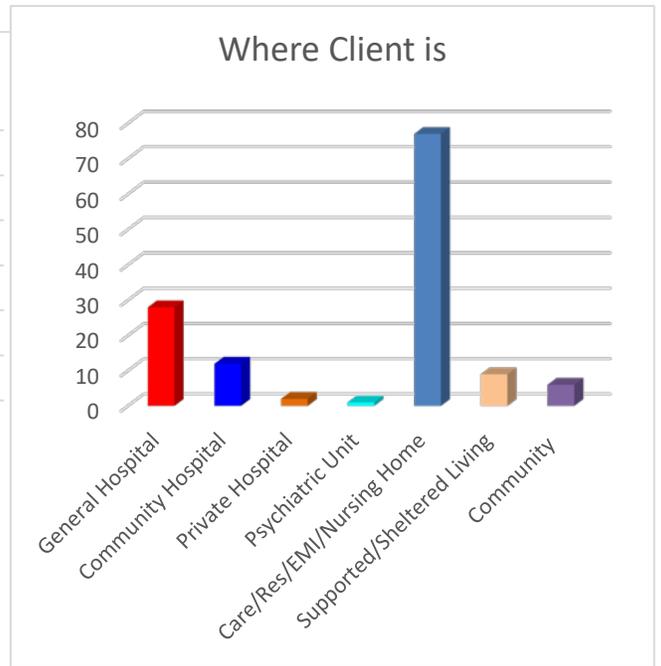
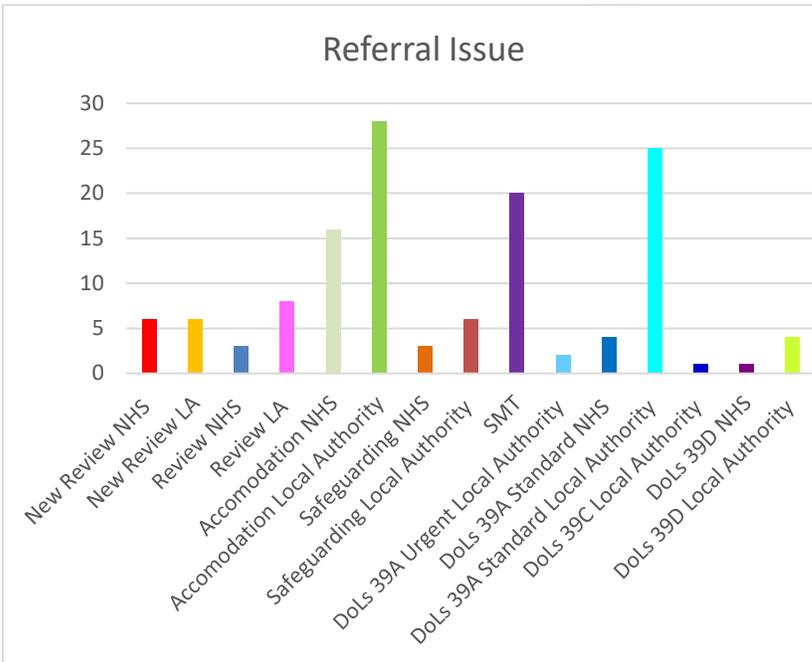
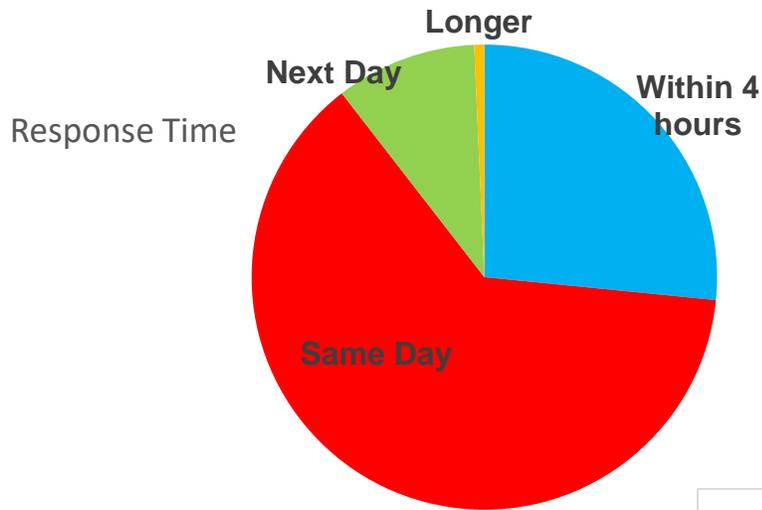
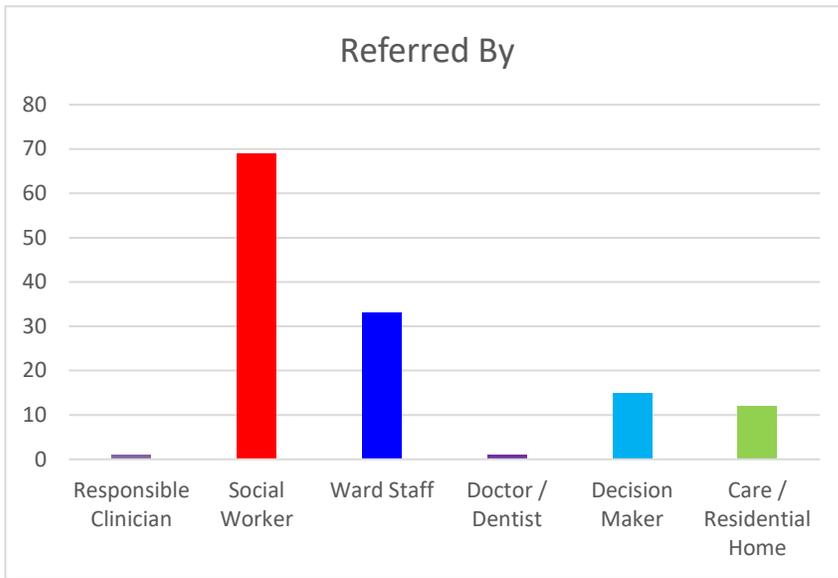


Gender



Classification





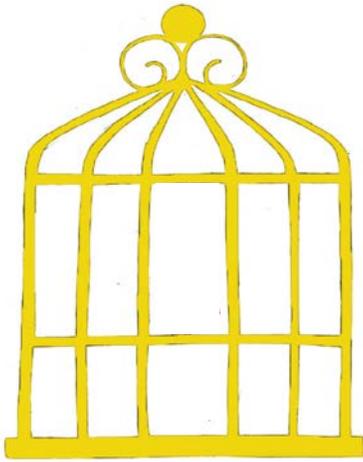
IMCA Evaluations

Decision Makers evaluation form results.

<p>✔ Did the MCA respond in a timely way to the instruction? Comments: <i>There was some delay but this was communicated to the DoLS team. Prompt response and advised of the role/process</i></p>	<p>100% YES</p>
<p>✔ Was the IMCA report provided at an appropriate time in the process and was the written report of a good standard? Comments: <i>The report was of a good standard but there was some unavoidable delay. Very detailed and comprehensive. Clear, concise report completed within 2 days of Best Interest meeting. The report was delayed due to client being admitted to hospital.</i></p>	<p>100% YES</p>
<p>✔ Did the IMCA identify the service user's wishes, feelings, beliefs and values? Comments: <i>IMCA showed appreciation of difficulties with formulating accurate identification of individual needs when issues with mental capacity. Yes – very much so.</i></p>	<p>100% YES</p>
<p>✔ 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)?</p>	<p>20% YES 80% Not Applicable</p>
<p>✔ Did the IMCA's involvement have a positive outcome for the service user in your view? Comments: <i>Ensured all angles were looked at and represented in decision. I believe the IMCA offered an alternative approach to information gathering/relationship building with the individual, which ultimately provided a better opportunity to gain a holistic picture of their wishes and feelings. Whilst the client was unwilling to continue conversations, what the IMCA captured was reflective of her previous presentation.</i></p>	<p>100% YES</p>
<p>✔ Any other comments?</p> <ul style="list-style-type: none"> ✔ <i>I was very impressed with the efficiency of an IMCA service and it was a pleasure to have worked with the IMCA on this case; her input and previous knowledge of the client was valuable to the assessment.</i> ✔ <i>Excellent service, a view I would still have held had the recommendation in the report been different. A very thorough assessment.</i> ✔ <i>Many thanks for your support.</i> ✔ <i>The IMCA responded and communicated well.</i> ✔ <i>I thought the report made good use of the section 12 Mental Capacity & Mental Health assessment.</i> ✔ <i>The report contributed in the decision making process and focused on the wishes and needs of the client.</i> ✔ <i>Prompt, efficient.</i> ✔ <i>Many thanks!</i> 	

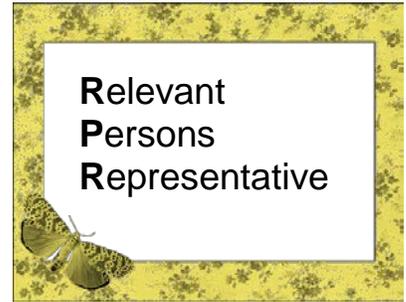
Satisfied with the IMCA?
 On a scale of 1_(low)-5_(high)

30% scored 4
70% scored 5

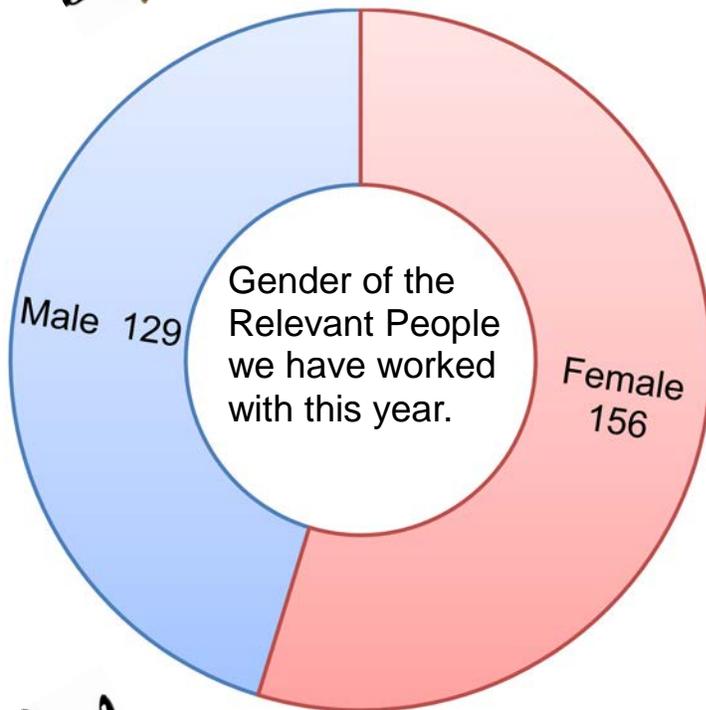


“A gilded cage is still a cage”.

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



“The ‘acid test’ is whether the person is under continuous supervision and control, and is not free to leave.”



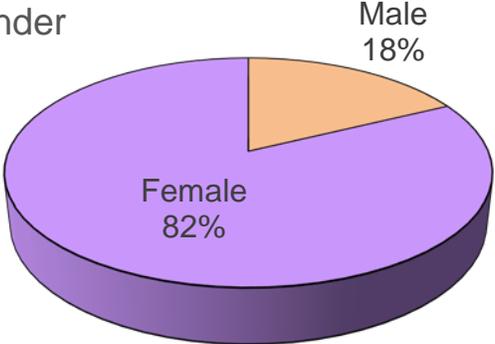
The role of the Paid Relevant Persons Representative is to ensure that people’s rights under the Mental Capacity Act are upheld.





Self- Advocacy For Empowerment

Gender



What S.A.F.E aims to do?

Improve people's communication and listening

Enable people to express their own views



Develop people's confidence and skills

Bring about changes that can affect their lives

Empower people to be assertive and develop their personal strengths

Some of the courses S.A.F.E offer

Knowing your strengths and working with your lesser strengths.

Facilitators Course

Personal Independence Payment

Independent Mental Health Advocacy



When asked.....
"One positive thing that you will take away from this session that might help you at some point in the future?"
these are some of the answers.

THE THIEF AND ME

- To be with different people and mix.
- Doing mental wellbeing – think of it as a verb.
- I picked up a few things from what people have said and it can be useful for me, so that's what I'll take away.
- Mental health isn't a stigma - it can happen to anyone.
- Little easy steps is all you need.
- Understanding what the thief takes from us, knowing others feel and experience things in a similar way to me.
- Not to be hard on myself.
- I'm not on my own

POSITIVE THINKING

- New thought patterns and reinforcing some I already knew.
- To think positively and don't overthink things.
- To use the 'catch, challenge and change' more, and to keep with it, keep trying to change how I think.
- Thinking positive instead of negative will make a difference over time.

STRETCH YOUR COMFORT ZONE

- OK to try new things
- It was very enjoyable, I'm going to dust off my games at home and start using them again.
- I can make general conversation to people.
- Great fun and a good way of getting out of your comfort zone.
- It's fun to join in and try.
- Distraction techniques useful.
- I enjoyed making Lego. I like talking to different people for thirty seconds

MINDFULNESS

How might what we have talked about today help to improve your health and wellbeing?

- It will help me to relax and be less judgemental.
- Breathing exercise to help me relax – practice is the key.
- Remember to practice mindfulness. Live in the moment.
- Breathing is key to bring you back to the moment to help you relax and try to alleviate stress.

MINDMAPPING

- If I mind-map it will motivate me to move forward, I usually use lists but this has given me another more visual aid towards achieving goals.
- To sit down and write down thoughts to help structure them.
- Plans on paper helps to organise my head!
- I will use mind-map more when I am planning.
- The tree idea was brill.
- Arrange ideas/plans.



Some of S.A.F.E's Courses & Comments

When asked... "How might what we have talked about today help to improve your health" responses were...

UNDERSTANDING THE WHAT AND WHY OF ANXIETY

- I have learnt about people's anxiety.
- I will get there if I keep my breathing slowed down.
- Change doesn't happen overnight! Change will take time.
- I will take away from this session how to understand the signs of anxiety and how to respond to it in the situation through breathing exercises.
- The fight, flight and freeze mode response helps me understand how I cope in certain situations, thank you it made this clearer.
- That the anxiety response is learned and reinforced by the same situations.
- To know it is possible to take control of situations.
- Most of what was talked about.
- Fight, flight, freeze, I am not alone, symptoms of anxiety are similar to others.
- Great to share similar thoughts & feelings with others and to be reminded that some reactions are normal.
- That we all feel the same processes fight/flight & freeze in situations where we see a threat to us, our perceptions of what's a 'threat' to us actually differs greatly from person to person.
- You can manage anxiety sometimes but not all the time but carry on coming because it will get better. Thank you.
- The information I received was useful, the discussion was very helpful and the facilitators were really understanding.
- The sessions have helped me think more differently about day to day life.
- To think about how to deal with anxious situations better and not panic straight away.
- I have enjoyed today and it will help me with my daily life. Thank you.

BUILDING BLOCKS FOR CONFIDENCE

- Just going to the session – getting on the bus, getting out of the house, being in a group setting with like-minded people – helps to improve my health and wellbeing.
- That I'm not the only one struggling with mental health problems.
- Life is better with like-minded friends – baby steps to go forward but keep stepping. Don't overload yourself as that can overwhelm and make you take a step back.
- Not to be afraid to try something new, not to be too hard on myself.
- How to look at different situations in a positive manner.
- You can do things, be confident more.
- Doing the exercise on well-being, the five ways.
- Not to be afraid of trying new things.
- You can turn a negative into a positive
- Other people are the same as me.
- I'm not alone in the way I think and feel about myself.
- Think of positive not negative thoughts and if you have a negative thought, turn it positive, there is light at the end of the tunnel.
- Believing I can do this and giving it a fair go helps with confidence.
- I am not on my own and there are really good people to help me to get on the right road, and step out of my comfort zone.
- Believe in myself.
- Things that might seem scary and not possible to achieve – can be done!
- Self-awareness and not to be put off.

BUILDING BLOCKS FOR CONFIDENCE continued....

- It will improve my confidence and sociability . I understand a bit more about the mechanisms of anxiety.
- To keep stretching out of my comfort zone. To remember being unique is good.
- Meeting such nice people and thinking more positively.
- It helped my wellbeing by letting me express my thoughts and experiences. Making me feel a little bit better and fulfilled.
- I picked up stories that I can use as a positive to motivate me and encourage confidence myself
- How I can regain my confidence, use the SMART way.
- Have something to think about when feeling down.
- Course attendees mentioned a variety of groups / clubs available in Flintshire that I am interested in.
- Seeing things from new and different perspectives. Helping others helps yourself.
- Thinking and concentrating more on outside world.
- Information.
- Looking at what I need to focus on more and ideas of trying new things.



ASSERTIVENESS

- Realising I am not alone in 'freezing/falling' when it comes to the fight or flight response.
- Realising I have spent years putting my boyfriend's needs before my own.
- I enjoyed it today and it helps me to think more clearly.
- Given insight into not being guilty for saying NO.
- Gaining permission to say NO.
- No doesn't have to be aggressive or negative.
- My feelings/wellbeing are important.
- Realising we all have some problems and issues and about fight, flight, freeze & fawn – I will explore this at home.
- It helps to play roll it gives you good ideas when you meet others.
- It has made me think and realise I don't have to say yes all the time.
- Practicing techniques
- Boundaries and limits.
- To take time out for myself!
- Communication – not talking too much.
- That my arms and legs won't drop off!!!!
- Had a laugh during a grim time.
- Assertiveness engages in personal boundaries.
- To become more assertive.
- To be more assertiveness, try to say no.
- Listening on how to become assertive.
- I will try to say no more.
- I can say NO and not feel guilty.
- Looking after myself doesn't equal being selfish.
- Permission to change my mind!
- I have enjoyed it today, very helpful and I'll use it my daily life.



ASNEW's Policies & Procedures are reviewed annually

N°	POLICY / PROCEDURE	N°	POLICY / PROCEDURE
1.	Advocates Role	21.	Monitoring & Evaluation
1a.	Non Instructed Advocacy	22.	Disclosure & Barring
2.	What is required of an Advocate	23.	Recruitment of People with a Criminal Record
3.	Advocacy Charter	24.	Referral Policy & Procedures
3a.	Advocacy Charter Welsh	26.	Reserve Arrangements
4.	Answer Machine/Message Book Procedures	27.	Sign Posting and Referring
5.	Board of Trustees Working Rules	28.	Support, Supervision & Appraisals
5a.	Board of Trustees -Code of Conduct –Working Rules	29.	Disclosures Security & Information
6.	Complaints Procedure	30.	Volunteer Policy
7.	Confidentiality Policy	31.	Making a Protected Disclosure (Whistle Blowing)
7a.	Confidentiality Agreement	32.	User Involvement
8.	Conflict of Interest & Boundary Issues	33.	Recycling & Environmental issues
9.	Disciplinary and Capability Procedure	34.	Delegated Powers
10.	Holidays	35.	Vulnerable Persons Safeguarding Policy
11.	Finance Policy	35a	Safeguarding Monitoring Sheet
12.	Equality & Diversity	36.	Children & Young Persons Policy + appendix
12a	Employee Equality & Diversity monitoring form	37.	Code of Conduct
12b	Equality & Diversity Recruitment & Employment	38.	Severe Weather Policy
13.	Expenses Policy	39.	Driving – Safe Practice
14.	Files, Emails & Internet	40.	Absence Policy
14a	Office Procedure for Files	41.	Fraud Policy
15.	Gifts & Hospitality	42.	GDPR and Data Protection Policy.
16.	Health & Safety Policy	42a	ASNEW GDPR Policy Staff
16a	Health & Safety Checklist	43.	TOIL
17	Mobile Phones & Ultrabook's	44.	Advocacy Quality Assurance
18.	Grievance Procedure	45.	Information Sharing
19.	Language Policy	46.	IMCA Policy
20.	Lone Working & Risk assessments		

ASNEW Training Undertaken 2017/18

Advocacy refresher training

Carers Rights

Case Studies

Confidentiality

Continuing Health Care (CHC) Funding Process

Deprivation of Liberty Safeguards (DoLS) Current development and case law

Deprivation of Liberty Safeguards and the Mental Capacity Act research

Diploma in Independent Advocacy

Dwr Cymru - Welsh Water

General Data Protection Regulations (GDPR)

Human Rights

Introduction to Advocacy

IT – Seren Casework Management System

Law commission report MCA/ DoLS

Litigation Friend

Mental Capacity Act

Personal Independence Payments

Proposed updates to Deprivation of Liberty Safeguards and the Mental Capacity Act

Relevant Persons Representative

RTA Cyber Security Certificate

Safeguarding

Safeguarding, Privacy/Data Protection

Social Services & Wellbeing Act (2014)

Statistics

Telecare Training

Triangle of Care by Carers Trust

Update on Direct Payments



Groups

Advocacy Network

Quality Circles Flintshire & Wrexham

Safeguarding Group Flintshire & Wrexham

Partnership Training

“Having someone help you doesn’t mean you failed. It just means you’re not alone”.

“I finally found someone who took me seriously!”

“My advocate always listened and always put me first”

“I had the confidence to speak up for myself knowing my advocate was there to back me up”

“I don’t know where I would be without them – thanks!”