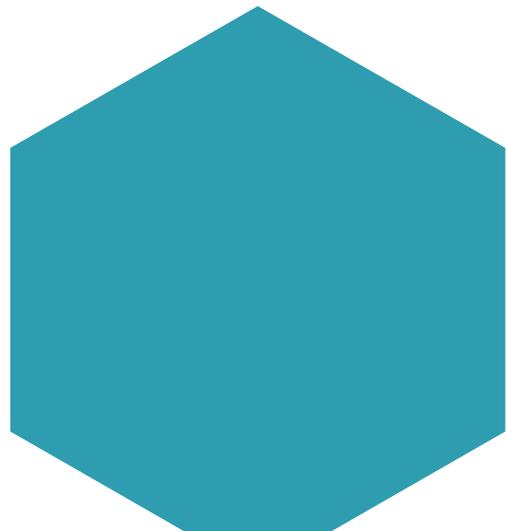
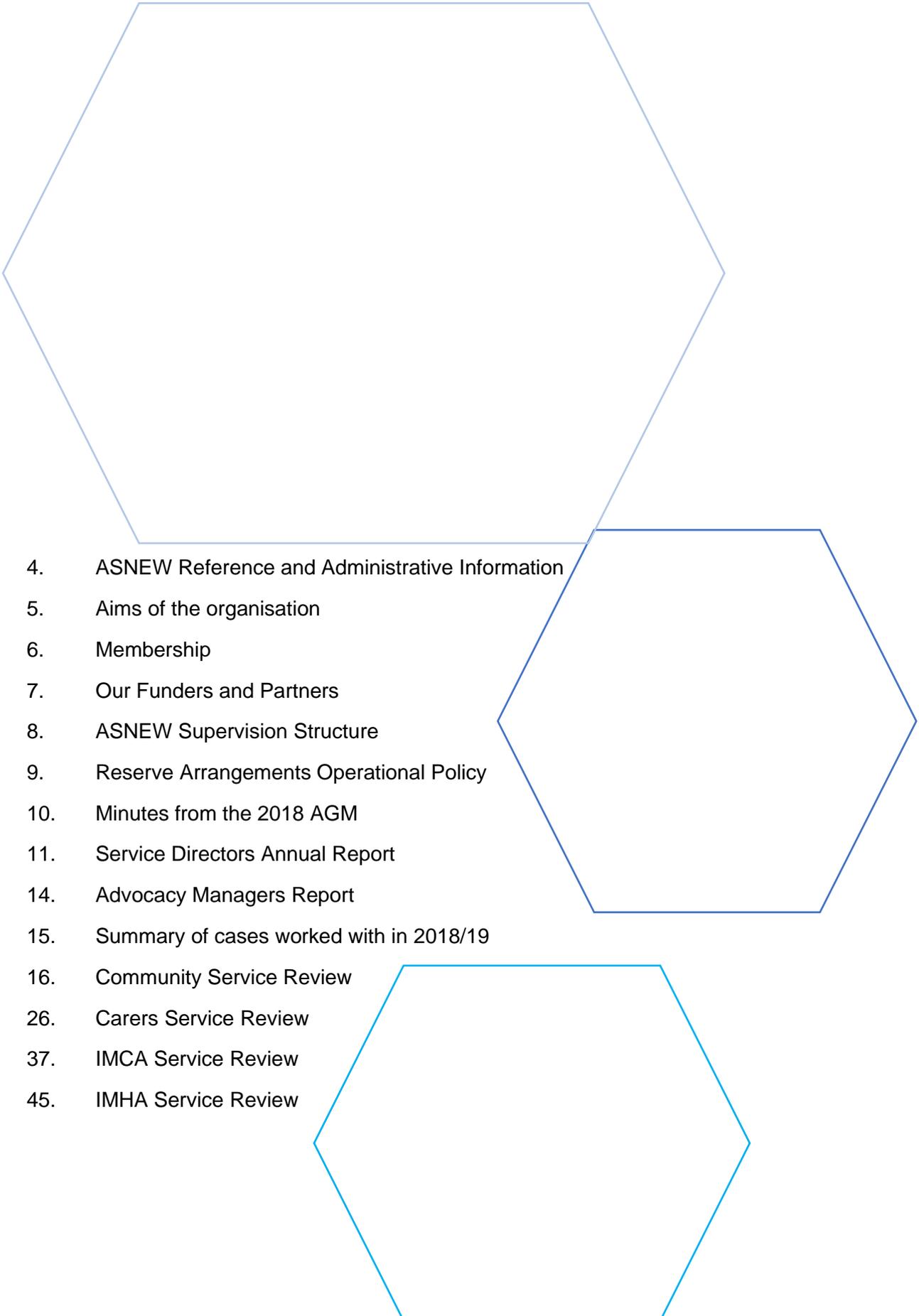


# Annual Report 2018-19





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## Advocacy Services North East Wales

### Reference and Administrative Information

Charity Name: Advocacy Services North East Wales Ltd  
 Charity registration number: 1110143  
 Company registration number: 04707548  
 Registered Office and operational address:  
 1<sup>st</sup> Floor Offices, 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:** Susan Woods  
**Advisor to the Board:** Martin Coyle

### ASNEW Staff:

Bethan Vernon – Advocate  
 Chris Vick – Carers Lead  
 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  
 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, Holywell.  
**Employment Law Solicitors:** Richard Hall & Partners.

***Changing lives for the better***

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

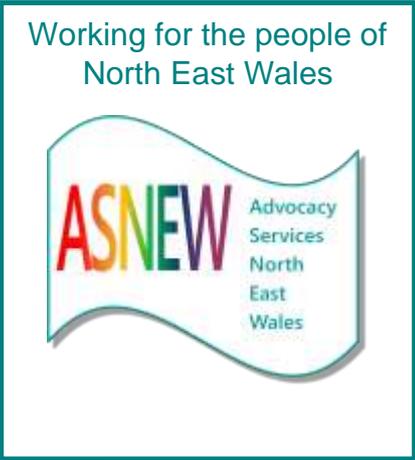
**Aims of the organisation**

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.



Advocacy Services North East Wales



**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.

The services we provide and those who make them possible

*Thank you*



& RPR



Community and Carers Advocacy  
Flintshire & Wrexham

Carers Advocacy  
Wrexham & Denbighshire



Flintshire & Wrexham



Flintshire & Conwy



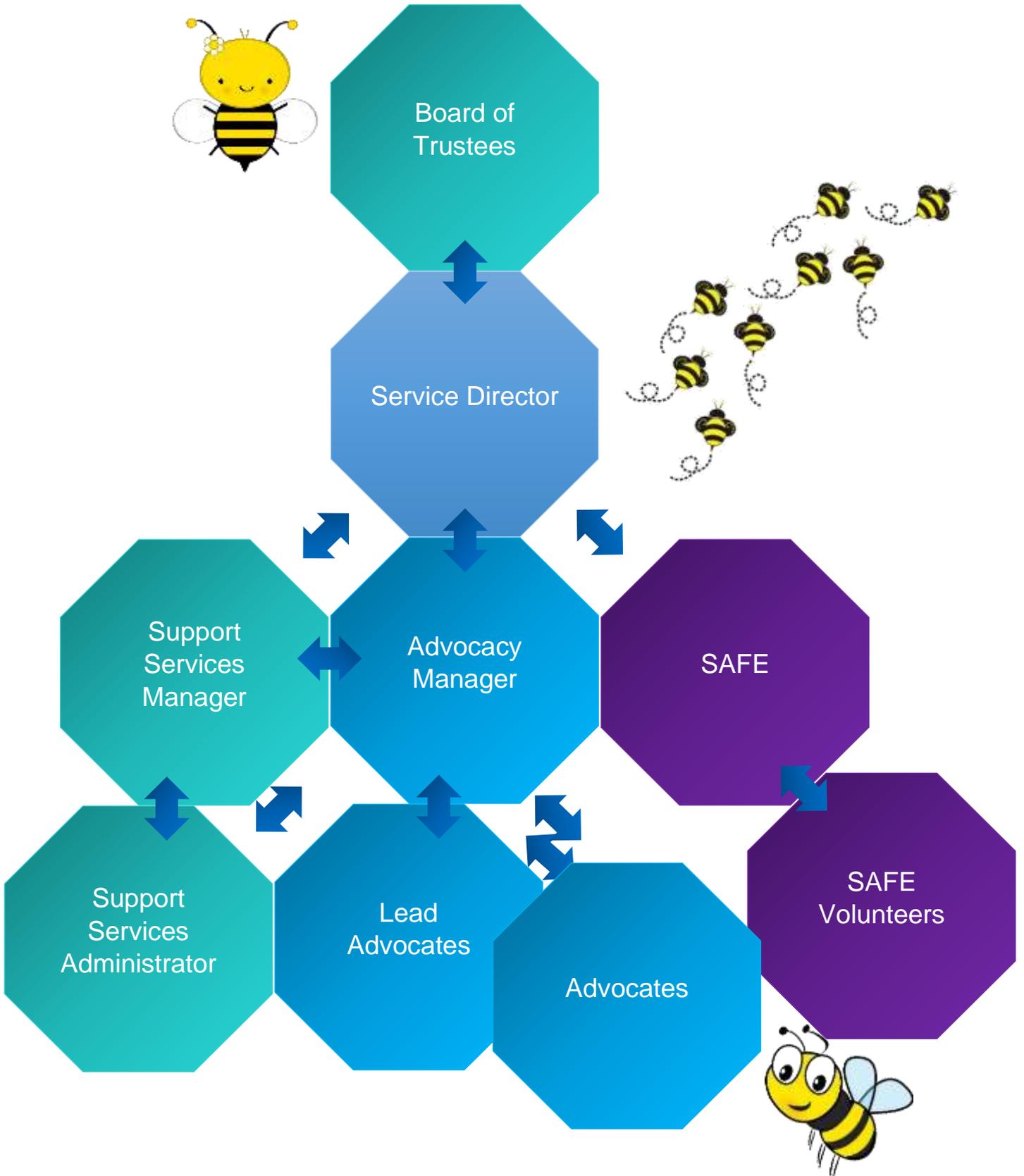
Flintshire & Wrexham



Thanks to all the staff at Citizens Advice Flintshire for their continued support to us and the people we work with.



# Supervision Structure

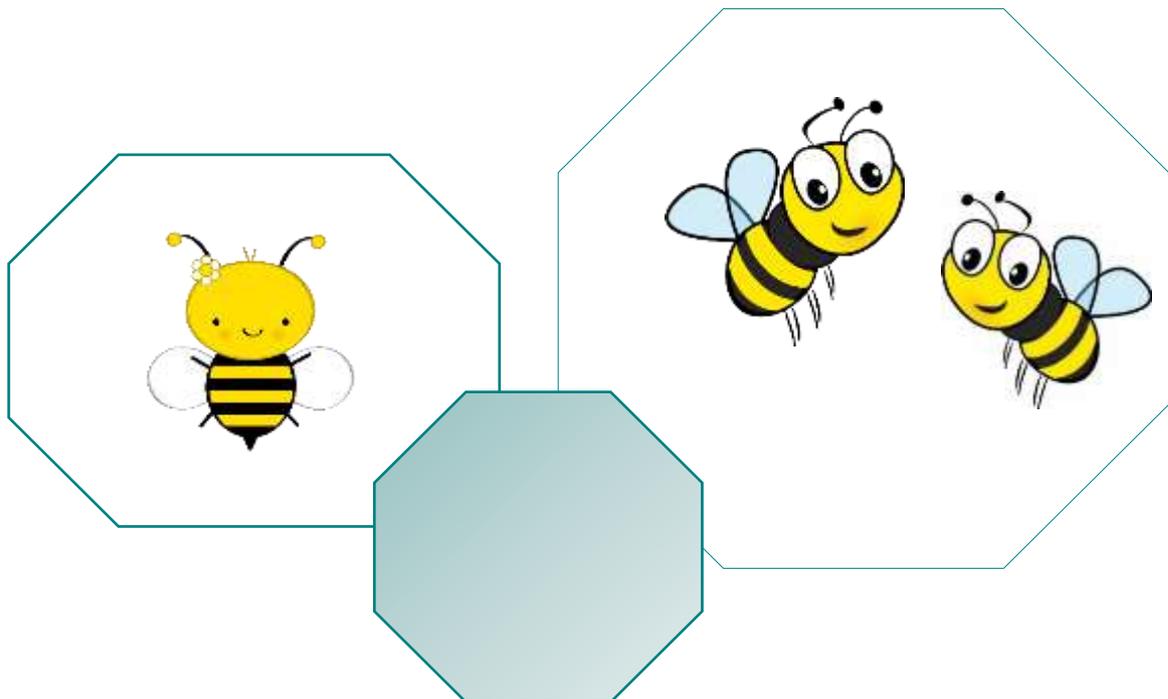


## Reserve Arrangements Operational Policy

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 Annual General Meeting Minutes

Annual General Meeting 20<sup>th</sup> September 2018

**Present:** Mark McIntosh - Chair,  
Charlotte Atkins, Meryl Hayes, Catherine Lloyd-Williams,  
Susan Woods – Service Director  
Lynn Roberts – Staff Representative & Minute Taker  
Martin Coyle – Advisor to the Board  
Melanie Langton-Davies - Accountant

**Apologies:** Mike Webster, Julie Lambert

**Minutes of AGM 2017:** Minutes agreed as a true record.

**Accounts:** Annual accounts presented, agreed and signed at Board meeting in July 2018.

**Annual Report:** Annual Report was presented and worked through. The report was then adopted and signed by the Chair. Sue thanked Lynn for preparing the annual report.

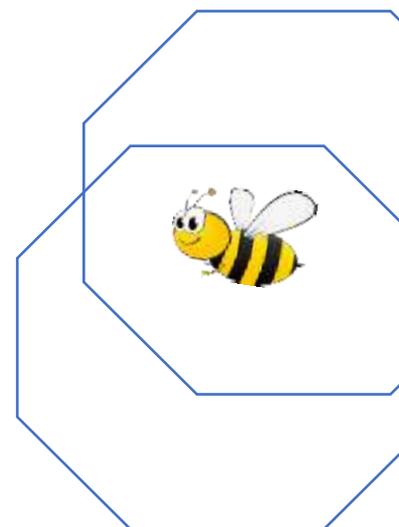
**Service Directors Annual Report:** Sue presented her report which incorporated annual achievements and performance 2017/18 and read it to all staff and Trustees.

**Chair’s Annual Report:** Mark read his report to all staff and Board members, he thanked everyone for their continued hard work and informed the staff that the Board had agreed to award every staff member a ‘Christmas Shopping Day’ in recognition their hard work.

**Confirmation of Trustees:** Chair – Meryl Hayes proposes that Mark McIntosh becomes the Chair for a further term of office and Charlotte Atkins seconded the proposal. Mark agreed to be the Chair.

**Trustees:** Mark McIntosh –Chair  
Meryl Hayes  
Charlotte Atkins  
Catherine Lloyd Williams  
Julie Lambert  
Mike Webster

<b>Advisor to the Board</b>	Martin Coyle
<b>Company Secretary</b>	Susan Woods
<b>Accountants</b>	Gardners Accountants



## Service Directors Annual Report



## Incorporating Annual Achievements &amp; Performance 2018/19

This year has been a settled one in terms of current funding and staffing. The only staff change was Rachel who left us from the Carers advocacy Big Lottery project to take on fresh challenges in a third sector housing organisation, we wish her well.

ASNEW worked with a total of 2620 people this year, an increase of 190 on the previous year. The elements of our service that have shown an increase are IMCA, paid RPR and SAFE. The increase in numbers accessing Safe is due to us running courses in Conwy this year, in addition to the Flintshire programme and an increase in participants for the Flintshire Safe programme.

The financial climate in which we are operating, with no uplifts during the lifetime of contracts that are up to five years duration, is putting a strain on the annual budget. Increasingly costly expectations from funders, for example the additional requirement in the IMHA and BCUHB community advocacy contracts to achieve Cyber Essentials Plus, are putting huge pressure on organisations such as ours where the single biggest overhead in delivering the service is the staffing. The Board is well aware of the pressure that these costs are having on our financial reserves and expect to see these reflected in the annual budget going forward.

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. Work has already begun on looking at potential sources of funding and areas of work that we wish to develop, including where the current pressures on the service are and any unmet needs identified.

We have already, in the previous financial year, invested substantially in a bespoke advocacy software system, one which also has Cyber Essential Plus accreditation, and this coming year further significant expenditure will be required to continue to meet these very rigorous standards. Thanks to Topher office administrator for his work on Seren, his IT skills are proving invaluable in helping to identify what is needed to be put in place to ensure compliance with GDPR and cyber security.



David (lead Community advocate) and Suzanne, have been focussing on the triaging process, as well as holding caseloads. This process continues to ensure that, where possible, we signpost/ refer to other organisations and thereby reduce the potential waiting times to a minimum for allocation to an advocate. Rowan, Emma and Bethan work mainly as community advocates with others across the team also having some community clients on their caseload. In the year 2018/19 we provided a service to a total of 878 people. The demand for community advocacy continues as the challenges that face our clients in the current financial and social climate are at times overwhelming. 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.



## Service Directors Annual Report

We have had ongoing dialogue with FCC commissioning team throughout this year culminating in March in a new five year contract being awarded to us. This contract incorporates community for all adults, Independent Professional Advocacy (IPA), provision of the paid relevant persons role and the Self-Advocacy for Empowerment programme. The monetary value of this contract is less than the income received across those area in previous years, but it gives us certainty going forward which in these times is of significant value.

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 629 people this year. A responsive, timely, consistent and reliable service continues to be available to our clients in hospital settings. We have a presence at the acute hospital every day plus we are available to provide a service to clients in independent hospitals and other settings in north east Wales.

The Independent Mental Capacity Service (IMCA) advocate resource is primarily Daniel, with a supporting resource available consisting of Jennifer, Lorraine, David, and Nicola all contributing to ensuring all referrals were acted on within the two days required. The service had 217 referrals in this year. In the coming year, all those not already IMCA qualified but fulfilling the RPR role, will have the opportunity to gain that unit, building their own knowledge and contributing to the resilience of the organisation going forward. We are aware that there are changes to the Mental Capacity Act, due to take place in the coming year to eighteen months, which will amend the role of an IMCA to include what is currently the paid RPR role.

We are in the second year 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. Gaynor and Rachel, each working part time, are covering the two counties. Chris has Carers as the focus of his community advocacy in Flintshire and has the Lead Carer role ensuring equity of service and effective management of waiting times and allocation of work. 96 Flintshire Carers were provided with advocacy and, in the second year of Carers advocacy in Wrexham and Denbighshire, 128 Carers received an advocacy service.

Most advocates work also as Paid Relevant Persons Representative (RPR), with it being Sandra's main role. Sandra also maintains the systems and processes around the RPR service in conjunction with Lynn, Support Services manager. 571 standard authorisations were actioned by Paid Relevant Persons Representatives in this year, a significant increase on the previous year. The income for this element of service provision is generated via a contract with FCC and by spot purchased contracts with a number of local authorities and BCUHB requesting the service.

Lorraine Advocacy Manager has oversight of all these areas of our work, her focus being to ensure equity and quality of provision whilst maintaining contract compliance, and to supervise and support the advocates in their work.



## Service Directors Annual Report

The Self-Advocacy for Empowerment (SAFE) programme has gone from strength to strength this year under the very capable hands of Clive, Lead facilitator and Sarah, facilitator and mainstay of the Flintshire SAFE programme. Safe is now also delivering courses in Conwy on behalf of Conwy Borough Council. Clive has successfully completed the Mental Health First Aid trainer accredited course this year which he worked hard to achieve. This is a testament to his commitment to SAFE and he is now a fully-fledged trainer for both the Adult Mental Health First Aid course and the Youth MHFA course. ASNEW have invested in this qualification as a means to bring in additional income to the organisation. Clive is making good progress in marketing these courses and in future, once the initial investment has been recouped, the income generated will be the first steps in building SAFE into a self-sustaining element of ASNEW. Once again the varied programme has been well received and there is a waiting list in operation due to its popularity. 101 individuals, 71 in Flintshire and 30 in Conwy participated in this year's programme.

All the advocates with ASNEW now hold the Independent Advocacy qualification at Diploma level. This is a fantastic achievement and is a reflection of the commitment, energy and the enthusiasm displayed by all the staff team. 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.

Lynn, Support Services Manager, has kept the financial wheels turning for the organisation ensuring salaries are paid, invoices sent, bills promptly dealt with, whilst keeping the administration functioning, staff feeling supported and as always happy to make time to be creative with the dissemination of statistical information, the prime example being the Annual Report! This year more responsibility has fallen on her shoulders with my move to a three day week .



We value all comments positive and negative from those to whom we provide a service and from a variety of other stakeholders. We continue to receive many compliments and thanks from clients pleased with the service they have received. We have also received two complaints this year from people using our service, both of these went to the final stage of the complaints process. As an organisation we are open to valid criticism and where needed amend or change our way of working in order to reflect this.

This year saw myself move to working three days a week, a big change not just for myself, but for the organisation itself. I am grateful for the support I have had from the senior team, meaning I have been able to make effective use of the time available.

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

Sue Woods - Service Director

## Advocacy Managers Report

This year has had some positive highs, with very good results.

We have had an increase in referrals across the service and have at times struggled to meet the demand leading to an increase in times on our waiting lists. However, we are able to manage those people who were waiting to access an advocate by signposting, providing information and keeping in regular contact before allocation.

We have seen a rise in clients who have more complex issues, this has led to longer client/advocate relationships. This can have an impact on the turnover of clients but has produced positive outcomes which would otherwise have not been achieved had we not been able to accommodate their needs without time restriction.

With ongoing workforce development our current advocates are able to provide a seamless service across the elements of advocacy that we provide and are all at least level 3 qualified. Through monthly supervision and regular peer supervision sessions our advocates feel supported to continue their roles in this uncertain climate of benefit changes, ever changing legislation and the increased complexity of client's needs.

Despite the pressures on our services, we have been able to respond within the required timeframes for statutory services such as IMHA and IMCA.

As a team we are fully prepared for new challenges and upcoming changes to contracts such as the implementation of Independent Professional Advocacy (IPA) in the coming year.

- Lorraine Morris, Advocacy Manager





Services  
provided  
by ASNEW  
in  
2018-2019

SAFE  
101

Community  
878

RPR  
571

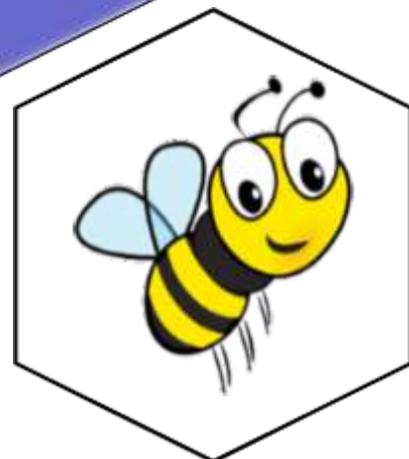


Carers  
224

IMCA  
217

IMHA  
629

Total  
2620



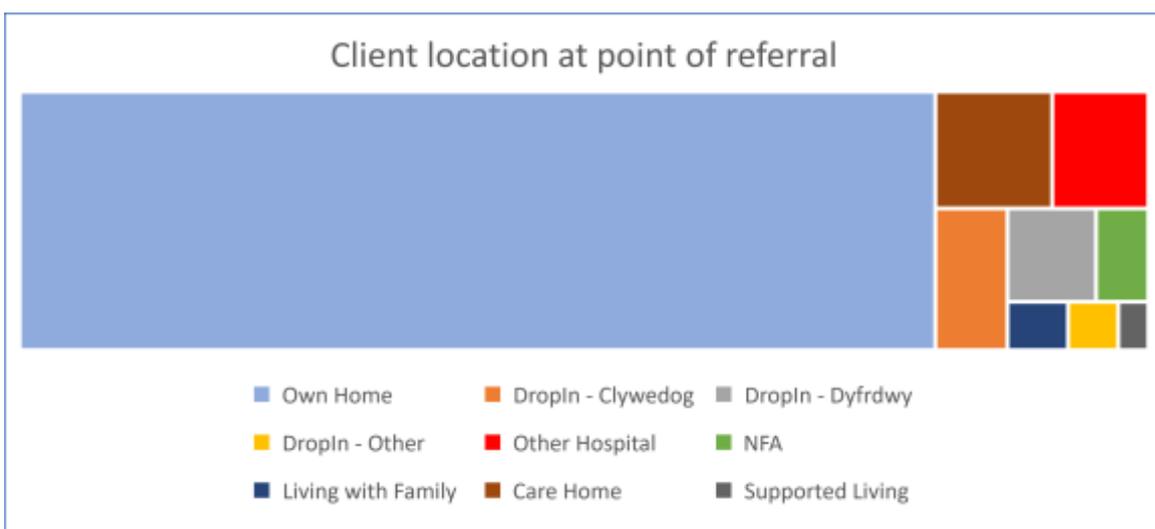
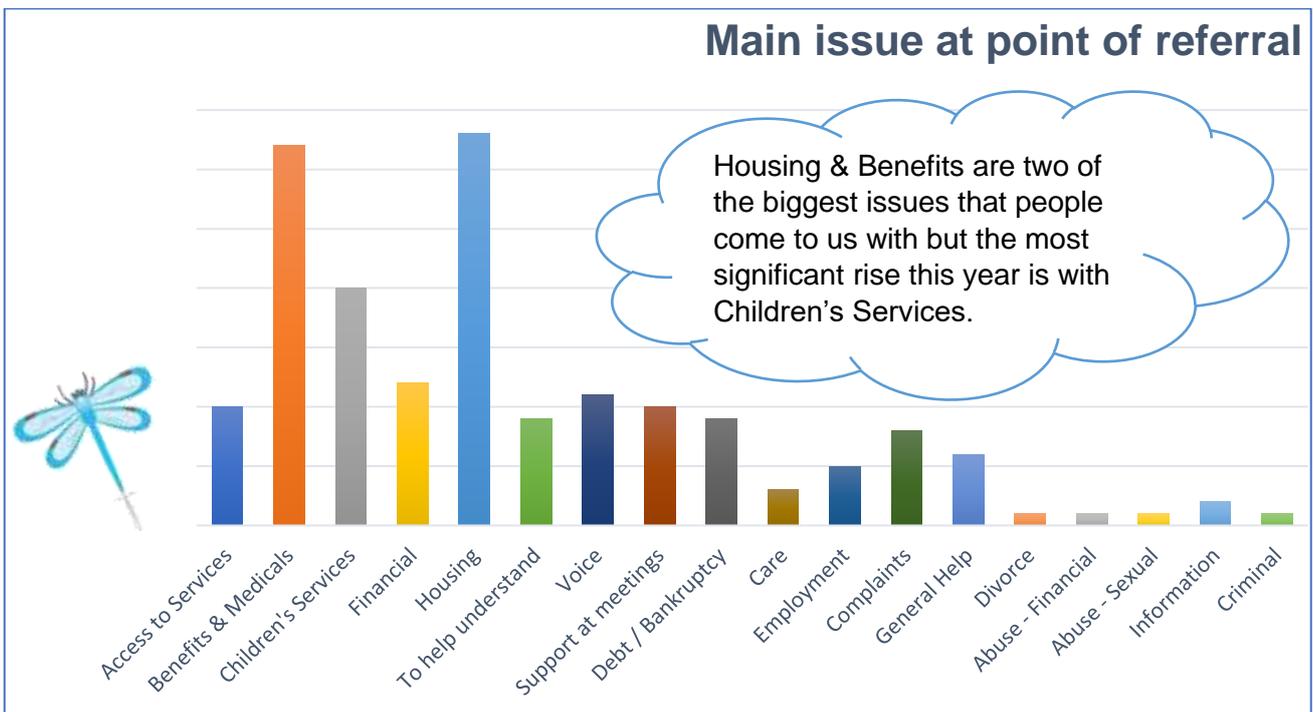
“We continue to have referrals from numerous sources, with the vast majority being self made, when client’s return to the service.

The two most common issues for our clients are benefits/medical and housing. The changes with the benefits system, specifically the introduction of Universal Credit, caused a change in many people’s situations.

There has been a further increase in requests to attend medical assessments and tribunals which unfortunately, we are unable to assist at with the small exception of long standing clients. We are however, able to provide the information and guidance around what to expect, that is required for the client to attend without our support.

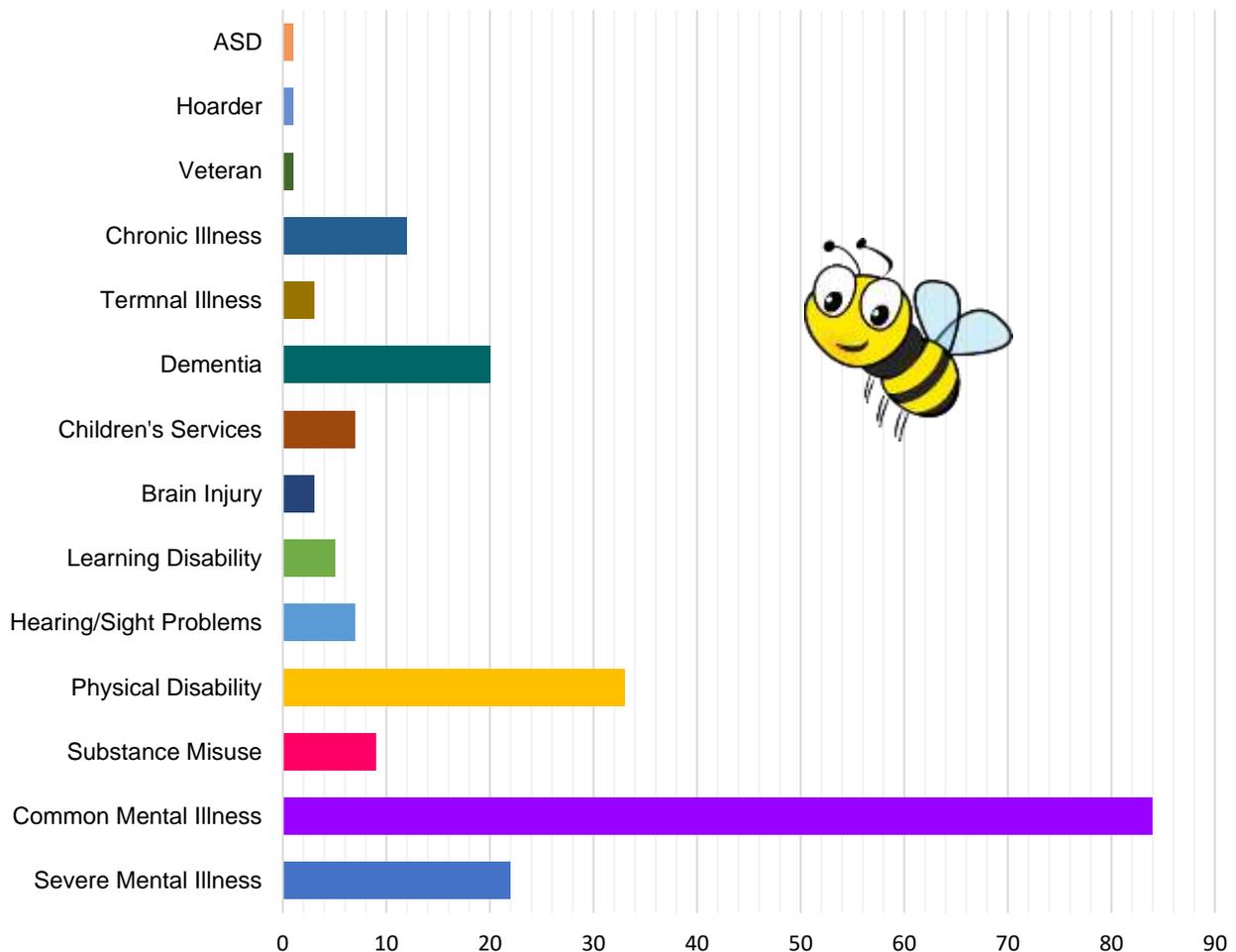
This period has seen a significant increase in referrals for assistance with Children’s Services, often these come in with very short notice of an appointment which we are unable to respond in time for.”

- David Pownall, Lead Community Advocate

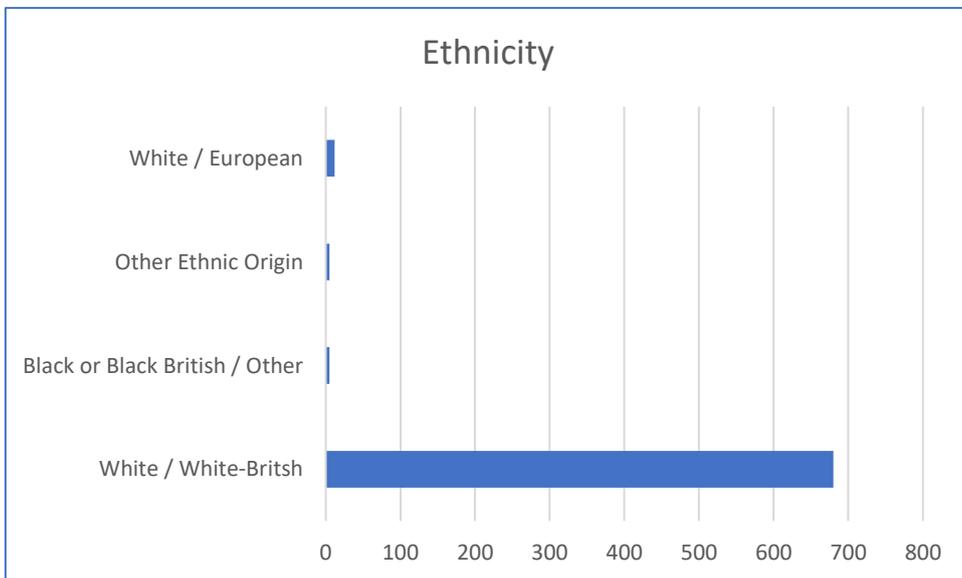
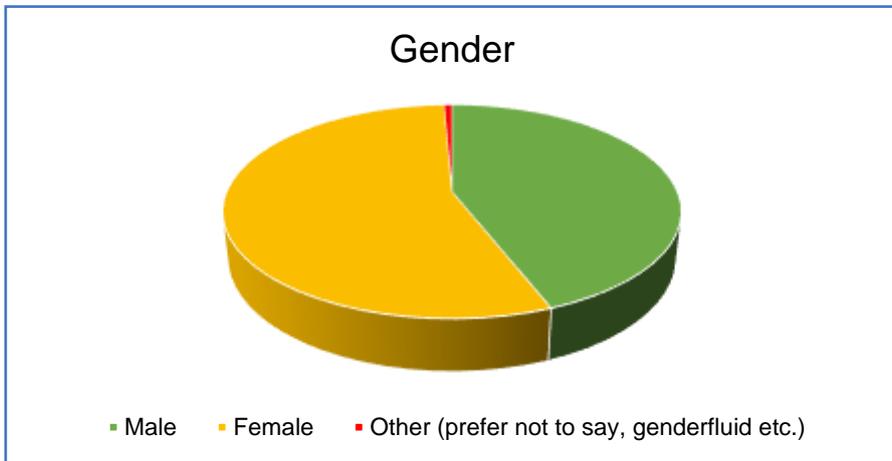
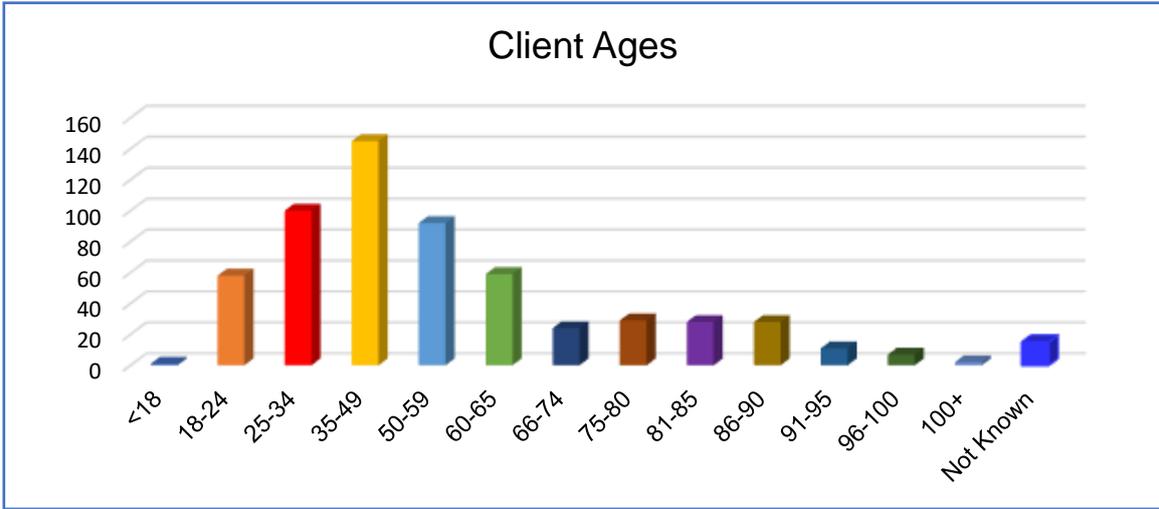


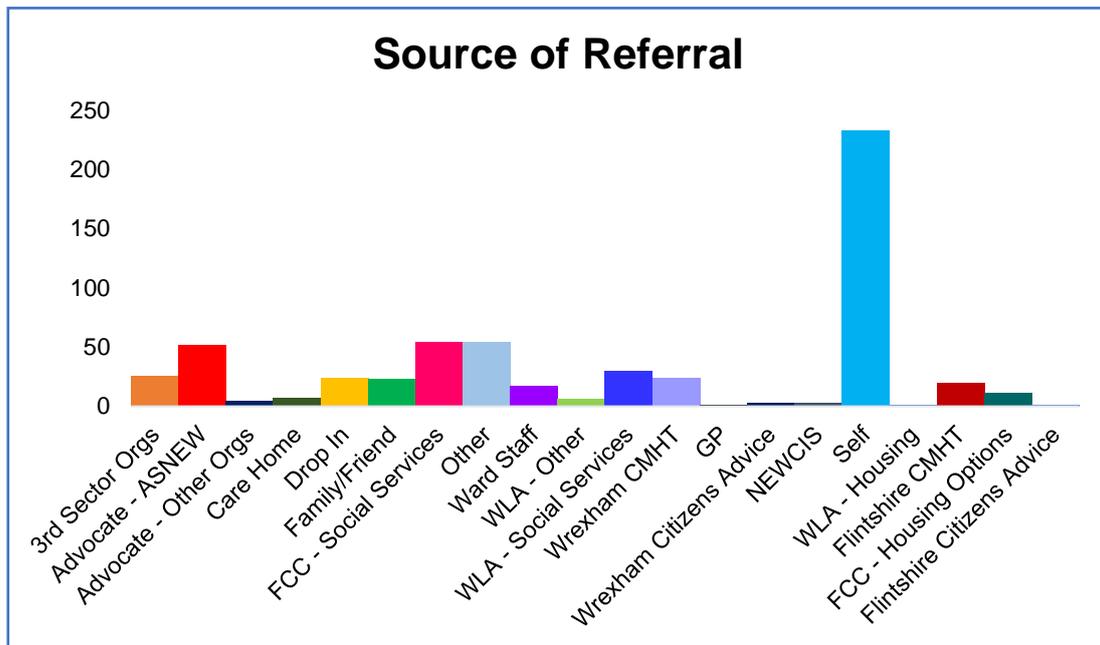
When ASNEW was set up in 2000, the issues people came to us with were so different: i.e. opening bank accounts, bus passes, talking to their consultant -small things but very important to the people concerned. We still do those things but now when people come to us they can have such complex needs. Now it's more about fighting to get a service or keeping their children and their family together. The housing situation is a minefield and trying to get through the maze that is the benefits system, a system that in itself appears to penalise people who are unwell and unable to cope is tough, especially on your own. It really doesn't matter what the issue is, if people need support, they need support. Unfortunately, during this time of 'austerity' more and more services that help vulnerable people are struggling to deal with the mounting numbers of referrals they receive. It is not just charities and third sector organisations but also statutory services that are having their funding cut.

### Some of the challenges our clients face on a daily basis



Community - 878

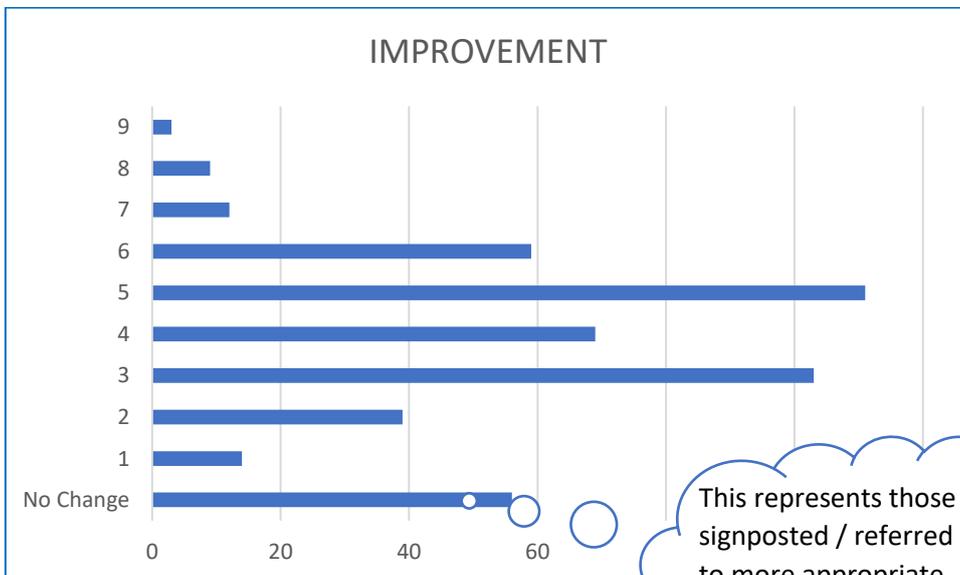
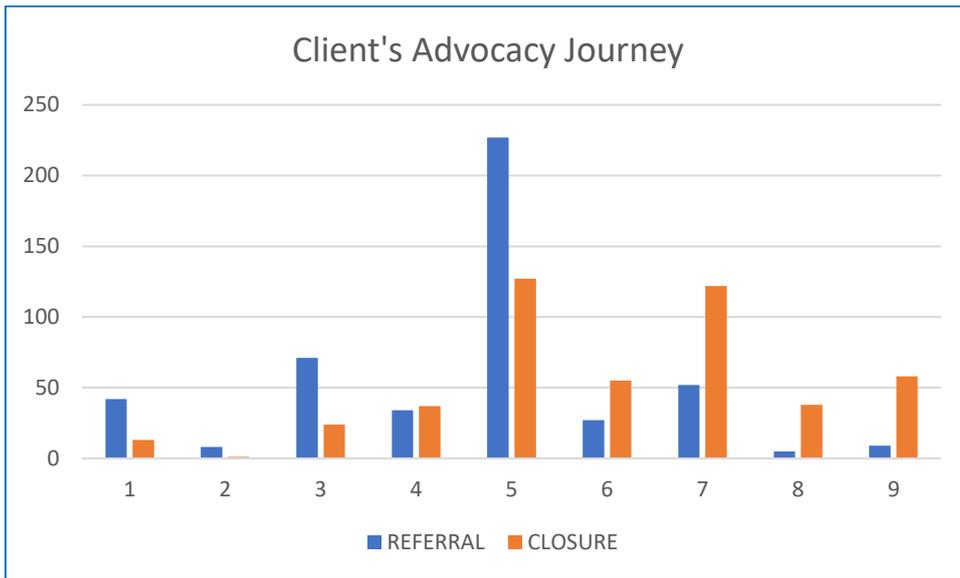




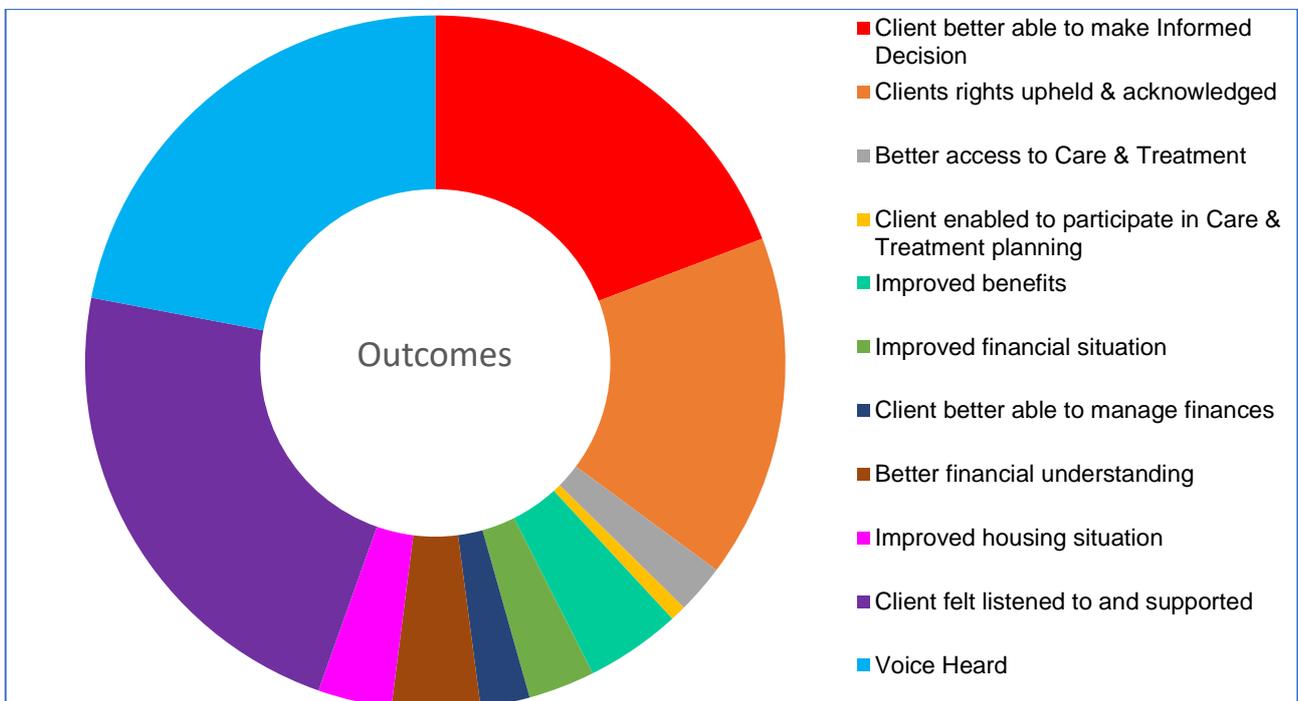
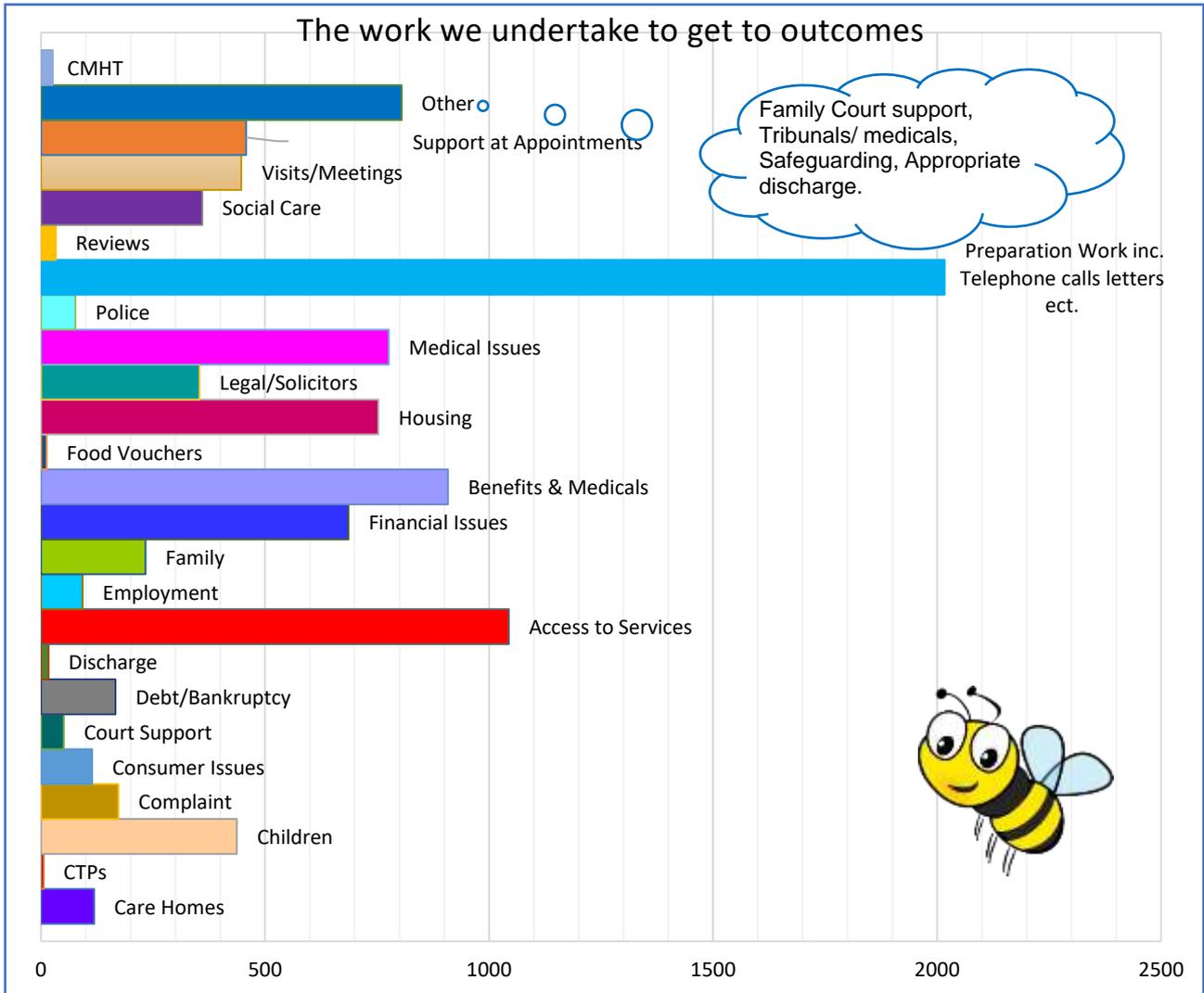
**Advocacy Journey**

The scale is marked at the most appropriate place at the point of first contact and again at the time of closure. This shows the client's movement through their advocacy journey.

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



This represents those signposted / referred to more appropriate services.



Case Studies



On meeting the advocate Q was not accessing any support from services, however with support Q started to seek assistance from a number of services.

Q was supported to apply for PIP and also a blue badge.

Q lives with his mum and is fairly isolated with little and inconsistent access to services.

Q developed confidence in his own abilities to identify and contact services that could offer support and/or advice, some of which he felt had helped him. Q's financial situation improved and he developed confidence in understanding his needs and gained a better understanding of the options available to him.

Y was referred to ASNEW for an advocate to attend child protection meetings with her and to help her understand the processes and consequences of not meeting the requirements set out by social services.

Advocate supported Y at case conference and explained the implications of not meeting the requirement of the social services department. The advocate helped Y to understand what was required of her and what needed to happen in order for Y's children to be taken off the child protection register.

Y was able to understand and action the requirements needed of her to keep her children free from harm and neglect. Y cooperates fully with social services and consistently meets the needs of her children. There is no further need for an advocate.



F's partner was arrested for a serious crime and F was left alone with four children and a joint tenancy remaining on their home. F needed advocacy support to sort out benefits, budgeting and housing.

Advocate supported F to claim Universal credit, F was shown how to use and monitor it. F was assisted to end the joint tenancy and gain sole tenancy. The advocate helped F apply for housing in an area which is closer to her family.

F was able to claim backpay on her tenancy and F now has an improved understanding of her benefits and how to budget. F has a better understanding of how to deal with daily problems and who to turn to for support. F has now got the keys for her new home close to her family.

J has severe anxiety and is unable to leave his home. He is on very limited income. J suffers with a bad back and his mattress needs replacing which J cannot afford.

The advocate supported J to apply for a grant to replace the mattress. J's fridge stopped working and he was unable to leave the house or afford to replace food that was going off, several different organisations were contacted to ask for funding to replace the fridge. The advocate also supported J to apply for Discretionary Housing Benefit.

J can now sleep in comfort on his new mattress for the first time in years. He got a brand new fridge freezer which helps him shop smarter. J could never of afforded to replace these items on his benefits. J is also financially better off following a successful application for DHB.



E referred her self to the service as she felt her voice was not being heard by the Community Mental Health Team. E was also having problems with her benefits.

The advocate attended appointments at the CMHT with E and ensured E had her voice heard by E's consultant and her CPN. E was supported to apply for Universal credits and was referred to CAB for help with her PIP application and a benefits check.

E felt listened to and she was able to explain how she felt to her consultant and CPN which has improved their working relationship. Her benefits situation was also greatly improved.

U was experiencing a number of difficulties when he first requested advocacy support. He had housing issues, benefit issues and access to services issues. U had a fairly unorganised approach to issues in his life, with much of his time devoted to his children.

U was supported to access CAB and Shelter for specialist advice around benefits and housing and the advocate contacted Mental Health services and arranged an appointment. U was supported at appointments, including reminding him when they were and providing transport to ensure attendance.

U was able to secure a tenancy on a property close to his family support network and maximised his income, through an application for PIP. U also accessed mental health services and received ongoing support. Client felt happier and more in control of his life, which he felt had benefitted his relationship with his children and extended family.

Client Evaluations

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

- Leaflet 4%
- Social Services 24%
- Advocate 8%
- Hospital 16%
- Used service before 24%
- Nurse 4%
- Newcis 10%
- CMHT's 10%



2. Did you find the Advocacy Service easy to access?

- Yes 96%
- No 4%

4. Did the advocate keep all appointments?

- Yes 96%
- No 4%



- 3. Did your advocate explain their role to you?
- 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?
- 13. Would you recommend the Advocacy Service to others?

Yes  
100%

Comments taken from the evaluations

I don't know how I would have got through the past few weeks without their support. This I am most grateful for. Thank you



Considering the confusion my mind was in during the early part of the year, my advocate has supported me with quite a few issues, the biggest being my housing situation. I am now sitting in the flat of my dreams and my advocate has helped substantially in this matter.

*Very happy with the support.*

Kind, respectful, caring and listening.

Through the help of my advocate I set up LPA for myself. Also on one visit they found a care agency for me (I was desperate to find one) otherwise in a fortnight I would have been without a care package.

My advocate was so supportive, even though she was my advocate, she chatted with my daughter as I was upset.

I can't thank the advocate enough for coming and supporting me through a PIP home assessment, she has supported me for a number of years. She helped me on the day when I was distressed and also stepped in when it was appropriate. I wouldn't be able to deal with this on my own and I know having them with me has helped me through it.

I found my advocate to be friendly, helpful and very good at what they do, and they have been a great help when I needed it the most.



My advocate supported me by listening to me and getting things done. Thank you so much.

Thank you all at Advocacy NEW for always being there to support me, my life would be a 'Mess' without you.

I don't feel I would have been able to cope without an advocate. I would not have been able to move so quickly.

Please would it be possible to be kept as an open case as I feel there are still things that you may be able to help me with. Many thanks.

Stairs to the office difficult to access. Better than lady at Pwll Glas

A big thank you to the advocate for dealing with my latest issues.

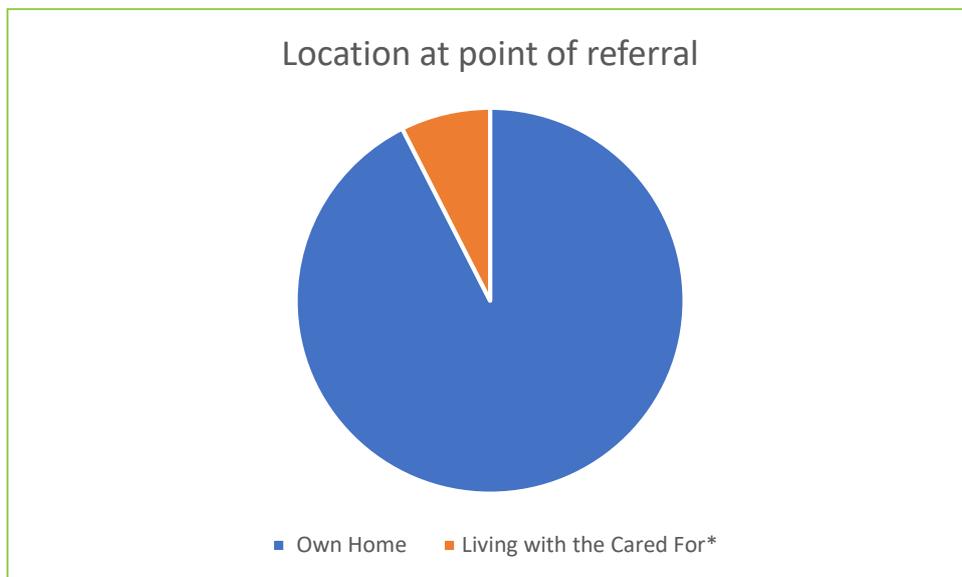
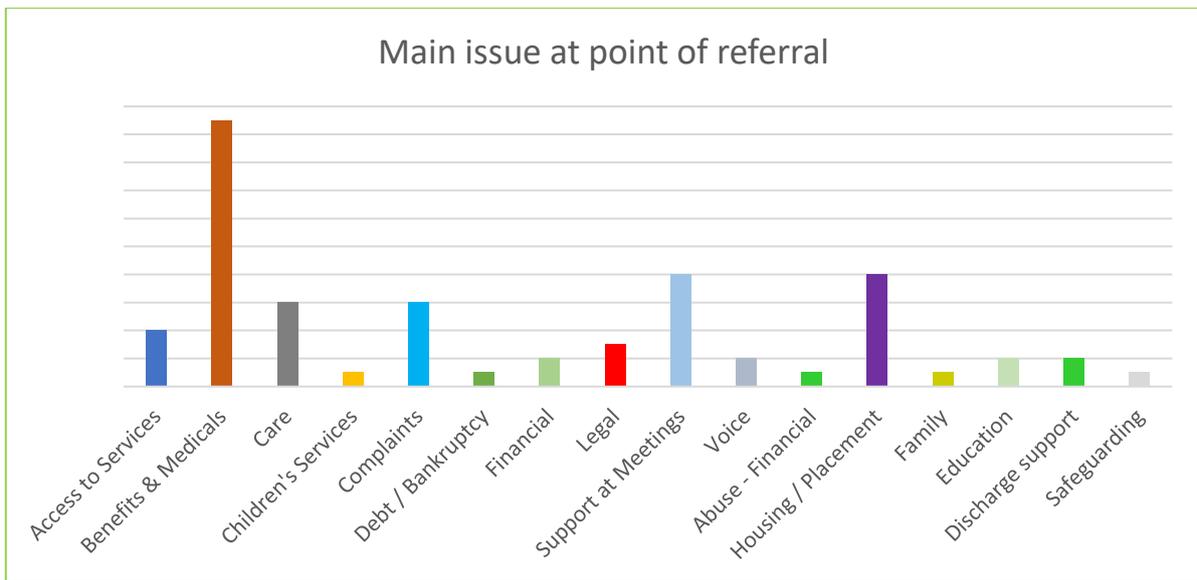
***Our response:***  
*Our clients can come back as often as they need to -we reassure them that they can, and they do!*



"It has been another busy year for carers which has seen a steady increase in referrals from Wrexham on the previous year.

There has been a notable growth in education issues, 20 against 1 the previous year. Benefits and Medicals remains the most common advocacy issue for the third year running."

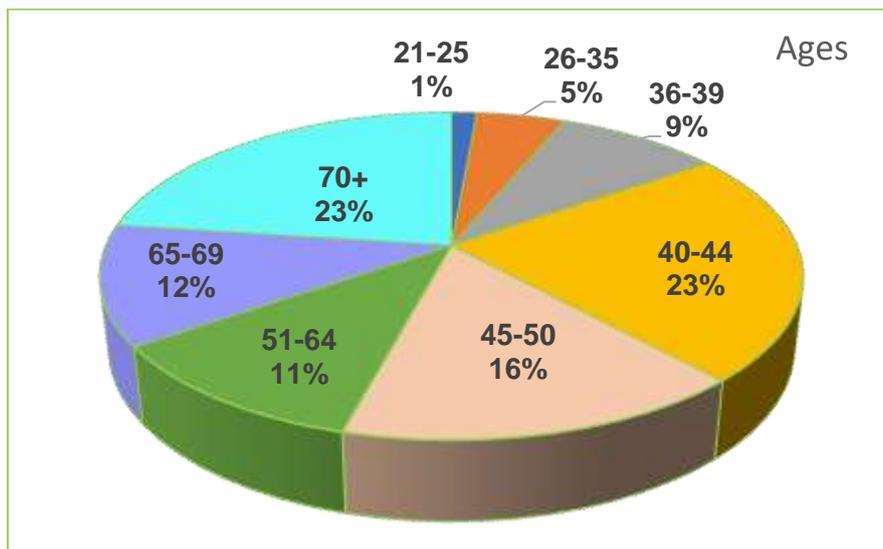
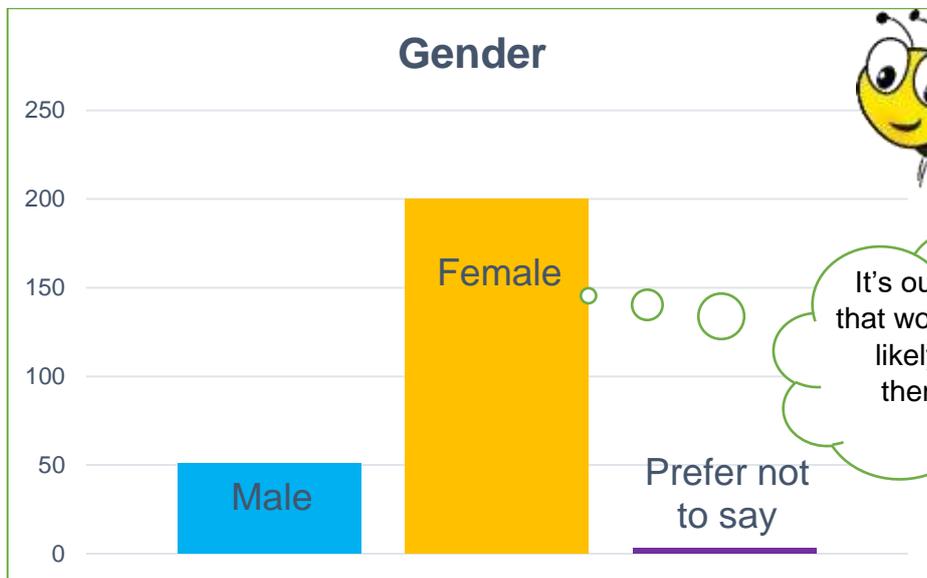
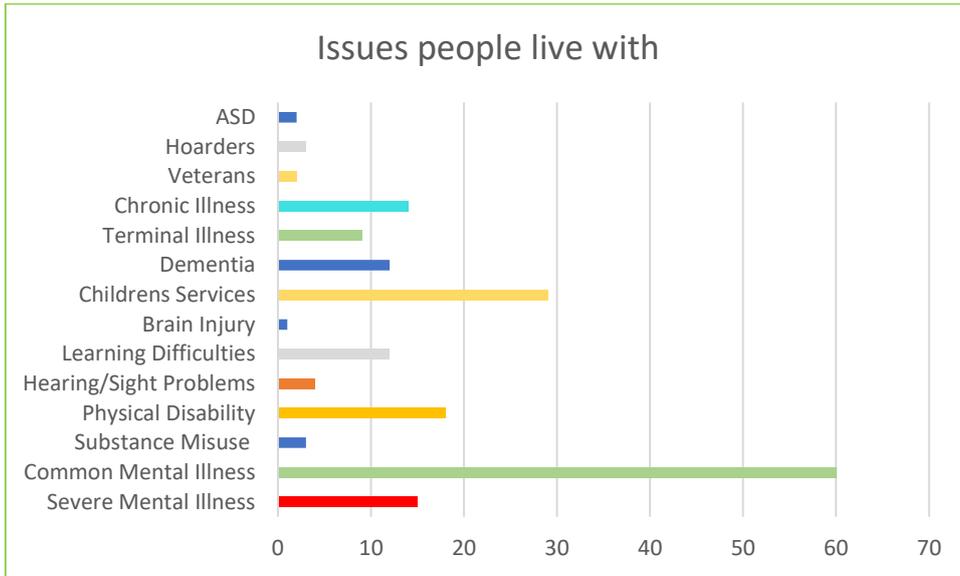
- Chris Vick, Lead Carers Advocate



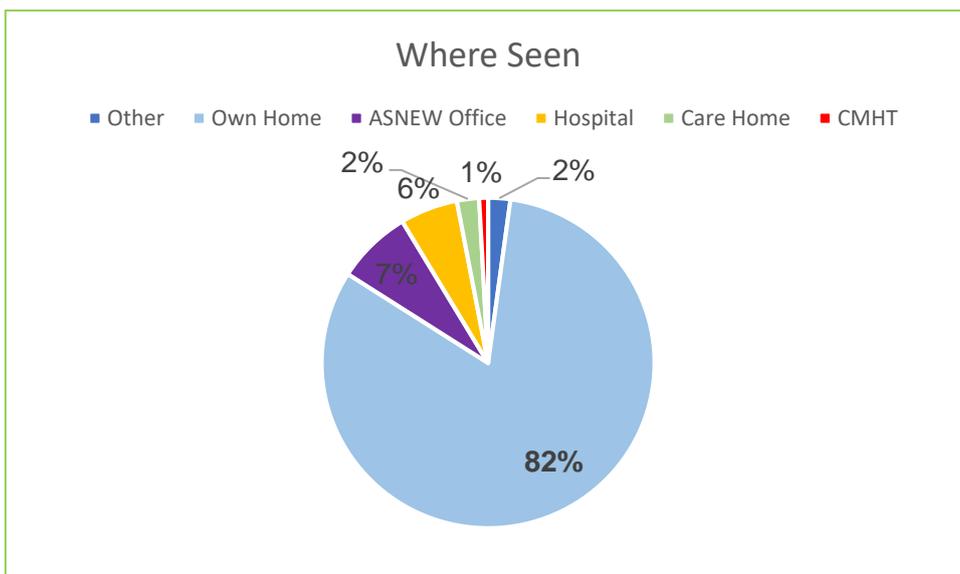
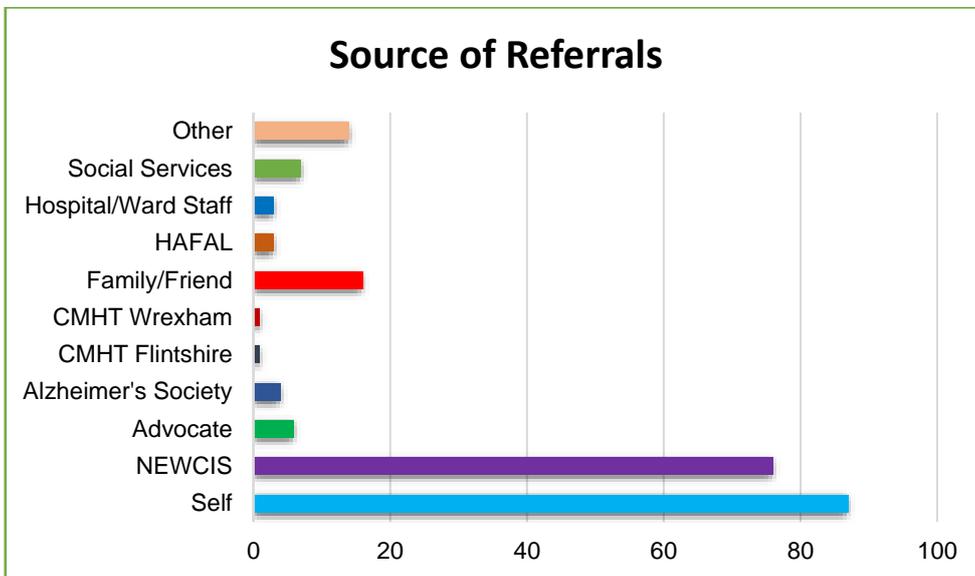
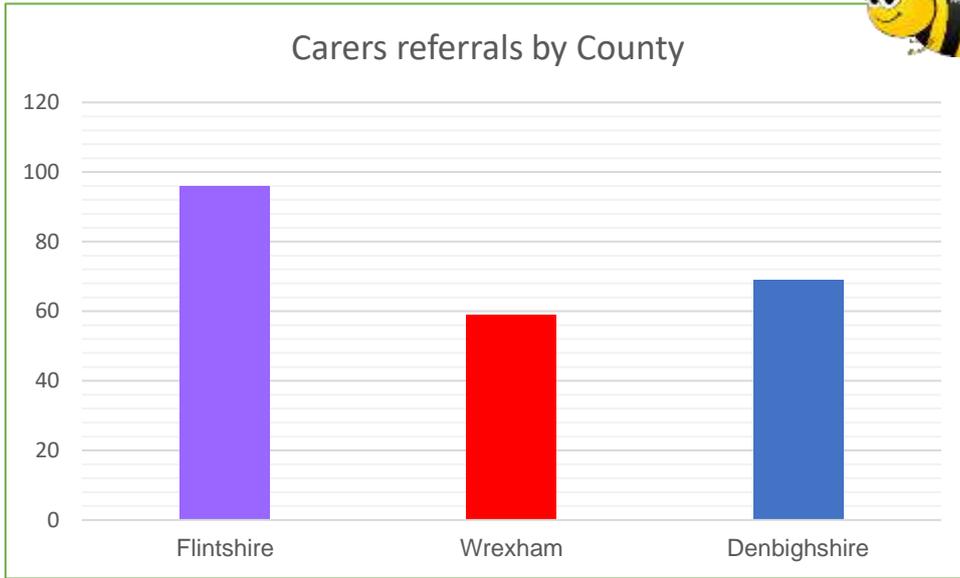
\*Moved to live with cared for, for purposes of providing care



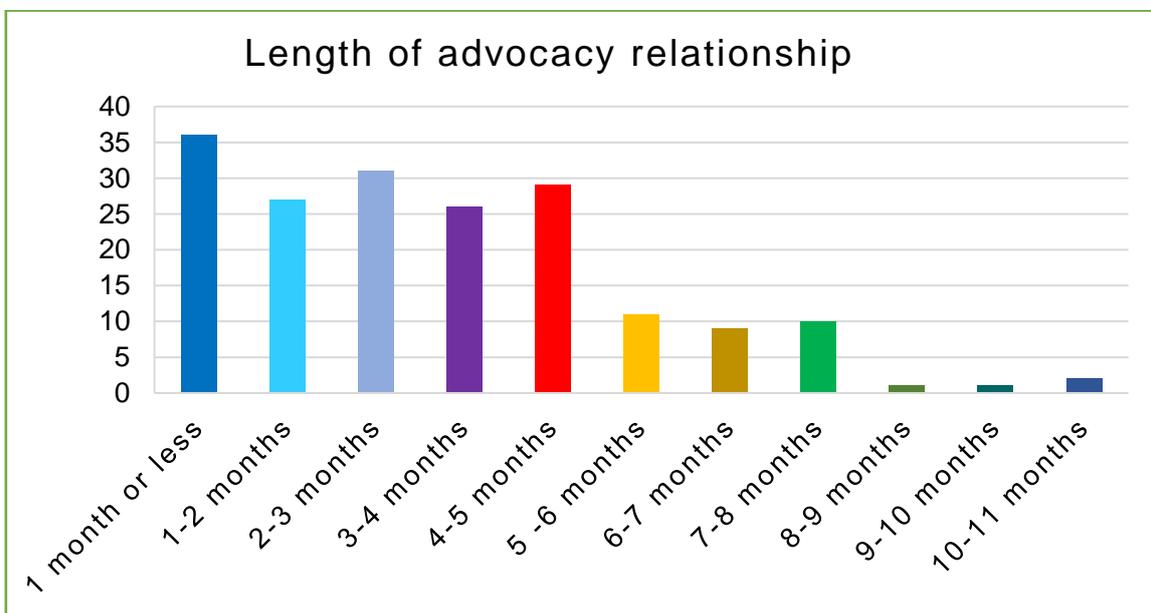
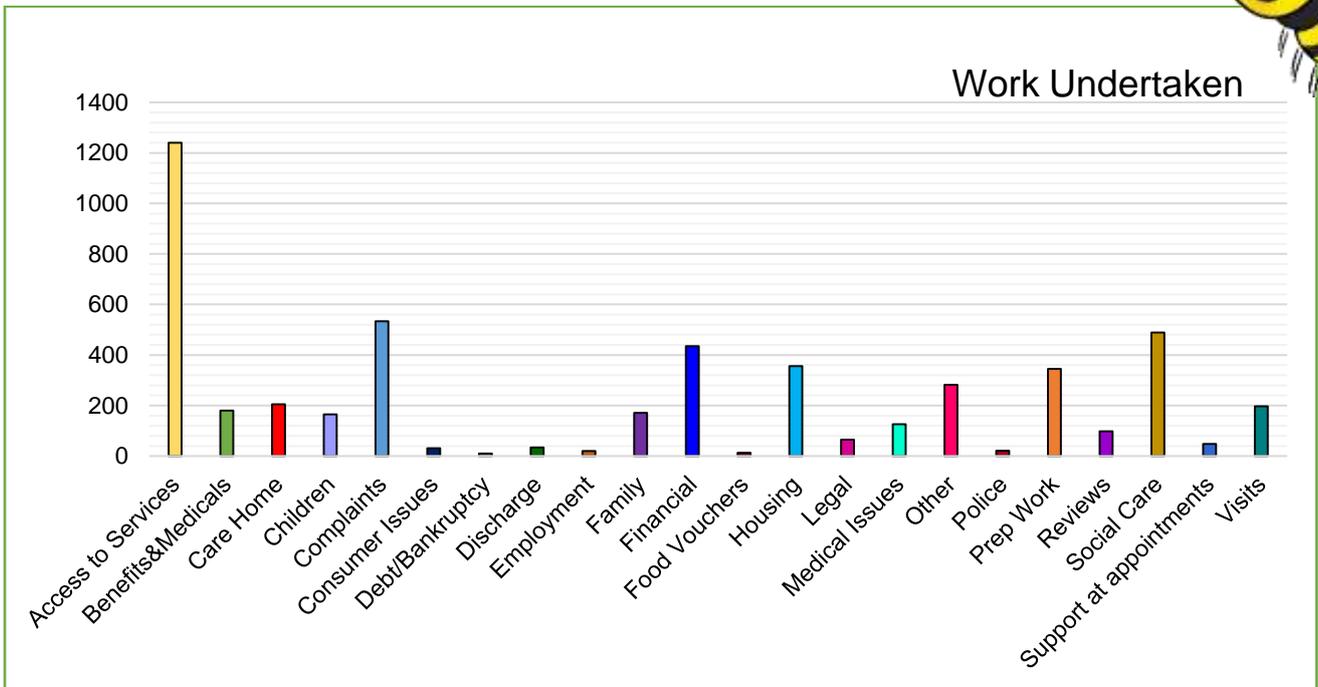
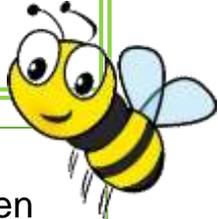
Carers - 224



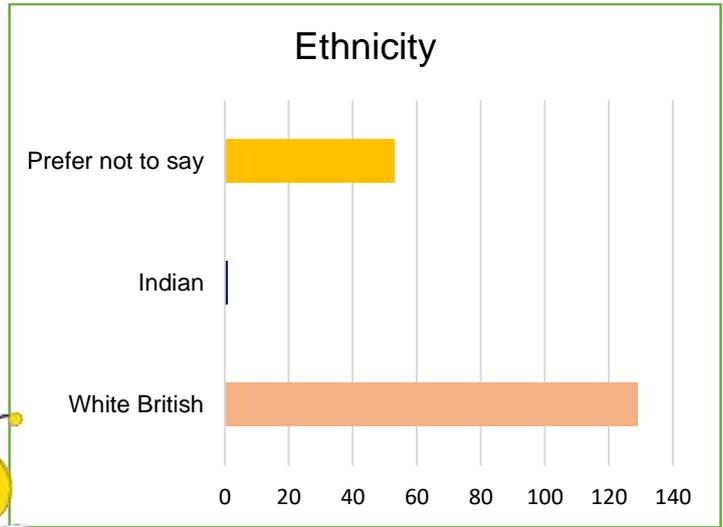
Carers - 224



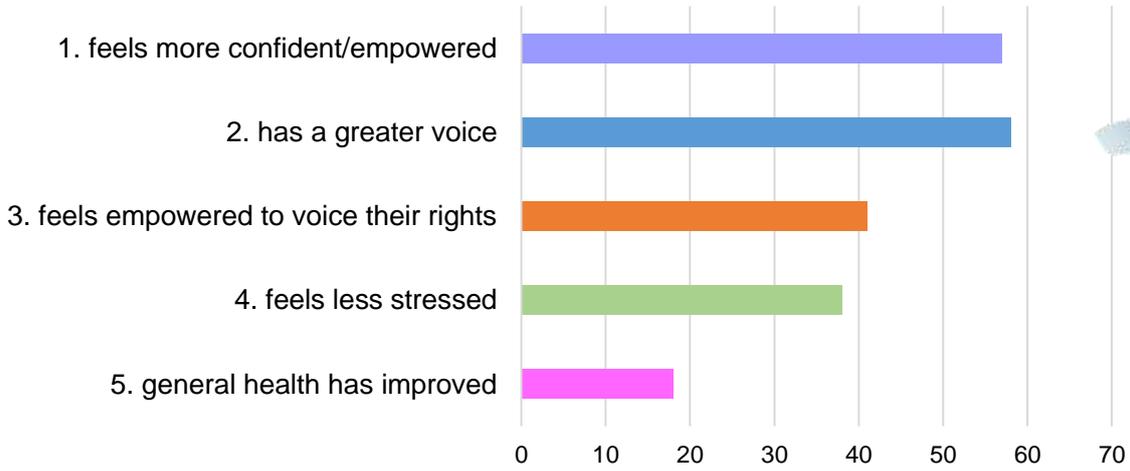
Over recent years there has been major changes to legislation, benefits and cuts to services for carers and in these difficult times carers need to know what their rights and entitlements are, and feel supported.



Carers provide a crucial role in the provision of care and support and it is estimated that they provide between 75% and 95% of care, saving £7.72 billion every year in Wales

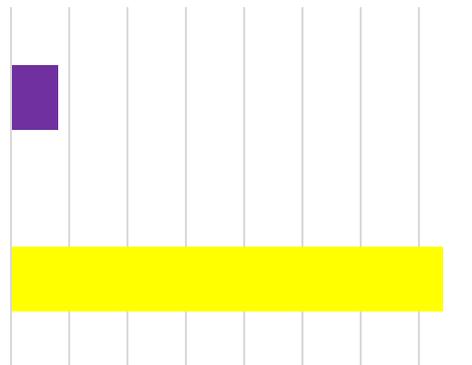


As a result of the advocates involvement the carer:

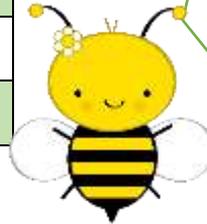


2. Have they been referred to SAFE or other courses?

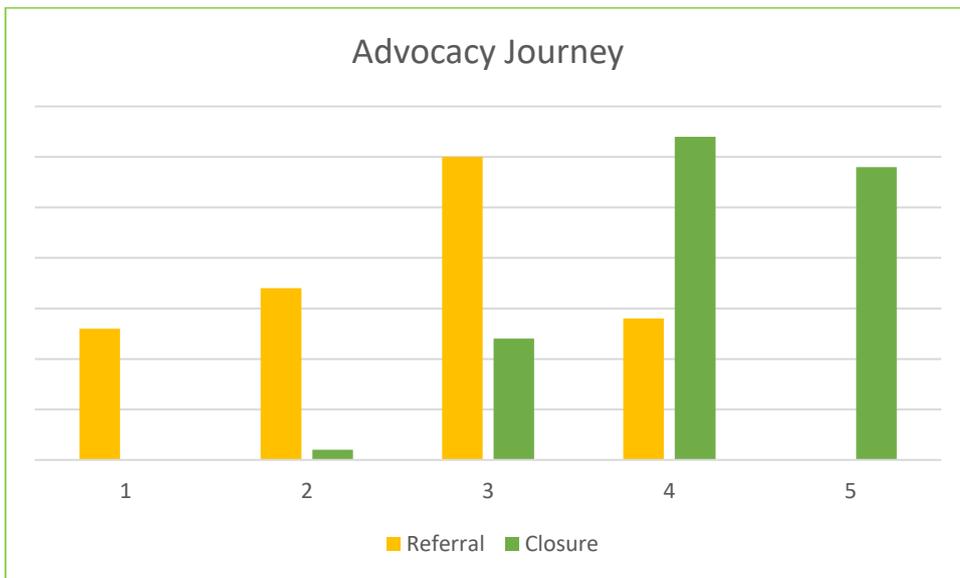
1. Have they been informed of their rights?



1	I need an advocate to help me in my caring role
2	I can do a little bit but will need some support from the advocate
3	I just need some extra input from an advocate
4	I can sort most things out on my own. I only need a little support
5	I can self-advocate



**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.



## Case Studies



Advocate met with X on several occasions to provide information and help her to understand DoLS. The advocate explained Lasting Power of Attorney (LPA) and discussed the care her husband may need if they returned home. This information had to be revisited several times as X was struggling to remember.

X lives in a care home with her husband since she had had a stroke and needed time to recover. X wants to go home but her husband lacks capacity and is awaiting a Deprivation of Liberty Safeguard (DoLS) assessment. X cannot understand why she can't take her husband home and continue as they were.

Over time X began to understand that her husband was not going to regain his memory and that he would need care if they were to return home. Meeting with X gave her time to go through her concerns and feeling like she has some control over her situation.



W is disabled and cares for her daughter who is wheelchair bound. The property they live in is privately rented and not fit for purpose. W requires room for a wheelchair and to be able to wash her daughter properly. W had applied for housing but had not heard anything.

Advocate supported client at OT assessments for W and her daughter. It was made clear that W did not want to stay in privately rented property as there was no security. The advocate was able to follow up on W's housing application.

W had her application accepted as a priority need as well as going onto the specialist housing list. W was offered a suitably adapted property that met her and her daughter's needs. They are now in their new home and are very happy.



Z cares for his wheelchair bound son who needs constant support. Z came to advocacy as he was having problems with his son's hours of care. Z was also not happy with the service received from his GP and how he was treated.

The advocate working alongside Z, established the money for direct payments and what the cared for was entitled to. They also were able to establish the support required from Penderel's trust. The advocate, led by Z, wrote a complaint outlining Z's concerns to the GP's surgery.

Z was able to get the hours back for the care and respite his son needed. Z felt that he had been heard regarding the complaint to the GP and following the GP's response decided he would take no further action.



B was a carer for her daughter who was diagnosed with ASD and Asperger's, extreme anxiety and depression, dyslexia, dyspraxia, mild Tourette's syndrome and ADD. Her daughter had attended college to develop her independent living skills but once she had left college she had not been offered any support or services.

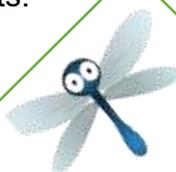
A meeting was arranged with both the CMHT and ASD services present and a transition plan was agreed.

B had already contacted the local community mental health team (CMHT) which her daughter had been open to – no, they had closed her file. The advocate contacted the learning disability team at Social Services to see what they may be able to offer. B contacted the Autism Spectrum Disorder (ASD) service and see what they had to offer. ASD offered one day volunteering. The learning disability team informed B that her daughter did not meet their criteria and was signposted to the community mental health team (CMHT). The advocate wrote to the CMHT but received no response. After a month B requested that the advocate write a letter of complaint. An apology was then received from the CMHT and an appointment made, but frustratingly the meeting informed that it would be the ASD service who should provide transitional support. The advocate wrote to both social services and health outlining B's rights as a carer additional to the needs of her daughter and that something should be done to resolve the situation.

F and her husband care for their son with a diagnosis of autism, ADHD, anxiety and depression. He is dependent on others for all activities of daily living. He currently receives a care package of 8 hours direct payments. Shortly before her son finished in his part time educational placement F sought help for additional assistance.

One week before final hearing the LA agreed to provide a package of care amounting to 60 hours per week (240 hours per 4 week period) which included provision for a full 48 hours of respite care per 4 week period. The LA also agreed to provide a formal apology and to make an award of damages for breach of F's son and his family's human rights.

The Local Authority failed to respond to requests for assistance so legal advice was sought. With the support of an advocate an assessment under the Social Services and Wellbeing Act 2014 was eventually obtained. This demonstrated a need for 24 hour support and care. F underwent a carer assessment, this demonstrated that F was no longer able to provide the bulk of the care. Just 8 hours extra was offered. Proceedings were instituted for judicial review .



Client Evaluations

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

Leaflets 10%	Newcis 50%
Word of Mouth 10%	Used Service Before 10%
Hospital Staff 6%	Social Services 4%
Family/Friends 7%	Other 3% <i>(online / 3<sup>rd</sup> sector organisations)</i>



	Yes	No	Other
2. Did you find the advocacy services easy to access?	100%		
3. Did the advocate explain their role to you?	99%	1%	
4. Did the advocate keep all appointments?	100%		
5. Did the advocate do what they said they would?	100%		
6. Did the advocate express your views clearly?	99%		1% - "to whom?"
7. Was the advocate clear about what you wanted?	100%		
8. Did you feel respected?	100%		
9. Did you feel supported?	100%		
10. Did you feel listened to?	100%		
11. Do you feel that having an advocate has helped you to be better able to deal with the difficulties in your life?	99%		1% - Not sure
12. Would you use the advocacy service again?	100%		
13. Would you recommend the advocacy service to others?	100%		
14. Do you feel more confident and more able to advocate for yourself and the person you care for?	75%	15%	10% - Not sure



Evaluation  
Comments

I am really grateful for the help I received from my advocate.

My advocate has been very understanding, patient and attentive. As well as a carer I am also autistic which complicates my role as a carer but also how others relate to me. This did not affect my advocates willingness to help at all. Highly recommended!

I am still vulnerable as a person. However I have more confidence in my caring role.

*Without advocacy service I would not know which way to turn. Excellent service from my advocate.*

Service  
Very Good



*I cannot begin to express what help this service was during a very low period in my life, without the support of my advocate I would not have been able to achieve a result.*

My advocate was 100% professional and informed from day one. I was a Welfare Manager myself and I needed advice. The advocate provided me with every opportunity to consider different solutions. Not once did they override me or attempt to. The advocate considered me and the children at every step. I am now managing again after a huge struggle. The advocate deserves great acclaim.



My advocate helped me at a stressful time, I felt supported and now more confident about moving forward.

It was lovely to know the role my advocate could undertake on my behalf to support me, especially regarding attending appointments. I also appreciate the complete confidentiality my advocate offered, also the 'home visits' really helped rather than meeting in an office.

I found the advocate went far beyond their role and seemed more like a friend. There was nothing I couldn't or wouldn't discuss with them.

I have difficulty sometimes expressing myself and I get stressed out easier when in situations where I have to deal with people in authority face to face.



**All  
very good!**

My advocate was very helpful in explaining my options and helping me get support I needed. As well as helping me get much needed equipment for home, they were understanding and friendly

*I found it helpful to have an advocate listen to my problems, but in the end I was alone trying to defend myself against allegations made by a social worker who assumed the person I have cared for was telling the truth and I wasn't.*



The service received from my advocate was excellent, I found them very caring and helpful – but unfortunately the processes and procedures at my parents care home have not changed so I still find it stressful to deal with.

The service is great, but other statutory bodies need to respond to the advocate in a timely manner and not ignore them.

My advocate is a very warm and accepting person and this attitude is an absolute priority for parents of SEN children and young people like myself. We expect to be treated badly and with judgement, it was so supportive just knowing that independent professional person was available for meetings. Thank you.

Thank you x

I can only commend my advocate very highly indeed, they were professional, respectful, listened, understood empathy, supportive, had time for me when I struggled to understand or express myself through tiredness, stress and exhaustion. The advocates support gave me confidence which I lost in all other areas, I was very forgetful and my advocate supported me to deal with matters.

**How could we improve the service?**

There are so many individuals in care homes who have no voice, the work you do is invaluable to society and to individuals involved in care.

Maybe advertising your services more as I only found out through my mental health nurse.



*The service is well considered, obviously funding will always be problematic as needs for service to grow. Keep up the valuable resource.*

I think for some parents it would be useful for the advocates to have a rights based library of information that they can access easily and electronically and share with clients.

**I would suggest having autism training for all your advocates**

*I am well impressed with exactly how you are!*

The only advice I can give is when someone rings yourselves the help is need then, unfortunately when I rang there was a few weeks waiting, here that made a huge difference.

Not sure what I could suggest that would help improve the service, it is currently good.

*All suggestions are considered and acted on where possible.*

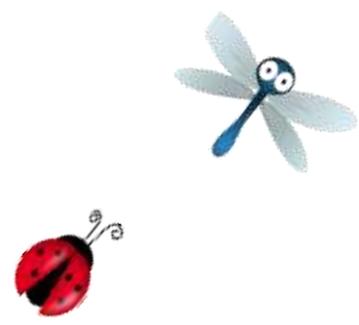
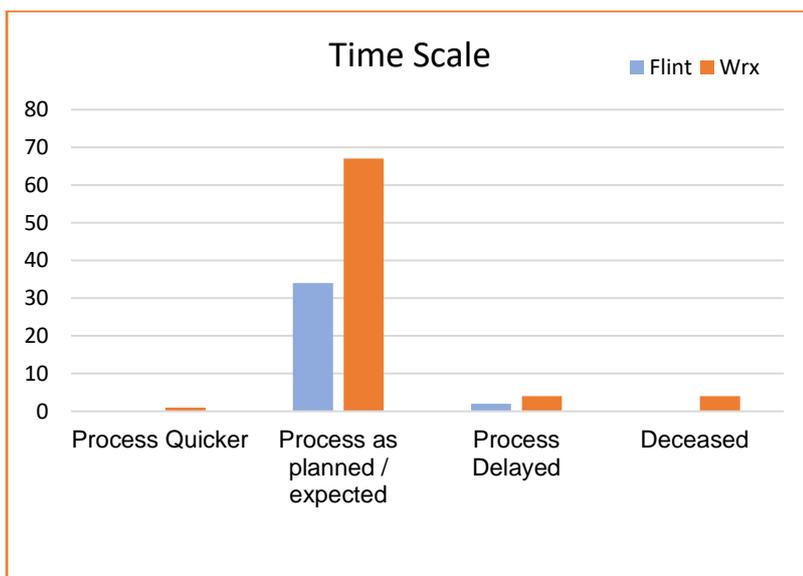
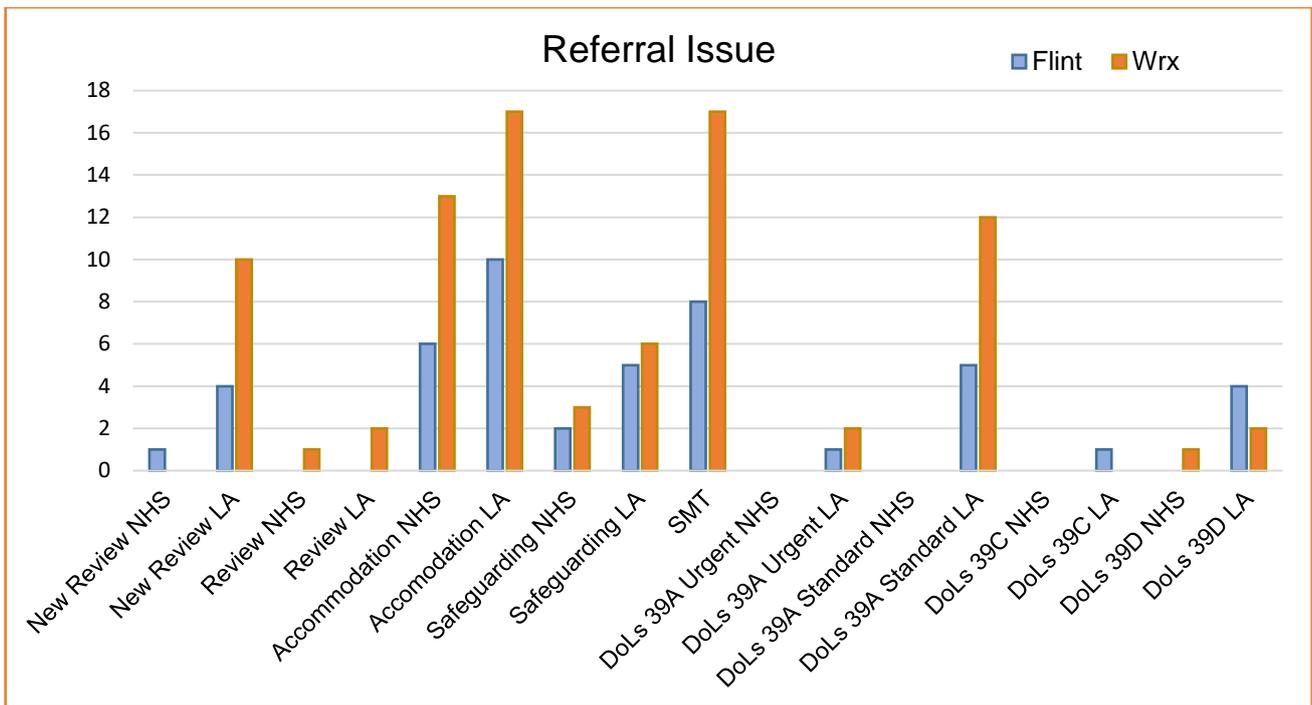
Independent Mental Capacity Advocacy - 217

“The IMCA service receives numerous referrals where family & friends are appropriate, but the decision maker disagrees with those involved. Therefore, the eligibility criteria for an IMCA is not always being met.

In recent months, the IMCA service do not seem to be receiving as many capacity assessments, and in some cases there is no evidence of an assessment being completed.

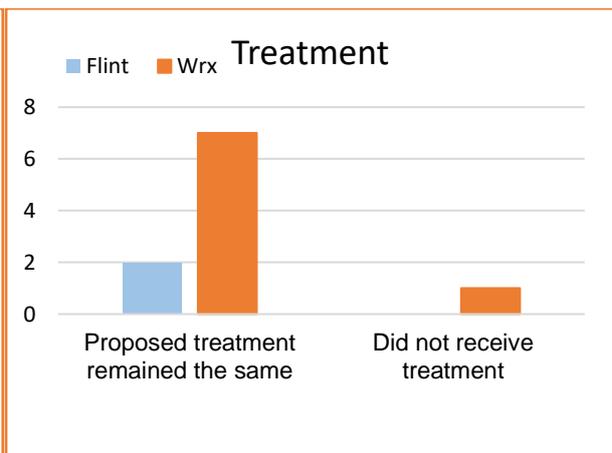
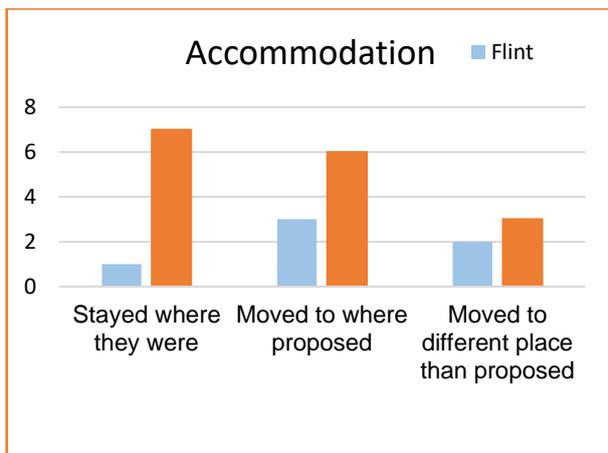
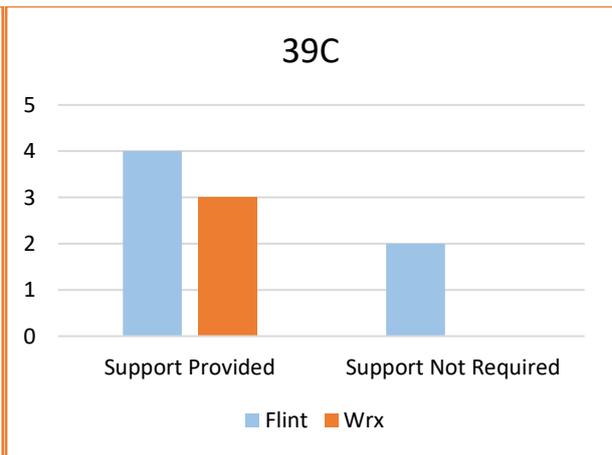
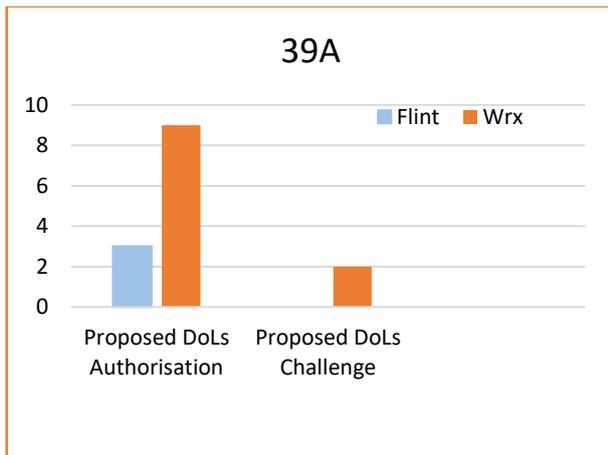
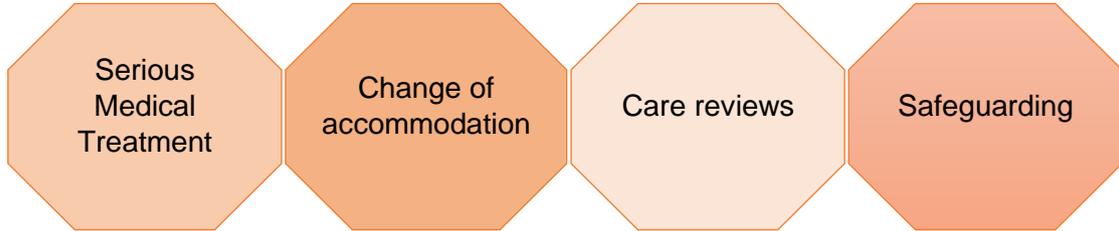
With each report the IMCA sends, they also send a decision makers evaluation and decision makers response to the report, we do not receive many back.”

- Jennifer Challinor, IMCA

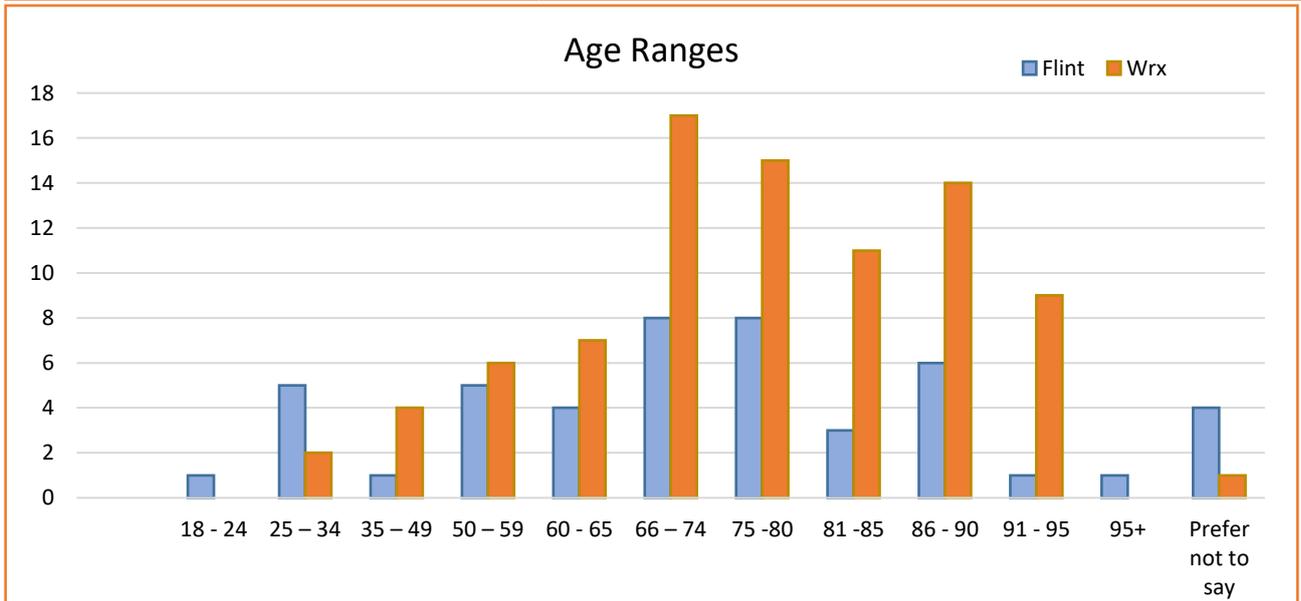
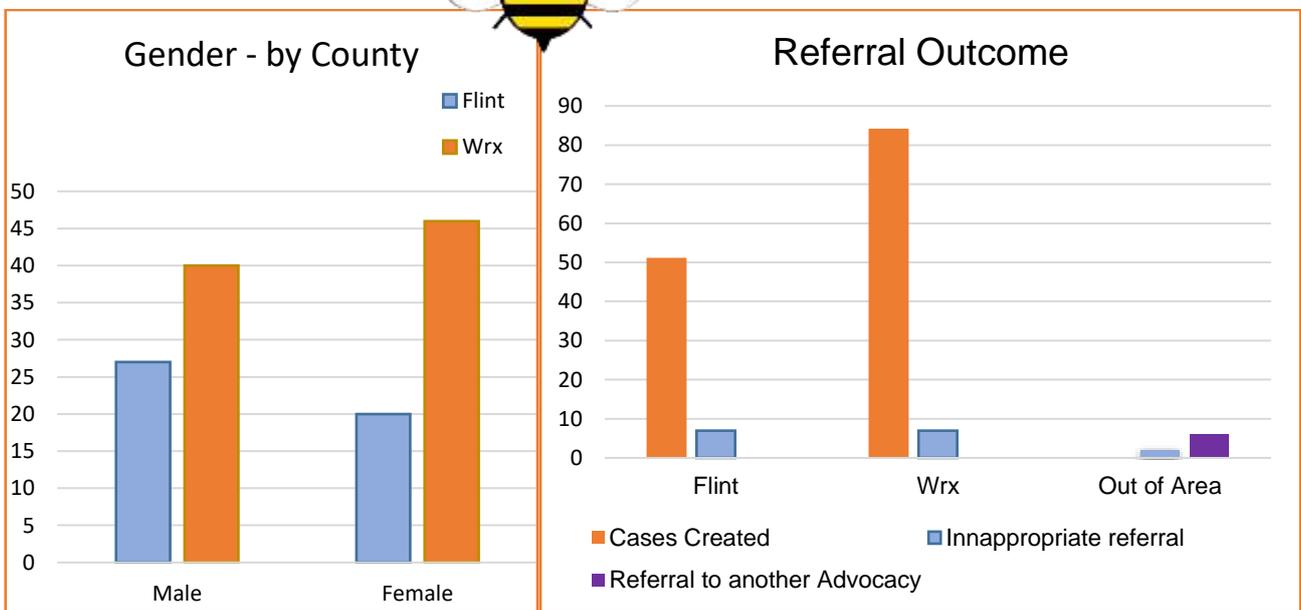
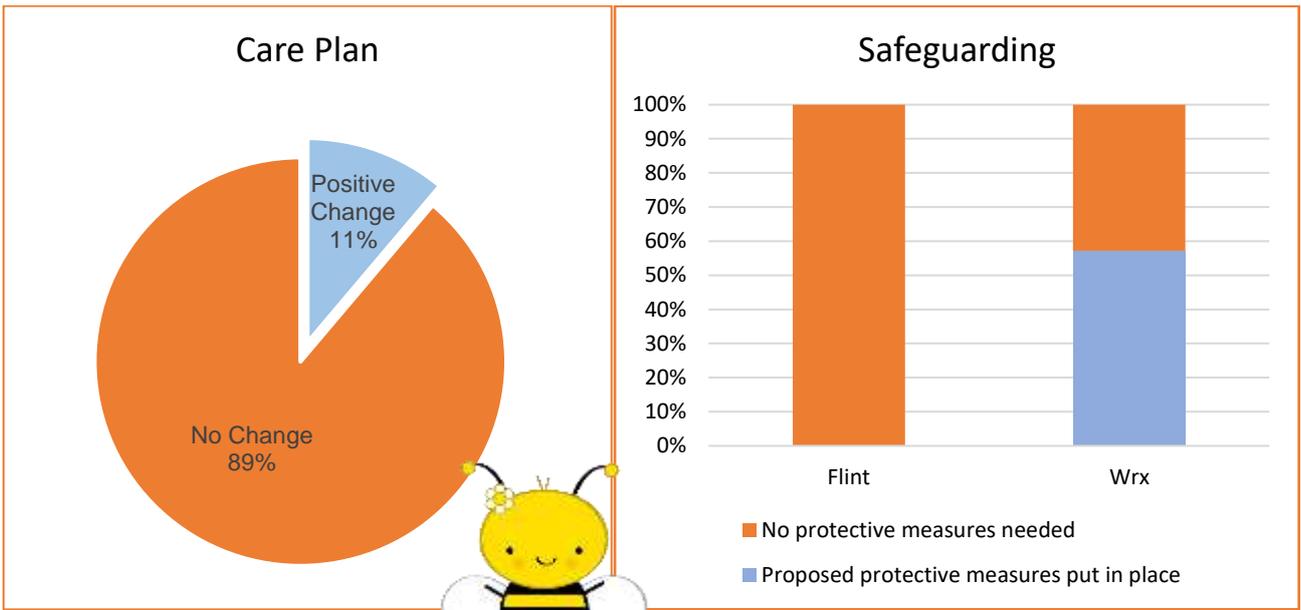


Independent Mental Capacity Advocacy - 217

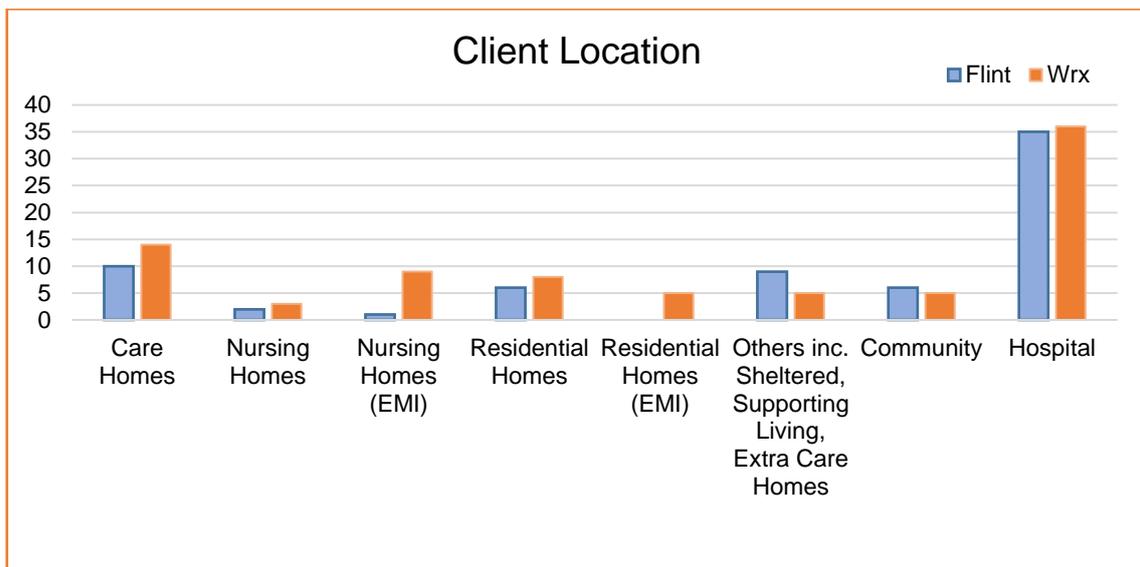
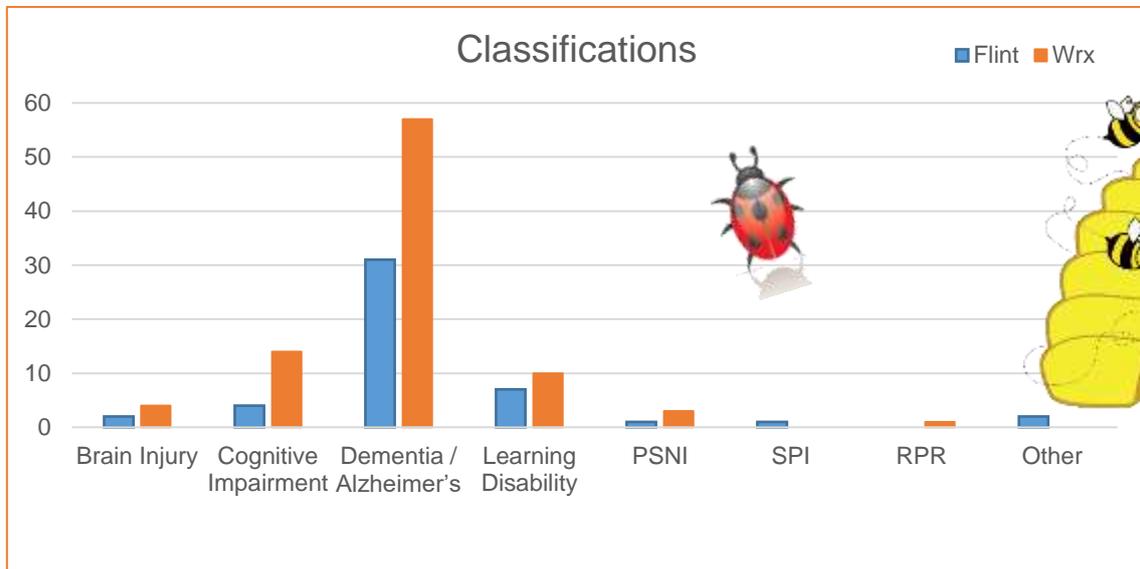
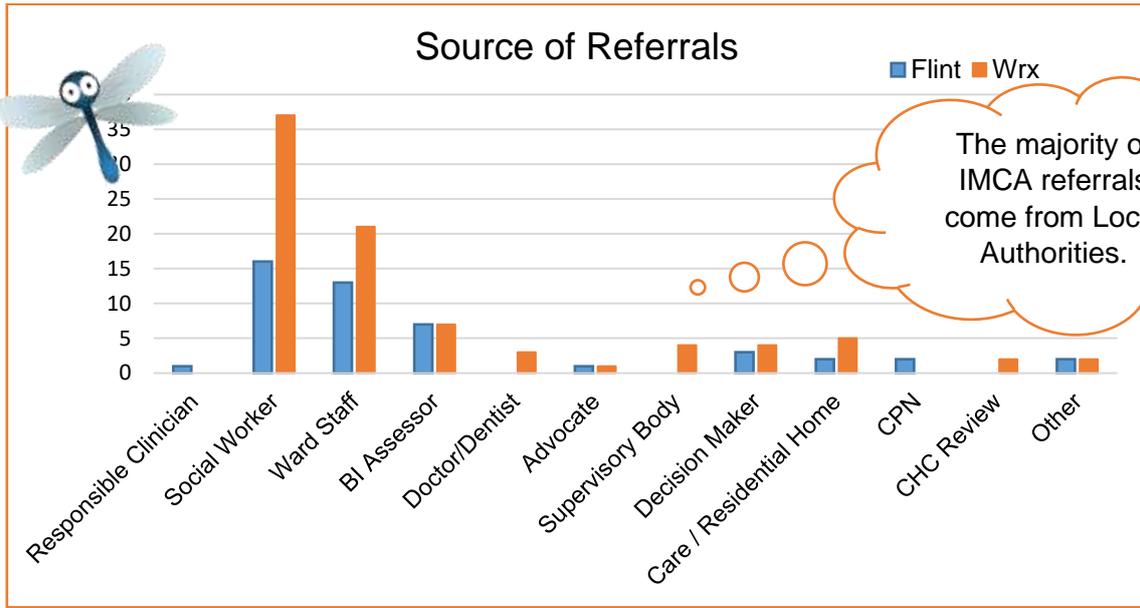
IMCAs are a legal safeguard for people who *lack the capacity* and who do not have family or friends to support them to make specific important decisions about:



Independent Mental Capacity Advocacy - 217



Independent Mental Capacity Advocacy - 217



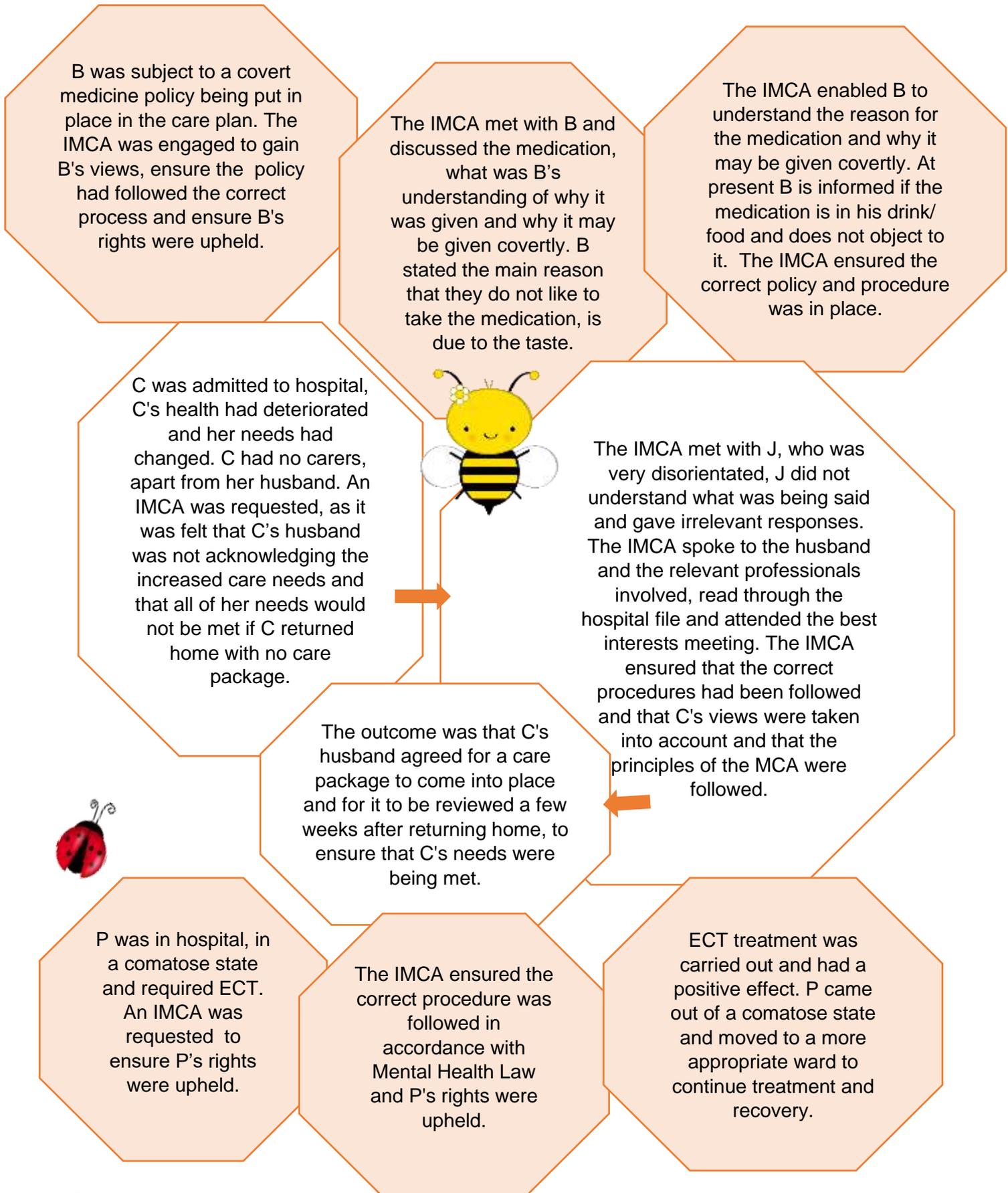


### Case Studies

J an 84 year old man who was admitted to hospital following a fall. Concerns were raised regarding J being able to manage at home, particularly taking his medication and managing his diabetes, he had been found on the floor by district nurses, his memory was not good and there was evidence of self-neglect.

The IMCA met with J twice to gain J's views on what he wanted to happen. Home with a package of care or a care home? J was adamant he was going home and didn't need any help, it became clear that he did not have great insight in to his own health needs. The IMCA attended a best interest meeting and was able to give J's views. The professionals felt a care package needed to be in place. Discussion took place around an assessment period in a care home to ascertain J's abilities to manage at home. The IMCA met with J and explained the rationale for an assessment period in a care home. J thought this was a good idea.

The IMCA visited J at the care home a week later and J informed the IMCA that he no longer wanted to go home, he really liked the care home and the other residents and the food was excellent. All concerns were negated, and J was very happy.



R was in hospital, following treatment for a throat tumour. There were concerns regarding R's ability to understand the aftercare required (a softer diet and maintaining the cleanliness of the 'RIG'). A move to a residential home was discussed as a means to ensure that the aftercare routine was followed.

The IMCA met with the R and who appeared to understand the aftercare routine (it had been explained on a number of occasions and R had participated in the flushing of the 'RIG' using a syringe). R wished to return to their mum's home with support from district nurses. However this support was apparently not available. The IMCA felt the capacity assessment had not been appropriate and that a decision had been made prior to the IMCA's involvement.

The IMCA wrote their report and detailed the relevant points, a decision was reached that the R could return home to their mum's home which is what he wished to happen, he was very satisfied with the outcome.



A was in hospital, A did not believe she needed any support in order to return home. A capacity assessment deemed A to lack capacity with regards to her care needs. The hospital were looking at discharge arrangements and what support would be needed.

The IMCA spoke to A to gain her views, read the file, attended meeting with the social worker and ward sister. The IMCA also visited A's flat with the social worker.

A will return home with support from the reablement team, if it is found that A does not need support, it will be withdrawn. If A does need care visits, a long term package of care can be put in place. The IMCA ensured A's views were heard and rights were protected.



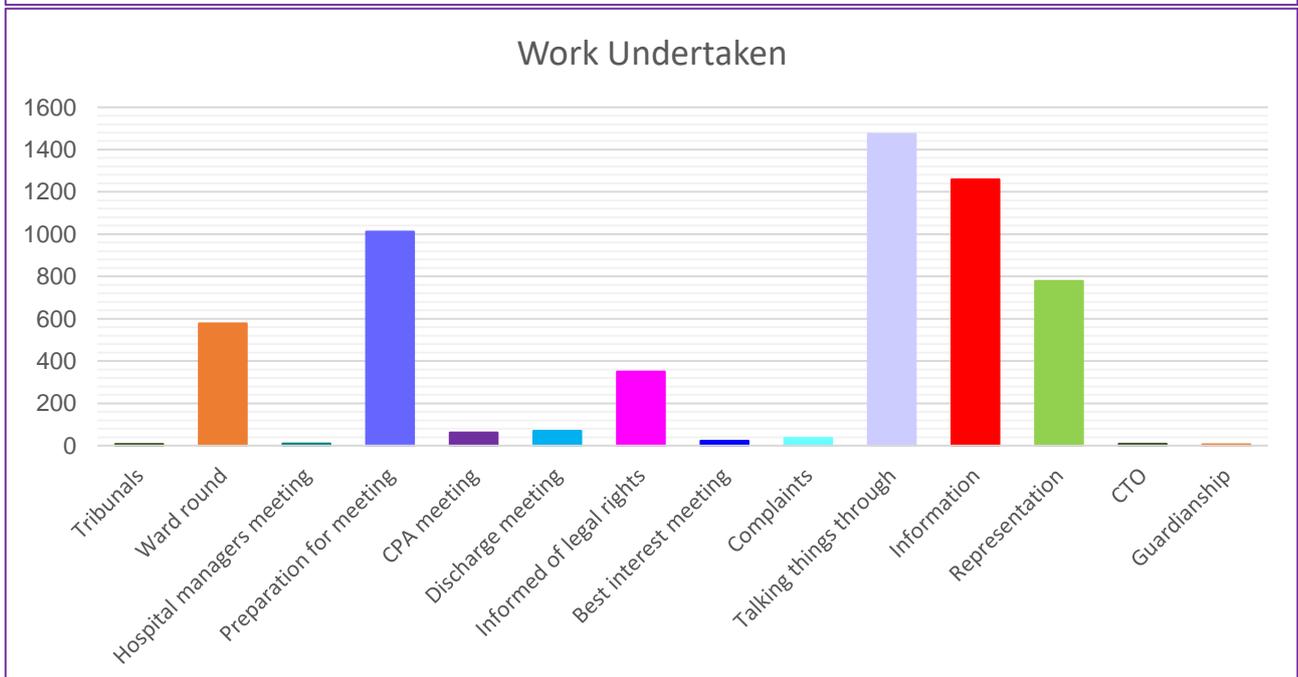
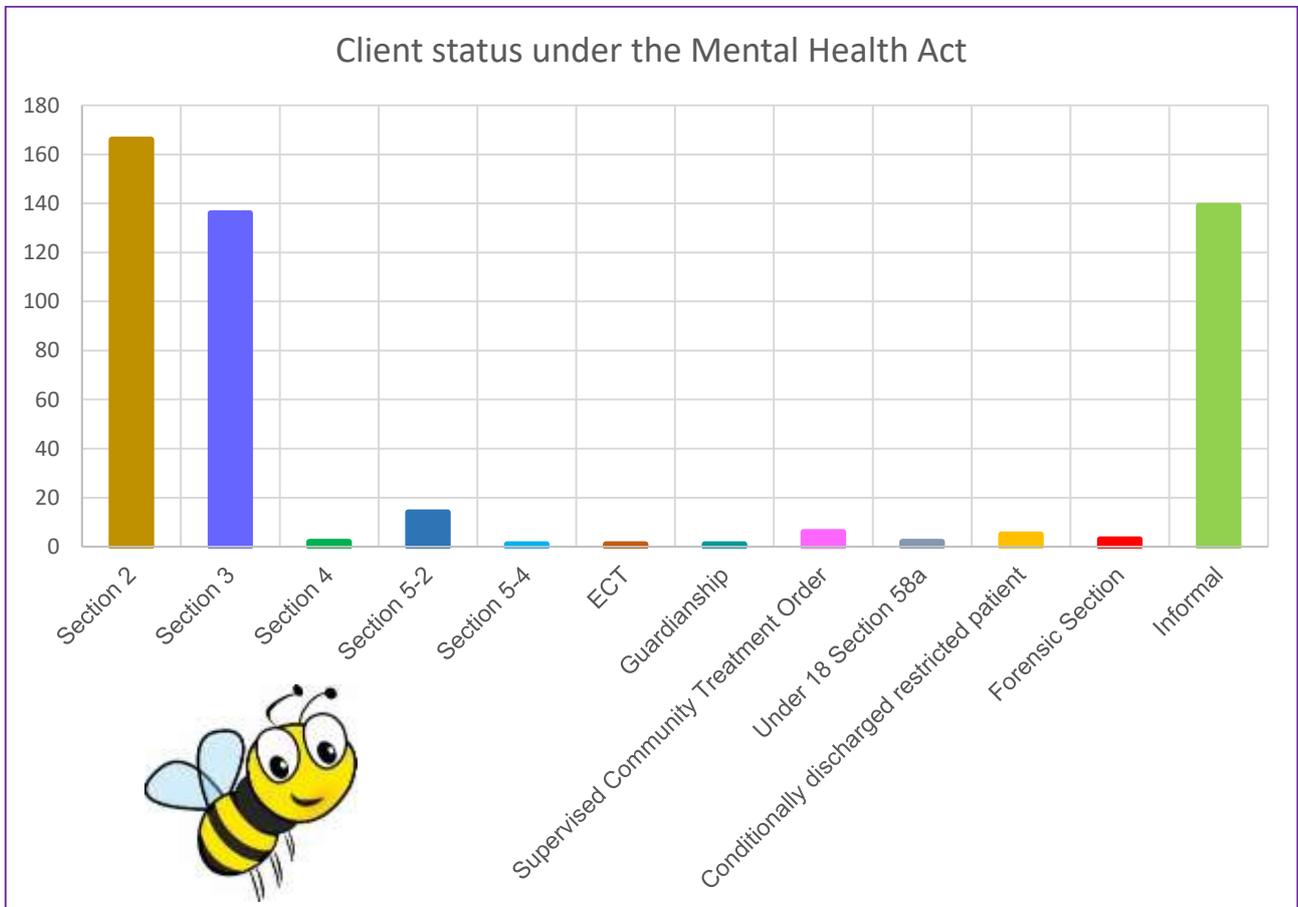
## Stakeholder Questionnaire Results and Feedback 2018 – 2019

Q1: How easy was it to refer to this service?	100 % Easy Comments: Once service was located it went well, colleagues still had old system contacts. Ward Referred.
Q2: Did the IMCA service respond in a timely way to the instruction?	100 % Yes Comment: An IMCA was allocated immediately. Visit took place within the week.
Q3: Was the IMCA report provided at an appropriate time in the process and was the written report of a good standard?	100 % Yes
Q4: Did the IMCA identify the service user's wishes, feelings, beliefs and values?	99 % Yes 1% No Comment: Client was zero communicative when reviewed. The IMCA allocated has been involved with the client previously and has an understanding of the situation which was beneficial.
Q5: 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 Comment: No decision made yet. Client stated they were happy where they were.
Q6: Did the IMCA's involvement have a positive outcome for the service user in your view?	100 % Yes Comment: Service user and IMCA formed good rapport.
Q7: Overall satisfaction rating of the IMCA service, with 1 being the lowest and 5 the highest.	1% rated 4 99% rated 5
Q8: Any other comments?	Report and communication from IMCA was clear and concise of individuals wishes/feelings. IMCA was respectful and friendly and they quickly gained the trust of the client. The IMCA took care to establish what their wishes were and the client said they would be glad to see them again. The IMCA has visited twice subsequently

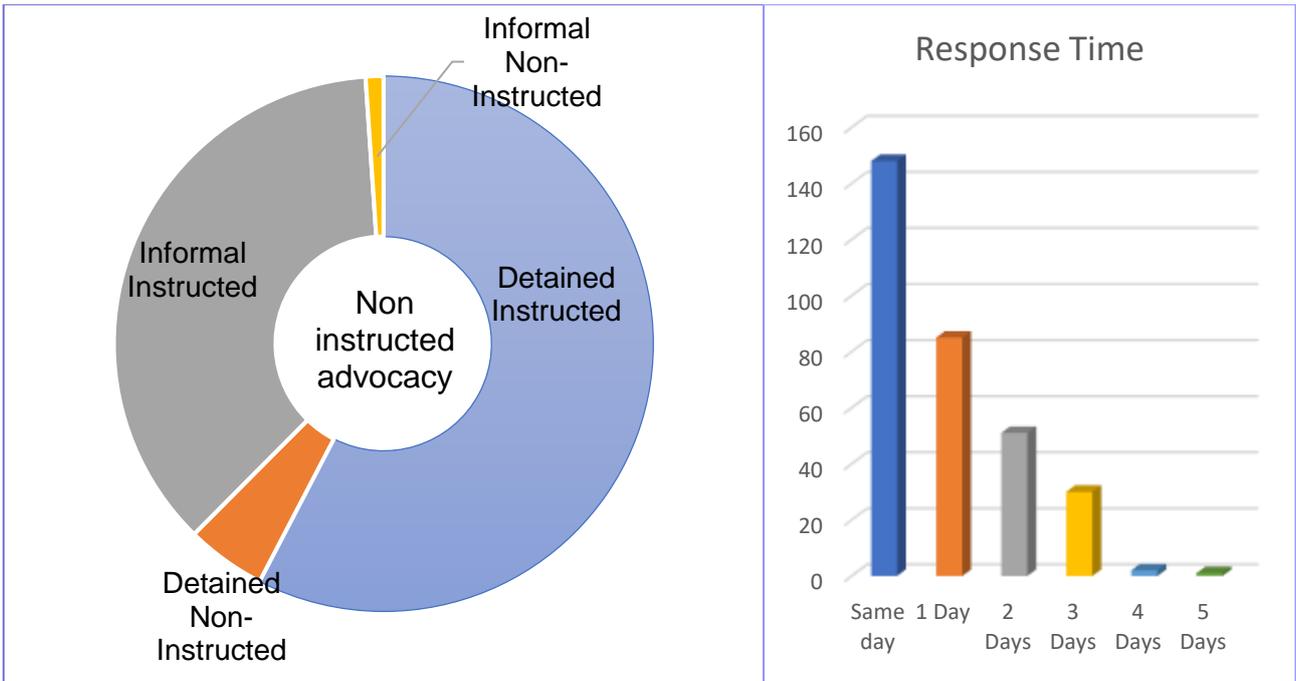


Independent Mental Health Advocacy - 629

“The majority of IMHA work continues to be supporting clients on the acute mental health wards, however our input in private hospitals has increased, as has our time with clients in the community who are subject to a CTO. Many of our clients have lengthy hospital admissions and so are also supported with community based issues whilst on the ward which allows for continuity of service for the same advocate.” - Nicola Parry, Lead IMHA

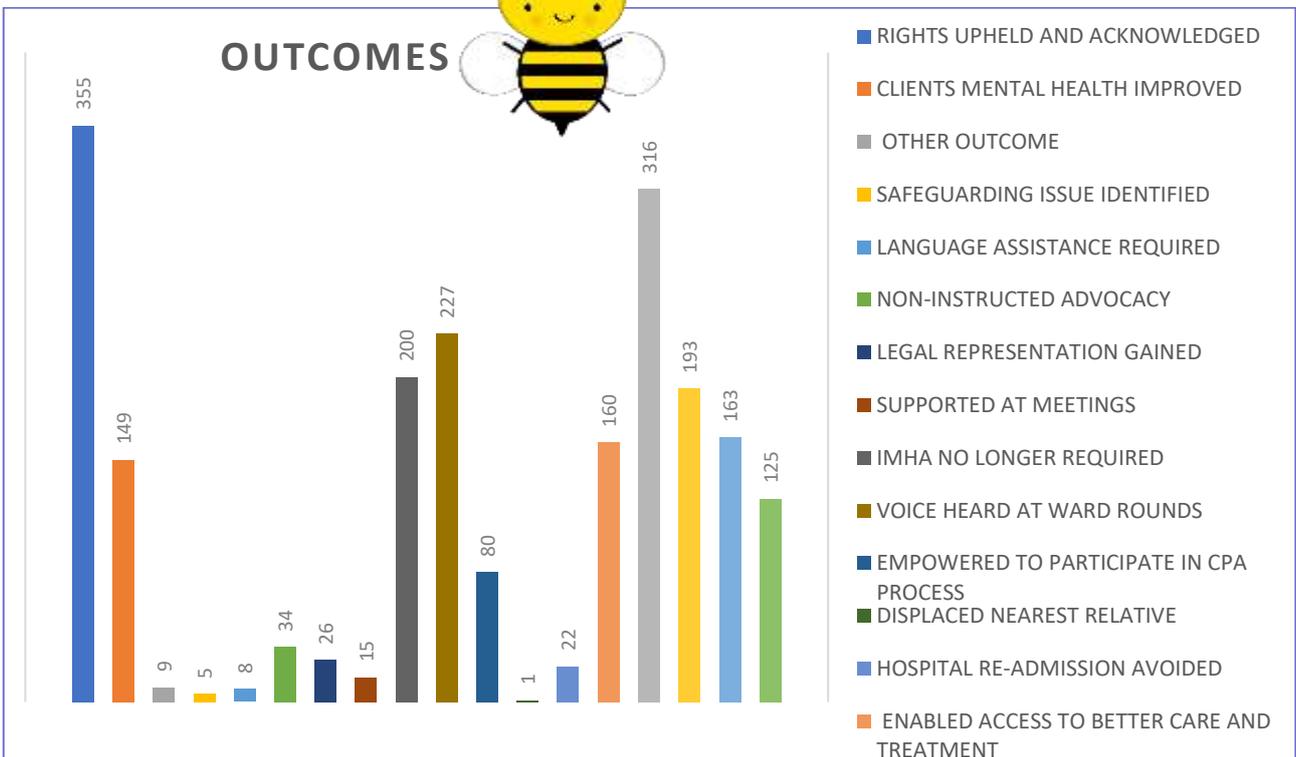


Independent Mental Health Advocacy - 629

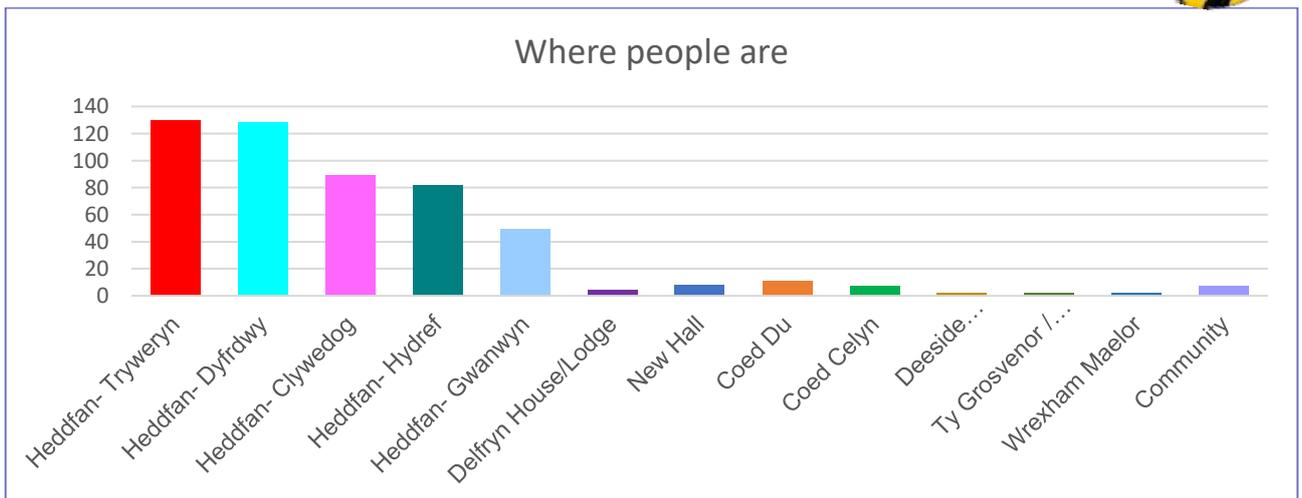
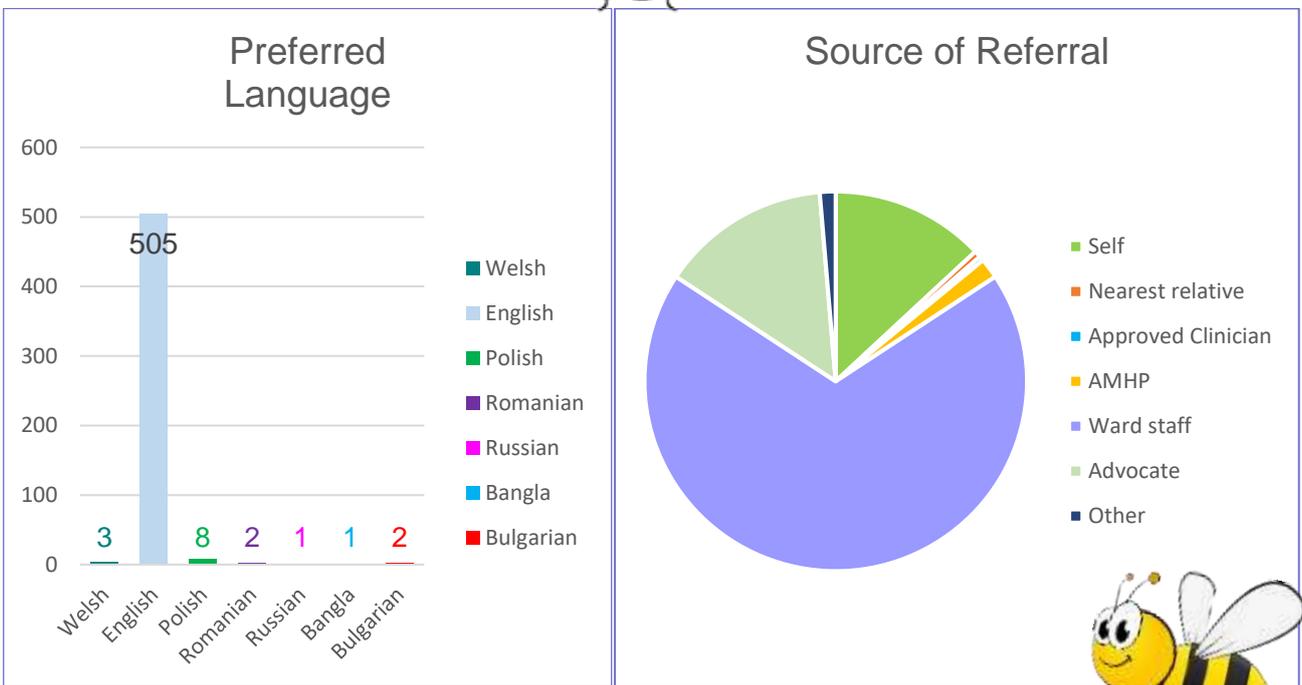
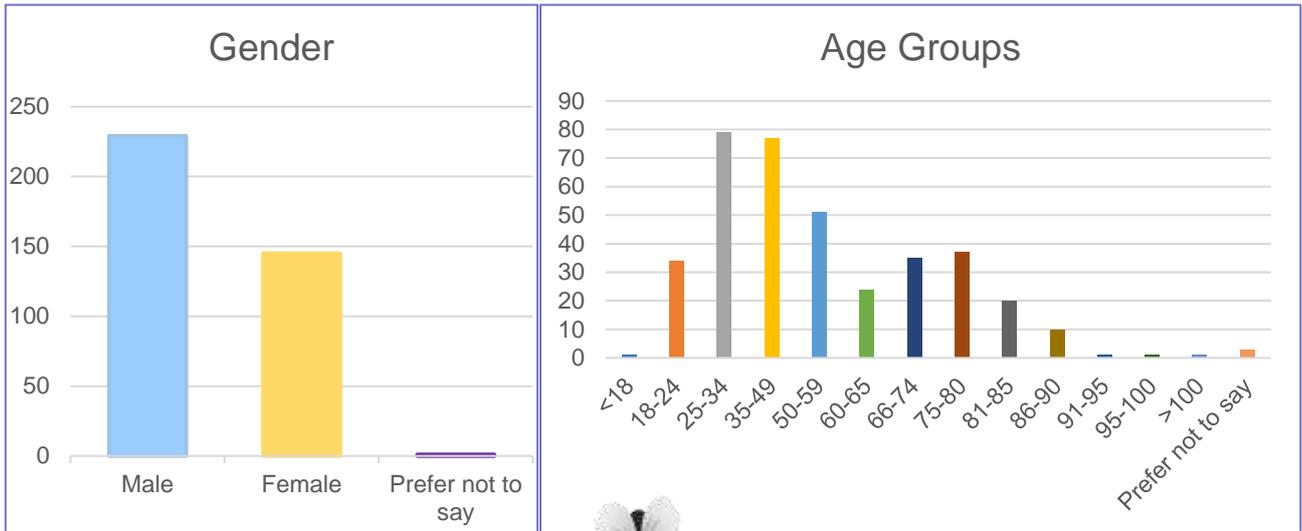


“IMHA’s support many patients who are deemed to lack the capacity to consent to receive care and treatment. These are in the main, patients on the older person’s mental health unit who have dementia. We work with this client group to ensure that their rights are upheld and that any decision made about them is in their best interests. This is identified as non-instructed advocacy and we will never be able to record an improvement in their control of care scale due to the nature of their illness.”

- Nicola Parry, Lead IMHA



Independent Mental Health Advocacy - 629

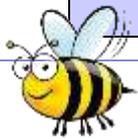


Independent Mental Health Advocacy - 629

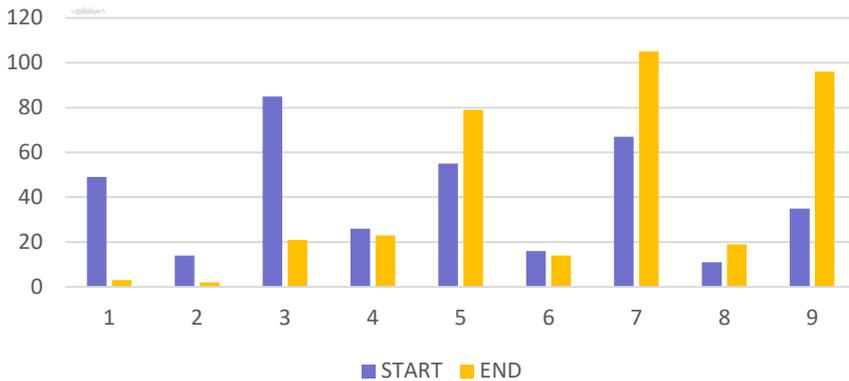
Advocacy Journey

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

Self-Advocacy Scale		Control of Care Scale
I can't get heard when decisions are made	1	I have no involvement in decisions about care
	2	
People let me speak but ignore what I'm saying	3	Decisions are made for the staff, they're not based around me
	4	
People don't listen to me unless someone else is there	5	Decisions sometimes relate to what I want
	6	
I can speak up for myself but support makes it easier	7	I am enabled to participate as much as possible in decisions
	8	
I'm confident about speaking up for myself	9	I determine my own life and choices

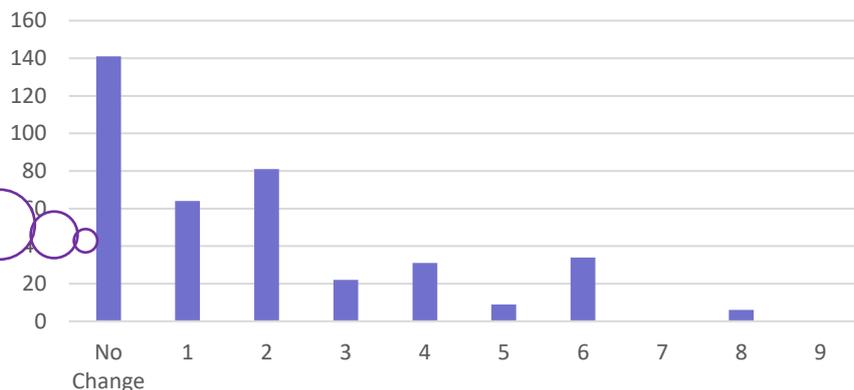


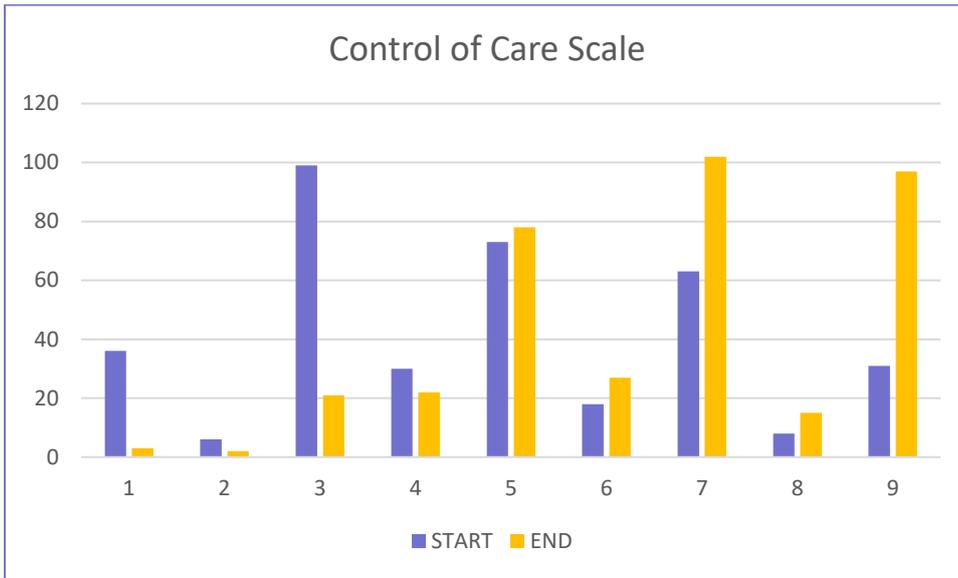
Self-Advocacy Scale



Due to the training our advocates undertake, clients who were unable to provide us with instruction were still supported and had their rights upheld.

IMPROVEMENT





As with the Self-Advocacy Scale, the majority of our client's who showed "No Change" were unable to provide us with instruction and we worked with them in a "Non-Instructed" way.



### Case Studies

X was placed on the ward following the placement at a care home breaking down. X had a strong personality, was very articulate and capable of expressing her own views. X's main issue on the ward was needing independent representation regarding an altercation with a Healthcare Support Worker.

The IMHA met with X in private, took details of an incident that had taken place. The IMHA supported X with a grievance and to take X's account of what happened and what X wanted as an outcome. The IMHA took X's views in detail and established their desired outcome.

The IMHA was able to represent and communicate X's views, the grievance with a staff member was resolved. X was discharged to a new care home with only positive feedback for the ward staff and the IMHA service.

W was under section and trying to leave ward when first admitted. Although W speaks good English, W's English deteriorates when unwell. Even with interpreter W could not understand they were in hospital when first admitted, so it was very hard to get instructions. The IMHA initially had to work on non-instructed basis for first couple of weeks.



The IMHA kept revisiting legal rights until W was well enough to understand. A plan was being made towards discharge which W was happy to follow. The IMHA met W with interpreter. The IMHA was able to understand W's views better. For example, W had refused to leave the ward. With the IMHA's help they were able to explain why.

The IMHA had improved communication re W's views. The IMHA was able to help W to understand the need to use leave for a sooner discharge, which was W's wish. This enabled W to be discharged a week after having some successful leave. W understood her rights.

S had initially wanted support with community issues only. S explained how they had tried to access CMHT support in community and struggled. The IMHA explained how they could support for ward round. Client accepted this when it was explained.

The IMHA helped S to prepare a list for ward round so S could give it to the consultant to ensure nothing was missed and they understood how much S had struggled to access support in community.

S was discharged with a medication change to be monitored in the community which is what S wanted. S felt that before ward round support she had not felt this request was taken seriously.



D admitted to hospital, did not want to be there and was resistant to treatment.

The IMHA supported D in ward rounds. D did not want IMHA to speak on her behalf but to take notes. D struggled to listen to staff's point of view and stay on track. IMHA as independent person was better able to guide conversation back to focus, if staff attempted to, D became very upset and ward round became more difficult. IMHA supported D to access legal advice and tribunal. The IMHA continued support D in community under Community Treatment Order.

D was discharged from CTO. D will continue to receive support from the same advocate as a community client. This is important to D to ensure that they are listened to.





F was admitted to ward due to decline in their mental health and behaviour at home. F had a diagnosis of vascular dementia.

The IMHA supported F by way of non-instructed advocacy, and the IMHA ensured that F's rights were upheld through representation at weekly ward rounds. The IMHA took time to speak with F on the wards and despite being unable to take clear instruction, the client was listened to.

F was discharged to an appropriate placement that could meet their needs.



V was admitted to the ward as a vulnerable adult suffering with Dementia and exposed to possible financial exploitation in community. V was admitted to a ward at Heddfan but has several serious ongoing physical issues.

V's IMHA represented V at the Best Interest Meeting to ensure the least restrictive option was being considered. A move back to the community was being planned in V's absence as she had been admitted to the Maelor for physical treatment

V has now been discharged from section but remains on the ward under a DoLS, however the IMHA could continue to work with V as her RPR (working as an IMCA) ensuring a seamless service.



### Client Evaluations

• 1. Do you feel that the IMHA treated you with respect?	100% YES	
• 2. Did the IMHA help you to understand your rights?	100% YES	
• 3. Did the IMHA help you to explore your opinions & choices?	100% YES	
• 4. Did the IMHA ensure your wishes and views were heard?	%100 YES	
• 5. Did the IMHA help you to access legal representation?	50% YES	50% Did not need to
• 6a. Did the IMHA support you at Meetings ?	99% YES	1% NO - Meeting Clash
• 6b. Did the IMHA support you at Ward Rounds ?	99% YES	1% N/A
• 6c. Did the IMHA support you at Tribunals ?	29% YES	1% NO 70% Not Required
• 7. Did the IMHA help you to understand what was happening?	100% YES	
• 8. Did the IMHA support you to access records?	30% YES	70% Not requested
• 9. Did the IMHA support you to be involved in your care plan?	100% YES	30% Not required
• 10. Has having an IMHA helped you?	100% YES	
• 11. Are you satisfied with the IMHA service you have received?	100% YES	

Client Comments

"My IMHA's calm, patient and succinct approach was much appreciated"

"My IMHA was very understanding and explained things to me"

"Very good would tell others"

"Brill Sport"

"Very positive, helpful and friendly"



"The IMHA was great and helped me a lot"

"Good People"

"I found IMHA very helpful indeed when I needed them"

"The IMHA team enabled me to communicate by seeing me prior to meetings and writing things down as I have such a quiet voice and am not always confident enough to speak"

"I would recommend them to people who need it"

"Very supportive with nearest relative"

"Clear advice offered"

"Deserves a pay rise!"

This didn't work but it gave us a smile.





## Stakeholder Questionnaire Results and Feedback 2018 – 2019

Questionnaires out = 33      Questionnaires back = 6

Q1: Have you had any contact with IMHA?	<ul style="list-style-type: none"> <li>• 100% YES</li> </ul>
Q2: How did you find the referral process to IMHA?	<ul style="list-style-type: none"> <li>• Very easy</li> <li>• Easy as you're always on the wards, approachable.</li> <li>• Easy and efficient. Patients and staff report high levels of satisfaction with the service.</li> <li>• No issues. Very easy pathway/ process.</li> <li>• Easy to refer to via telephone and referring to advocates on the ward.</li> <li>• Good</li> </ul>
Q3: How easy did you find it to contact us?	<ul style="list-style-type: none"> <li>• Easy with opportunity to leave message. Prompt returning of calls.</li> <li>• Easy x 2</li> <li>• Always accessible, always get back to you. Very much seen on the ward. Drop in etc.</li> <li>• Very Easy</li> <li>• It was easy to get in touch with one of the advocates.</li> </ul>
Q4: Did the IMHA Service respond appropriately?	<ul style="list-style-type: none"> <li>• Yes x 3</li> <li>• Always excellent</li> <li>• Yes – always does.</li> <li>• Yes, always open to seeing new and old patients.</li> </ul>
Q5: How could this process have been improved?	<ul style="list-style-type: none"> <li>• Excellent Service</li> <li>• Can't</li> <li>• No – it's really good.</li> </ul>
Q6: Please describe what difference contacting the IMHA Service has made to you/your client/your organisation, if any?	<ul style="list-style-type: none"> <li>• Voice in ward rounds</li> <li>• Allows the patients to feel that their voice is being represented by somebody independent.</li> <li>• Makes a huge difference to patients, carers, families to ensure best outcomes for patient best interests.</li> <li>• Xxx, benefits, hearing patients views. Empowering patients.</li> <li>• Makes a big difference to patients. Patients feel supported/validated and listened too.</li> <li>• Very supportive of patient's advocacy needs provide a voice for patients who can't express themselves easily.</li> </ul>
Q7: Please suggest how we could improve the service or do something differently?	<ul style="list-style-type: none"> <li>• More drop-in sessions</li> <li>• Excellent</li> </ul>
Q8: Please use this space for any comments, compliments or criticisms about the service?	<ul style="list-style-type: none"> <li>• None</li> <li>• I have always found the IMHA staff friendly, easy to work with, and keen to listen to and express the views to the patient.</li> <li>• Very grateful, excellent team. Very professional and approachable.</li> </ul>



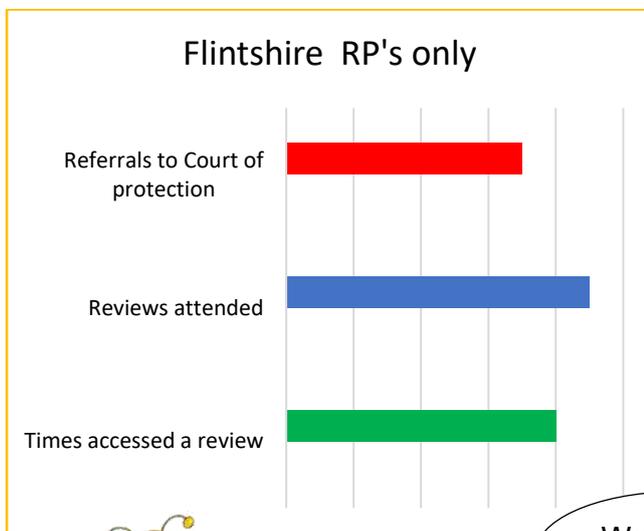
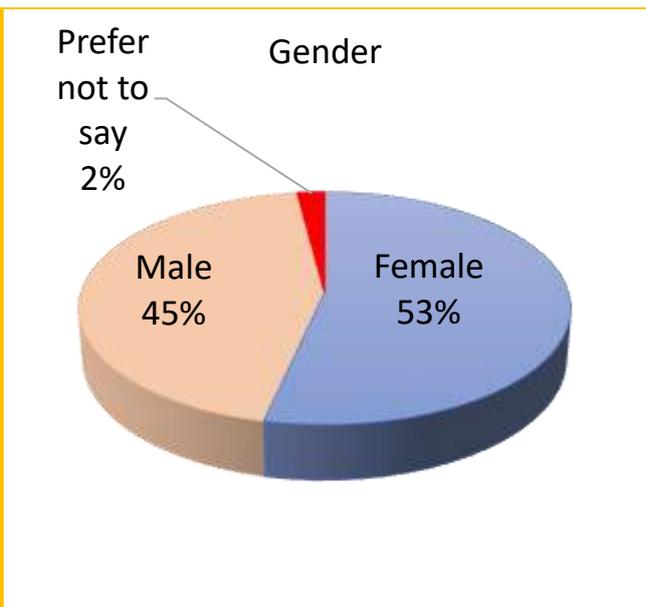
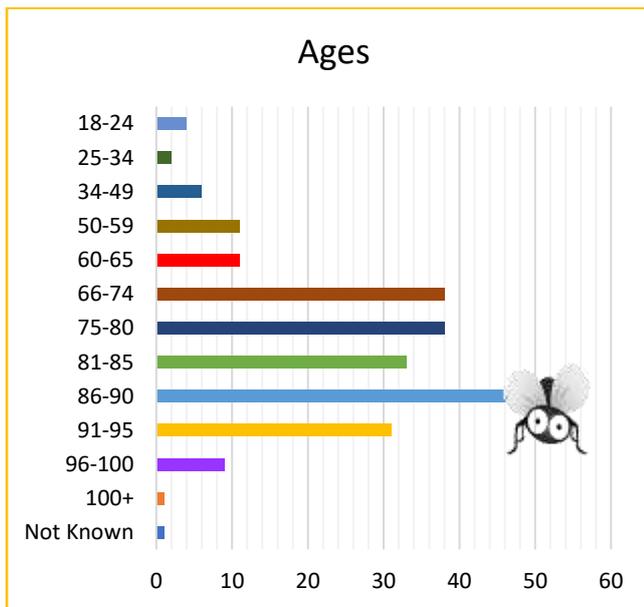
Relevant Person's Representatives - 571

"Over the last year our RPRs have done some fantastic work with our clients who are subject to a DoLS. We ensure that they are treated with respect and dignity, their rights are upheld, their voice is heard and the conditions of the DoLS are being adhered to.

We have taken several cases to the Court of Protection, and challenged placements and conditions on behalf of the Relevant Person, making sure that they are kept at the centre of the proceedings. This is a valuable and important role without which people would get lost in the system without an outlet to express their views and wishes.

The increase in the number of authorisations received, is mainly due to hospital admissions, safeguarding and placement issues requiring short authorisations that are reviewed and re-authorised multiple times over the year."

- Lorraine Morris, Advocacy Manager



**Safeguarding vulnerable people**

The role of the Paid RPR is to ensure that the relevant persons' rights under the Mental Capacity Act are upheld.



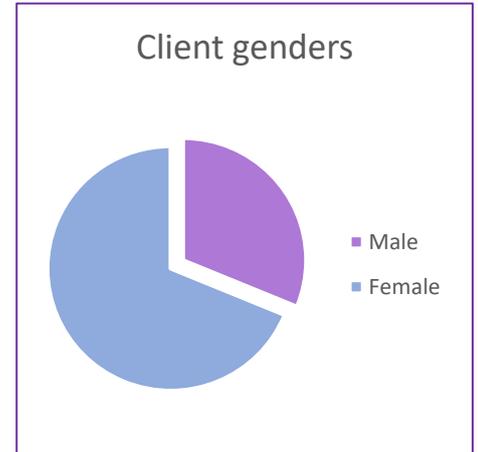
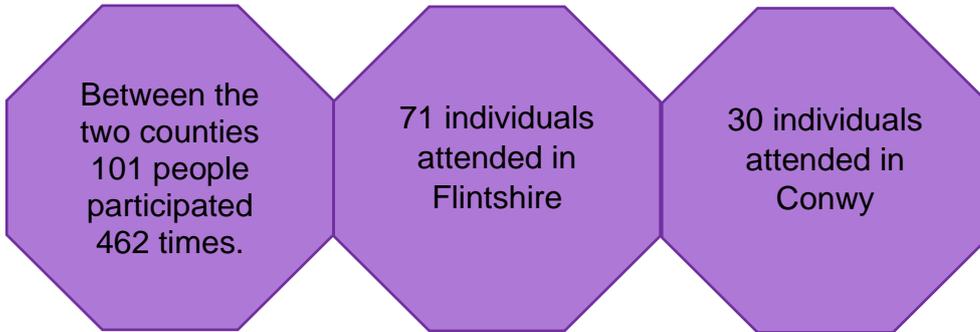


We have seen a substantial increase compared to last year with over 280 more authorisations made and 83 more individuals.

Self Advocacy For Empowerment - 101

"Referrals have increased in Flintshire and remain steady, most coming from the wellbeing brochure, but new ones are starting to come in from the community living team, next steps and the drug and alcohol team. We are seeing a good number of clients returning to work after attending our courses. We are steadily building up Conwy. We have built up our connections in the area and have links with new clients, venues and professionals."

- Sarah Bowen, SAFE Facilitator



Some of the comments from the course evaluations

**The Butterfly Effect**

"Don't fear change-change fear"      "Do a small change"

*"One small positive thought in the morning can change the whole day"*

*"Small changes have a big impact"*      *"Do more random acts of kindness"*

*"Improve my feelings better because of my actions."*

"Give myself more time for myself to do things I enjoy."

"I spoke in front of the group"

"Being more confident in interviews and jobs and meeting new people"

**"All about us"**

"Broaden my horizons and look at things I may never have considered before"

"Everybody is fighting a battle of some sort."

"Believe in myself and laugh more."

"It's good to mix with people as you end up laughing and also learn a lot"

"Negative thoughts can be beaten."

"Take time out to think logic and practice the different techniques given to me."

*"Made me realise why I do what I do".*

**Leap The Limbic**

"Think before you act"      "I will practice feeling more positive."      "Think rational before acting"

*"Moving on in my recovery"*

"Not to think the worse, think of a positive"

"How many life skills I actually have!"

"Positivity, confidence & improvement"

*"I see what I have achieved"*

**Building Blocks**

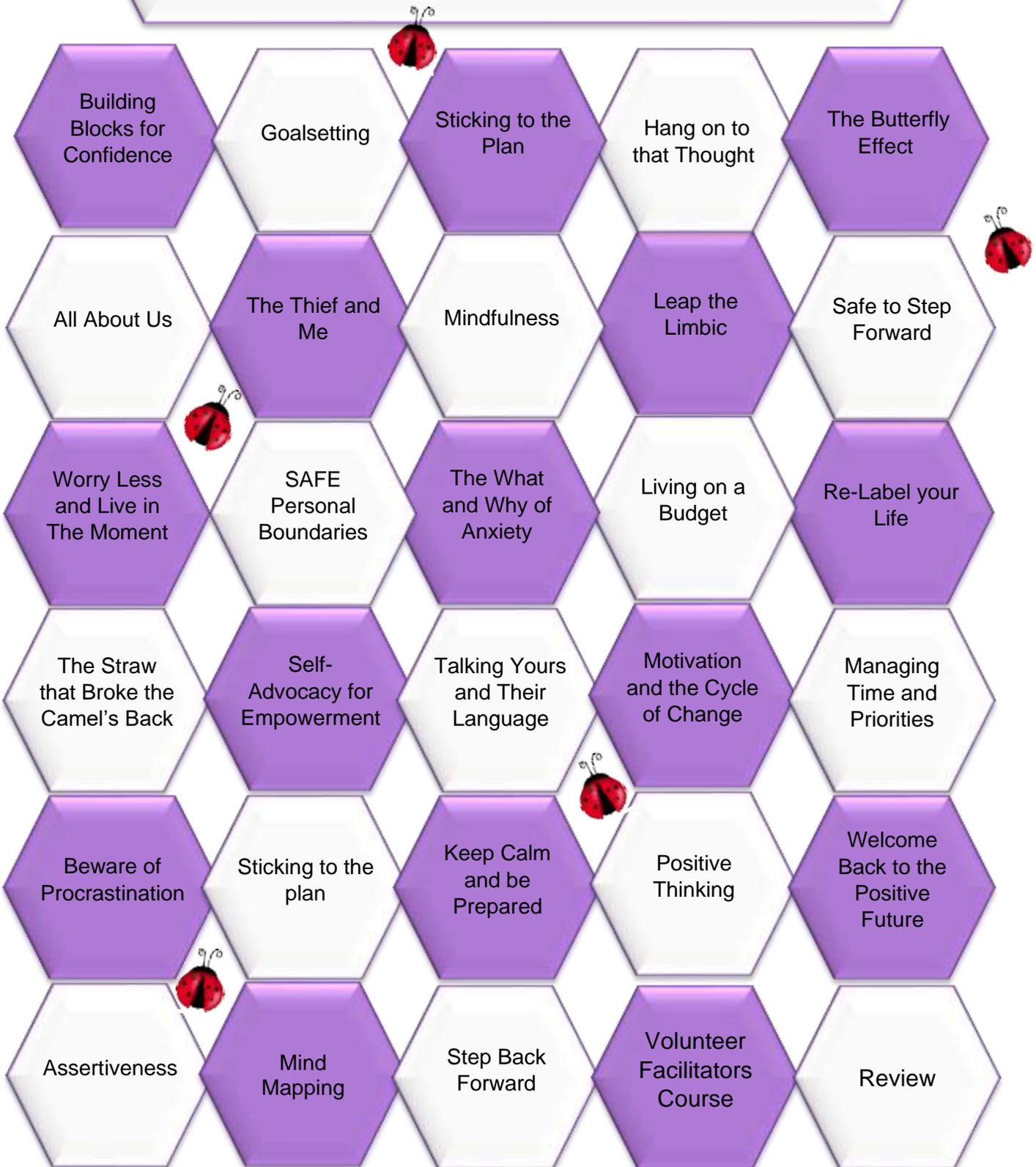
"Giving me more confidence and self-belief."      "I am more confident"

"I have got skills I just need to believe I can use them."

*"Looking at what I do and giving myself praise."*

Self Advocacy For Empowerment - 101

The 47 courses  
run throughout the year



## Self Advocacy For Empowerment - 101

### What changes have you or others noticed about you since coming to SAFE?

- When I first came to SAFE, I was in a desperate place. I felt absolutely useless.
- I had no purpose or reason for being. I had no worth.
- I was no good to anyone or myself.
- When I first came to SAFE if I was asked to do something or be invited to go out somewhere or meet someone for lunch etc I would think myself incapable or not important enough to be seen or heard so I would make an excuse not to do anything.
- Sometimes I would say yes and then panic at the last minute and cancel. I am still fragile and have set backs especially in the middle of the night when my head just won't switch off, but I am getting stronger with every session of SAFE that I attend.



### What difference has coming to SAFE made to you and what would be different if you hadn't attended SAFE?

- When I put into practice what Clive and Sarah teach me and I am successful I feel an amazing sense of achievement and ping another resilience credit jumps into my survival box.
- It makes me feel good because I have managed to learn, retain and execute a technique that I didn't think I had in me to do.
- It makes me feel like I can get better. I can be useful. I can give back to the people I care about. I can have a purpose again.
- I met an old friend last week which is something that I couldn't have done when I started coming to SAFE. I would have worried about what I could talk about. I wouldn't have had the confidence to go. I would have felt sick and anxious and gone right back into my shell at the thought of meeting someone face to face one to one. But I battled that feeling and just thought, be strong. This is a chance to obtain a resilience credit. Go for it. Stretch that comfort zone a little. So, I did and all in all I enjoyed it. There were some moments when I felt apprehensive, but I managed it and now I can do it again. If I hadn't attended safe there is no way that I could have done that. I know it sounds just a little thing but to me it was massively difficult, and I know I will find it difficult to do again but SAFE has given me the strength to push myself. It may not seem much but for me it is a start and it is an encouraging sign that one day I will feel that confidence and self-esteem again fulltime.



### How could we improve what we do?

- I wonder if it would be possible to write a little booklet of survival tips. Just bullet points from each session or just tips in general to remind us of the useful information that you talk about. It would have to be simple, short and sweet. Something that we can turn to which reminds us how to overcome the little issues that can become big problems. That way when we feel strong enough to leave SAFE if we have a weak moment, we have a reference and a comfort blanket.
- SAFE has helped me to become a person again instead of a desperate unworthy excuse of a thing.

### What would you lose or miss if you hadn't been able to attend SAFE?

- I am not sure if I would even be here if I hadn't been able to attend SAFE and some of the other courses in the wellbeing brochure.
- Clive and Sarah are very professional. They have a warmth and understanding but they don't invade your space. They are wonderful people. I have complete trust in them.
- Sometimes I attend a session and think that I haven't learned much from that or that it wasn't as useful as I expected and then later, I notice that I have achieved something or done something that was mentioned in the session, something that I wouldn't normally have done without their encouragement.
- The positives are starting to overcome the negatives without me even realising.
- I would probably have just been sitting at home feeling worse and worse about myself.

## Self Advocacy For Empowerment - 101

### Are you thinking about doing something that you wouldn't have done before attending SAFE?...If so what?

- I have lots of things that I would like to do. I can't do them right now. I am building up to be able to do them. I am taking little steps towards them. I am nervous about making plans, but I am continuously pushing my limits.
- I am afraid of failure, but I believe that I am getting more confidence in my own ability and will be strong again.
- I have started to experience short bursts, just little moments when I feel really good about myself and think that I can achieve everything
- If I hadn't been attending SAFE I would still feel that I was an incapable person who couldn't do anything.

### One short sentence on how you feel you are doing now since coming to SAFE.

- I feel like I am that little bird about to fledge.
- I know I can do it. I am going to do it
- I have a bright future.

### Anything you want us to consider running a session on in the future?

- Maybe just that reference booklet as a reminder for people like me that found it hard to retain information.
- The handouts and especially the affirmations that you give out are brilliant. I have a wall with them on.

### What has gone well or not so well in the sessions you have attended?

- I think that all the sessions have gone well. It's my ability to process them that has been in question.
- When I first started, I had a problem. I didn't know anyone. I was in a low place. I found it hard to concentrate or retain information. I found the feedback sheets difficult to fill in. As time has gone by all those issues have either disappeared or greatly reduced. I have changed and appreciate every session.

### Any other comments?

- I am not frightened to be myself in the sessions.
- I am accepted for who I am.
- I am never judged
- I am not frightened to be me.
- I have never ever felt confident in a group to be myself.
- I would never have scribed anything because I know I can't spell, and I would have been too embarrassed but this week I wrote answers down in our team activity. I felt so good. I couldn't spell a word and I actually felt secure enough to be able to ask for help without feeling like a fool. If I can do it here, I can do it anywhere as the song goes. Ha Ha. Thank you, Clive and Sarah.



## Our Policies and Procedures

1	Advocates Role	24.	Referral Policy & Procedures
1a.	Non Instructed Advocacy	25.	Cyber Security Policy
2.	What is required of an Advocate	26.	Reserve Arrangements
3.	Advocacy Charter	27.	Sign Posting and Referring
3a.	Advocacy Charter Welsh	28.	Support, Supervision & Appraisals
4.	Answer Machine/Message Book Procedures	29.	Disclosures Security & Information
5.	Board of Trustees	30.	Volunteer Policy
6.	Complaints Procedure	31.	Making a Protected Disclosure (Whistle Blowing)
7.	Confidentiality Policy	32.	User Involvement
7a.	Confidentiality Agreement	33.	Recycling & Environmental issues
8.	Conflict of Interest & Boundary Issues	34.	Delegated Powers
9.	Disciplinary and Capability Procedure	35.	Vulnerable Persons Safeguarding Policy
10.	Holidays	35a	Safeguarding Monitoring Sheet
11.	Finance Policy	36.	Children & Young Persons Policy + appendix
12.	Equality & Diversity	37.	Code of Conduct
12b	E & D Recruitment & Employment Procedure	38.	Contingency Planning
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
16.	Health & Safety Policy	42a	ASNEW GDPR Policy Staff
16a	Health & Safety Checklist	42b	GDPR Privacy Notice staff
17	Mobile Phones & Ultrabook's	42c	GDPR Privacy Notice
18.	Grievance Procedure	43.	TOIL
19.	Language Policy	44.	Advocacy Quality Assurance
20.	Lone Working & Risk assessments	45.	Information Sharing
21.	Monitoring & Evaluation	46.	IMCA Policy
22.	Disclosure & Barring	47.	Data Protection Policy.
23.	Recruitment of People with a Criminal Record		



All ASNEW Policies & Procedures are reviewed annually

## Workforce Development Undertaken



Boundaries & Conflict of interest  
Case Studies  
Confidentiality  
Continuing Health Care (CHC) Funding Process  
Cyber Essentials  
Deprivation of Liberty Safeguards (DoLS) Current development and case law  
Deprivation of Liberty Safeguards and the Mental Capacity Act research  
Diploma in Independent Advocacy  
General Data Protection Regulations (GDPR)  
Human Rights  
Independent Professional Advocacy IPA  
Law commission report MCA/ DoLS  
Mental Capacity Act  
Mindfulness  
Personal Independence Payments  
Privacy/Data Protection  
Proposed updates to Deprivation of Liberty Safeguards and the Mental Capacity Act  
Safeguarding  
Social Services & Wellbeing Act  
Statistics and file procedures.  
The role of the RPR  
T-SQL Training from Blue Door Software

