ASNEW

Advocacy Services North East Wales

2019/20

ANNUAL REPORT

Company Limited by Guarantee No: 04707548
Registered Charity No: 1110143
Registered England/Wales 2003

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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:
1st Floor Offices, 42 High Street, Mold, Flintshire
CH7 1BH

Trustee Committee:

Charlotte Atkins– Chair
Catherine Lloyd-Williams
Julie Lambert
Mark McIntosh
Meryl Hayes
Mike Webster
Paul Wynne
Company Secretary: Lynn Roberts

ASNEW Staff:

Abigail Phillips – RPR
Bethan Vernon – Advocate
Chris Vick – Development Manager
Clive Rowland – SAFE Facilitator
Daniel Robinson – Advocate
David Pownall – Community Facilitator
Emma Derkatsch – Advocate
Gaynor Davies –Advocate
Helen Waterton – Advocate
Jennifer Challinor – Advocate
John McWilliams - Advocate
Lorraine Morris – Advocacy Manager
Lynn Roberts –Service Manager
Nicola Parry – IMHA Lead
Richard Strefford – Advocate
Rowan Rosenthal – Advocate
Sandra Kelly - RPR
Sarah Bowen – SAFE Facilitator
Sue Woods – Service Director
Suzanne Hughes – Community Lead
Topher Boden – Service Administrator

Bank:
Lloyds Bank
22 Mostyn Street
Llandudno
Conwy LL30 2RU

Accountants:
Azets Ltd
21 Brynford Street
Holywell
Flintshire CH8 7RD

Employment Law Solicitors:
Richard C Hall & Partners
Red Hill House
Hope Street
Saltney
Chester CH4 8BU

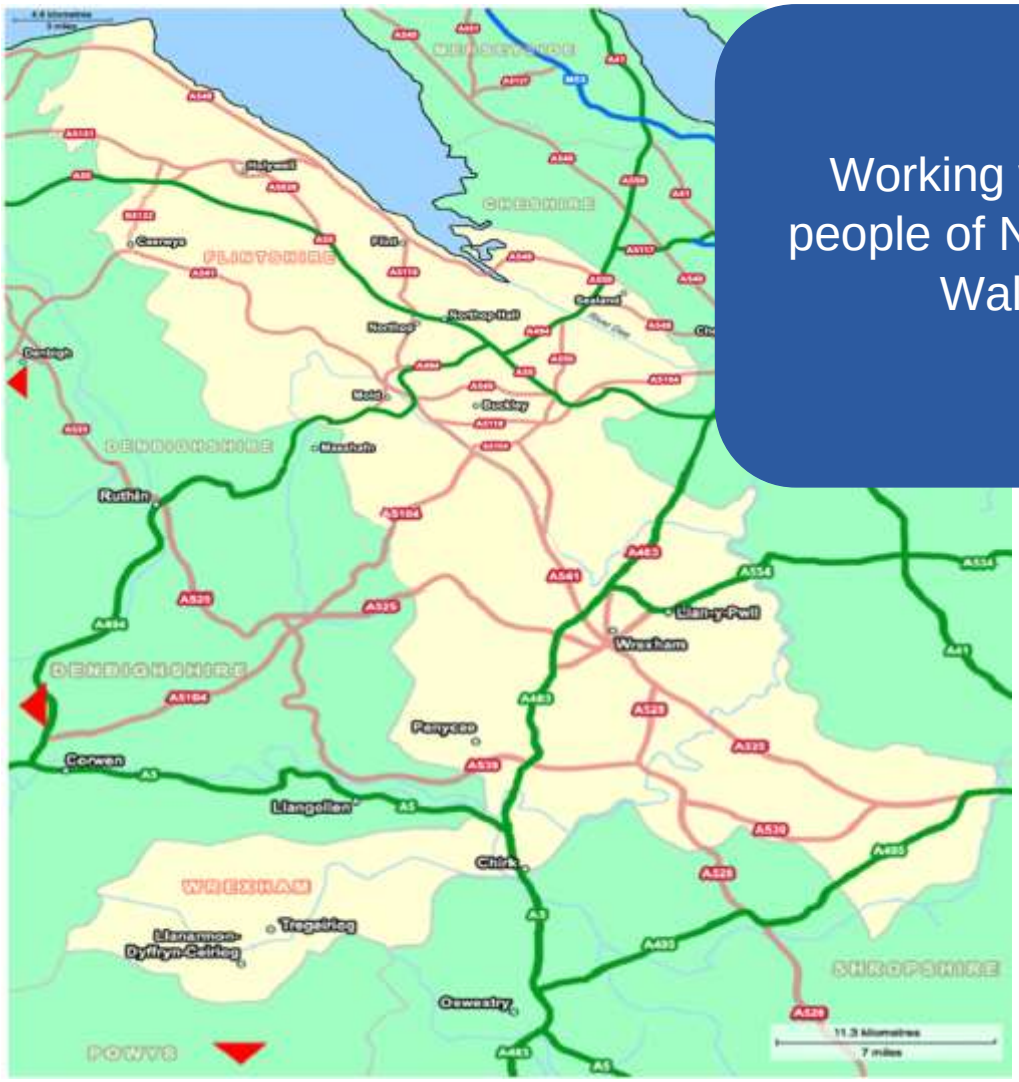
Changing lives for the better

Advocacy Services North East Wales
supporting people to make positive change

Our Aims

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.



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 our funders who make them possible

- **Community Advocacy**
  covering Flintshire & Wrexham
  Flintshire County Council, BCUHB & Gwynt Y Mor
- **Carers Advocacy**
  covering Flintshire, Denbighshire & Wrexham
  Newcis Carers Wellbeing Project, FCC & BCUHB
- **IMHA - Independent Mental Health Advocacy**
  covering Flintshire & Wrexham
  BCUHB
- **IMCA - Independent Mental Capacity Advocacy**
  covering Flintshire & Wrexham
  BCUHB
- **SAFE - Self Advocacy for Empowerment**
  covering Flintshire & Conwy
  Flintshire & Conwy Councils
- **IPA - Independent Professional Advocacy**
  covering Flintshire
  Flintshire County Council
- **RPR - Relevant Persons Representatives**
  covering Flintshire, Wrexham and the surrounding areas
  Flintshire, Wrexham, BCUHB and other local authorities

Reserve arrangements

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 cutbacks.
- 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.

Minutes of our 2019 AGM

Present

Mark McIntosh - Chair, Meryl Hayes Catherine Lloyd -Williams, Sue Woods, Lynn Roberts, Rob Roberts, Melanie Langton-Davies (Accountant)

Apologies

Mike Webster, Charlotte Atkins, Paul Wynne and Julie Lambert.

AGM Business

The previous year's AGM minutes were agreed as a true record and signed by the Chair.

The Annual Accounts were agreed and signed at the Board meeting held in July.

The Annual Report was presented, this report will be used in bids for future funding and for our current funders' information.

The report was read through and adopted by the Board; it was then signed by the Chair.

Charlotte Atkins was retired as a trustee and Mark McIntosh proposed that she be reappointed as a trustee for a further term. Catherine Lloyd-Williams seconded the proposal. The Board was informed by Catherine, in Charlotte's absence, that she was willing to continue as a Trustee.

Confirmation of Trustees

Chairperson: **Vice Chair:** **Trustee:** **Trustee:** **Trustee:**	Mark McIntosh Catherine Lloyd-Williams Meryl Hayes Charlotte Atkins Rob Roberts	**Trustee:** **Trustee:**	Julie Lambert Mike Webster

Confirmation of Advisor to the Board

Martin Coyle

Confirmation of Company Secretary

Sue Woods

Confirmation of Accountants

Gardners Accountants Ltd.

ASNEW Chairs Report 2019-20

2019-20 has been a challenging year for ASNEW, in December Sue Woods the Service Director took Retirement meaning the Charity went through a re organisational design. A number of Managers were appointed as Senior Managers removing the hierarchy of a Service Director. The Board supporting the two Senior Managers both Lynn Roberts and Chris Vick have worked hard to continue the success despite the difficult challenges of COVID-19. It is thanks to them for their hard work and commitment that the organisation has is able to continue the high level of service that ASNEW is known for.

The organisation has grown this year, whilst we have seen a small number of colleagues move on, we have also gained a number of experienced Advocates. The staff have all worked hard to maintain the pressure of demands this year, continuing to support people, working with some of the most vulnerable people in society and ensuring that everyone has a voice. They continue to stretch and develop themselves which is a fantastic achievement in the current climate and is a reflection of the commitment, energy and the enthusiasm they continue to show.

Looking to the future and the long term plans for ASNEW and how the organisation can secure additional sources of income to support the growth and continuation of the charity. Financially ASNEW continue to stand well in terms of our balance sheet, however this year we have needed to make additional resources available in order to achieve Cyber Essentials Plus.

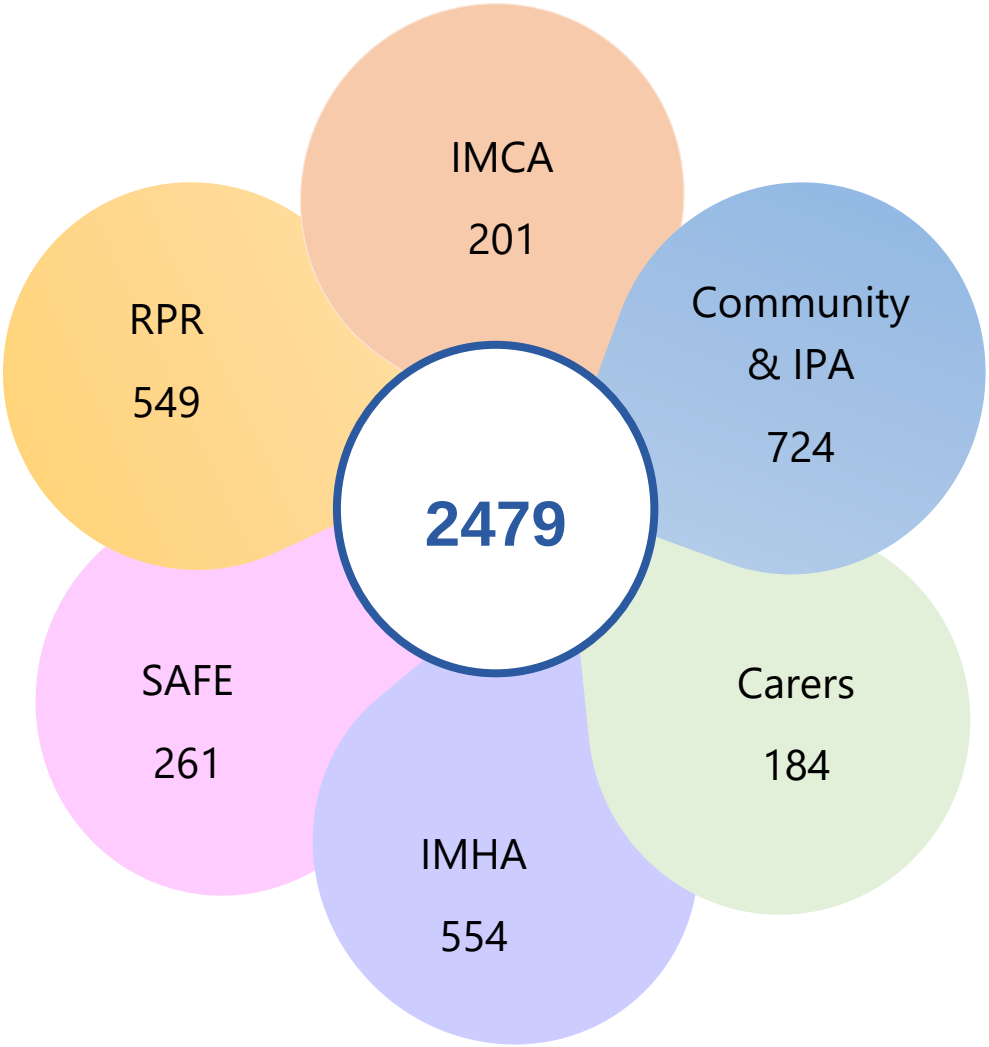
The staff and the Board are extremely proud of the work that is undertaken at ASNEW, and the positive changes that are made to people's lives.
Whilst we know that there are a number of challenges on the horizon, this year we can all reflect on the good work done and be proud.

Charlotte Atkins
Chair

People we've worked with this year

In today's society where poor mental health is still stigmatised and not understood, where everyone's resources are being stretched to breaking point and service delivery is not always available or what it should be. We all need to pull together and work for the good of the people that are struggling, doing what we can to the best of our ability. Being respectful and kind to each other cost nothing.

Many of our client's not only have mental health problems but suffer with other issues, such as substance misuse, brain injury, physical disability, learning disability, dementia, terminal illness and the list goes on and on. These people carry on through all the adversity in their lives, yes they may need some help and support along the way but they are amazing people who could teach us all something. It is a privilege to stand alongside them.



Community & IPA

Total **724** 74% Female 26% Male

Client Stories

M is a very anxious individual, and has a level of literacy issues, so when faced with completing any type of paperwork, they require some assistance. M is known to the advocate as they have previously worked together, their issues were around a parking fine, renewal of a blue badge and the changing of their bus pass, whilst to some people these may not seem like a 'big deal', to M these smaller issues can manifest into anxious situations.

What did both M and the advocate, do? When meeting with M, their options in regard to the parking fine were talked through, whilst M disagreed with the fine, if M did nothing about it the fine would increase, after weighing up the options M decided to pay the smaller amount straight away. With their blue badge, together the paperwork was completed, M was tasked with getting a copy of an up to date benefit letter to support M's claim, although this attempt to empower M was not successful as M was too anxious to remain on the phone for a period of time, so it was done together. Attended local Connects centre together, where the M was able to provide the appropriate paperwork for the blue badge renewal, M has since received the new permit. The bus pass issue is still to be resolved, as on further investigation, you are not able to apply for this until later in the month, once M was informed of this, they were happy to wait.

Whilst there was an attempt to empower M to sort some element of the issue out themself, this time it was unsuccessful, but M knew if they could not achieve this, that they had the advocate to assist them with this issue. By giving M the options available to them, M was able to weigh up the best options, also by giving M the correct information i.e. the new bus pass date, they were less anxious about this issue as they now know that they have a date to work to.

Now M has their new blue badge, M can continue to access the wider community when they want to, by having the peace of mind that they can park within the regulations of the blue badge scheme. M was extremely grateful for this.

X finds it very difficult to manage their finances and needs to set up Universal credit and manage this. X also requires support with CAB to set up a DRO and to apply for PIP. X needs support to gain funding for a carpet for their home. X needs support to budget their money and understand their financial situation. X also needs support to gain access to other services. X lives with their children and a dog. X has a learning difficulty.

Since the advocate has been working with X, they have been to the CAB and completed the Debt Relief Order. Together they have been able to get X funding for a carpet through Grocery aid for the home to improve their living conditions. They have also been able to get X referred to the memory clinic to get their memory assessed and to get their learning difficulty diagnosed. They have set up the Universal credit benefit and applied for PIP. Together they have been through X's budget, so they understand how much money they have to spend each month and what they need to pay. X was not successful with their PIP application and didn't want to appeal it at this time. The GP has been asked to refer X to the memory service and X has been to have one assessment, they are now going to assess for a learning difficulty to give X a formal diagnosis. X has since had further funds from the Grocery Aid to pay for white goods as well. Information was given on social activities in the area so X can have a better social life.

X is better able to manage their finances now and has better social links with others. X has been able to gain white goods and carpeting for their home. X has been able to clear their debt through a Debt Relief Order which has been a huge relief.

B was initially referred to the service as B was going through the child protection hearing about the children. B needed support to understand what was happening, what needed to be done and to get B's voice heard regarding B's wishes and feelings. B had themselves previously been on a Child Protection register so was aware of the proceedings.

Advocate supported B to attend the initial meeting where it was decided the children were to be placed on the child protection register under neglect due to B starting a new relationship with someone who was deemed to be a risk to the children and there were allegations of B neglecting the children during the early stages of the relationship. B was advised by social services to finish the relationship due to the risk posed to B and the children. Advocate explained to B what might happen if they chose to ignore this advice. B chose to continue the relationship so the children remained on the register. B had improved the children's presentation and started to prioritise them again. The partner is now having to go through assessments and B has been made aware of the consequences if these aren't positive and B continues to stay in the relationship. B's views have been put forward in further meetings about the contact B wants with the eldest child who is living with the other parent.

B has done very well with courses they have attended and is working hard on improving skills. B is also in the process of going to court for contact with the eldest child as B has not had any contact since late summer last year. The advocate supported B with the court process as B could not afford a solicitor. Referrals were received from external parties regarding the eldest daughter and concerns were raised so B took the decision to exercise parental rights and take the eldest child back.

B is very pleased to have all the children back and they have all settled. B went to a Child Protection review meeting and it was agreed the children should come off the register as B has improved greatly and made extensive changes to their home life ensuring they prioritise the children as well as improving their own skills by attending relevant courses. Assessments with the partner have now begun. All parties involved in the case had praise for all B had done. B has been able to voice their opinion on their feelings about the children. The advocate was able to support B at meetings, been able to explain options and consequences of actions, this helped B to gain confidence and develop themself. B successfully got the children removed off the register by consistently prioritising the children.

The social worker is very pleased with B and all B has done to improve the situation.

K has a diagnosis of Paranoid Schizophrenia and often has periods when they become really unwell due to stress. K is under the care of the local CMHT. K also has a number of physical health problems making mobilising difficult. K receives PIP at the enhanced rate for care and mobility. K is very active in the local community helping out with various clubs etc, however the accommodation that K was living in was unsuitable.

An advocate supported K to attend appointments with CAB, DWP(Department of Work & Pensions), FCC (Flintshire County Council), OT (Occupational Therapy) and CMHT (Community Mental Health Team). An over 55's bungalow was secured for K which meets their needs far better than the previous property, however, there were a number of "teething" issues with the Local Authority following the move (repairs, issues with the workmen not telling K what was happening etc.) Supported K to raise a concern to FCC; K wanted to ensure that the Council was aware of the clients health issues in order to avoid any further issues. Worked with K to obtain the correct benefits.

K would not have been able to address the issues they had without the support of an advocate due to the effects of their illness. The advocate involved has built up a level of trust by listening to K, being very clear with them as to what may realistically be possible. At K's request involving other carers (sister), and the advocate doing what they said they would do when they said they would. K is now settled in their new property with no further issues reported.

G's children were taken away from them through a care order due to their lack of ability to recognise any risk to their children, neglect and a learning difficulty. There is a schedule one offender in the family and social services believed G was not able to protect their children from them. G believes they are a good parent and cannot see how they neglected the children.

The advocate listened to G to find out what had happened and asked G what they felt they needed support with; G explained their situation and it transpired that a social worker had said something to one of the children that G was not happy about, G wanted help to complain about this. With G's permission the advocate contacted the social worker involved to gain their views of what has happened as the information from G is limited. The advocate spoke with FCC's complaints officer. G's children are subject to guardianship orders and one is being fostered due to their age. G has been deemed not to have capacity for court process and G has a litigation friend for court.

G has been given a voice to express their views in relation to having more contact with their children. G has a better understanding of their rights in relation to guardianship orders and the court process.

Y has Bipolar Disorder and stage 4 cancer. Y lives alone in their own home. Adaptations and care package in place. Y would like support with financial issues, amending a Will, and accessing other services such as shopping deliveries and signposting to any other relevant organisations. Y is not computer literate and does not have home internet connection.

Y and the advocate worked together to outline and prioritise all of the issues which Y wanted to address. There were some consumer issues, changing the Will, and getting finances in order at the top of the list. The advocate gathered a lot of information online which enabled Y to choose a solicitor to work with for changing the Will. Documents were organised - such as separating old bills from new - which would help Y to keep 'on top' of their finances. Whilst working with Y, an issue arose around the care package, which was unexpectedly stopped The advocate and Y worked together to identify new care agencies which provided the care Y required, Y was able to make an informed decision on which care provider to switch to. The advocate liaised with Social Services to alter the Direct Payments for the care Y required.

Y was able to make the desired changes to their Will. Y's finances and communication documents were organised and easy for them to navigate. Y was not left without a care package during crisis and was able to continue to receive the required care. Y informed the advocate that they 'didn't feel they needed anything else' once all the targets had been achieved; Y expressed that they were very grateful for the advocates support which had allowed Y to achieve goals which may otherwise have taken much longer, or may not have been achieved at all.

C lives at home and has support from a care agency. C's relative did not have any legal power to manage finances, an informal arrangement had been made with the relative to manage the finances. It was brought to light that the relative was not acting in C's best interests and there were safeguarding concerns.

C stated that they did not want the specific relative to manage finances and wanted their siblings to take over. The siblings had applied for LPA previously. Met with C on numerous occasions alongside the social worker. Ensured that C understood their options and was able to have time to think about them. C was clear that they no longer wanted the relative to manage finances.

Lasting power of Attorney was activated for siblings to manage these. C's voice was heard and rights upheld. Siblings managed finances, as C requested.

Independent Mental Health Advocacy

Total **554** Female 38% Male 62%

Client stories

V had no insight into their illness and felt all the staff when against them when first admitted. All communication with staff and the team supporting them was confrontational as they felt that they needed to defend their point of view. There was a risk V would not feel supported by IMHA if they were unable to change anything. IMHA had to explain that they cannot always change things but can make sure patient's views are listened to and any decisions justified, in order to overcome this barrier. On calmer days V felt there was no point asking for anything as their requests would be dismissed. IMHA helped them to identify the things that could be changed and were worthwhile requesting.

V wanted an advocate to help get their point across and help them to appeal the section.

IMHA supported V to have their voice heard in ward round. Sometimes this meant helping them to say things in a calm manner or help V when they struggled. Later in admission it meant helping V identify the things that were worth asking for. For example, V knew they would have to stay on the depo injection as part of their treatment after this had been challenged as part of a tribunal. V felt hopeless at this point. IMHA helped V realise that they could ask for the dose to be varied and for an anti-depressant to work alongside this.

IMHA helped V access a solicitor and through process of appealing section. Section was not lifted but each appeal and 117 meeting helped V to understand the reasoning behind this.

IMHA supported V to be involved in after care planning. V would not attend all the bigger meetings, such as 117 meetings, but would discuss options for after care with IMHA and ask them to attend the meetings on their behalf. This support enabled the team to identify the option that best met V's needs. V was resistant to after care until IMHA supported V to weigh up risks of living in their own tenancy unsupported and an option of supported living with support paid through by direct payments. V felt more in control of care if they could 'employ' the support workers and would have more consistency of care.

IMHA visits decreased as V grew more confident to ask for what they wanted and relationship improved with the professionals supporting V. Once V's medication was optimised and they had the benefit of an anti-depressant to lift their mood alongside the anti-psychotic depo injection, they felt happier and more relaxed. This was visible to the IMHA who saw V smile when they visited. V was happy with the route they were going down and agreed for IMHA to close their file before discharge, knowing service could be approached in future if needed. V was closed knowing their section 3 was due to expire and the consultant did not intend to renew it. At the start of the journey it seemed unlikely that V would ever work in agreement with his consultant and ward staff but this point was reached on closure.

M was a long term client who had significant cognitive problems and a diagnosis of Korsakoff's. The IMHA represented M in all Best Interest meetings that were convened in relation to M's care and treatment. The IMHA built up a good relationship with M, and was able to convey M's wishes and feelings for the future, both in ward rounds and in Managers Hearings. M was discharged home to their family, with a support package in place, which was their wish.

IMHA began working with A when they were detained under the mental health act in an independent hospital. A wanted support at ward round/CTP/Tribunals. IMHA worked with A for a long time, initially A required more regular support, as time went on and A's mental health improved, A did not require as much support. IMHA helped A to prepare for meetings, together they prepared a list and IMHA would prompt A if they forgot what they wanted to say, or would speak on A's behalf if they so wished. A wanted support to displace the nearest relative. IMHA explained the process and contacted the solicitor on A's behalf. A had legal support at tribunals/managers hearings, but on some occasions requested that IMHA attend as moral support. IMHA also supported A with a complaint within the unit. A remains on section but has now moved to a less restrictive setting.

Q suffered with severe depression, barely able to communicate with IMHA on admission and was unable to give clear instruction at first. Q had multiple family difficulties at home which made discharge complicated. IMHA supported Q to talk through and prepare for ward round. Q was supported to be understood and to understand what is being said. IMHA supported Q to explore treatment options which Q would not discuss with staff. Options were explored for support on discharge. Q trusted the IMHA which helped a person centred treatment plan to be developed. Q was able to talk through all the worries about returning home and all options were discussed. Alternative suggestions for support on discharge were discussed with Social Worker and Community Psychiatric Nurse to inform a more appropriate package. Q was also supported to raise concerns whilst on ward.

S was in an independent hospital and wanted support to have voice heard at meetings and also access to information regarding community issues. IMHA supported S to Care &Treatment Planning meetings, managers hearings and tribunals ensuring S understood the processes and their rights were upheld. IMHA ensured S had access to legal representation. S was signposted and supported to CAB to assist with benefits overpayment. S had benefits payments written off. S's voice was heard at meetings and rights upheld.

W had complex needs and a mixed diagnosis, they were admitted to hospital after their placement broke down following a physical injury that meant the current placement could not meet their needs. W had damaged their hip, so was wheelchair bound and could not walk. W was known to IMHA from a previous admission. Although W was able to understand what is being said to them, they struggle to accept explanations or communicate their wishes other than shouting and repeating the same words. W did not want to be stuck in hospital waiting for placement and was very distressed by the stay. W was very vulnerable and needed someone to ensure their voice was heard and needs met.
The IMHA attended ward round alongside W and represented W, due to the distress any conversation caused them. IMHA ensured W's needs were met around the CRT (Crisis Resolution Team) providing staff for escorted leave. W's behaviour declined after a settled period which appeared likely to be due to frustration at being stuck on the ward. IMHA identified that CRT had not kept to an agreement made in ward round of taking W out every week and raised issue with Care Coordinator. IMHA instructed solicitor as W was at the unit for a couple of months following a placement being found, this due to a funding dispute. Leave for W was provided. W was discharged to new placement as funding dispute was settled within 2 weeks of a solicitor's letter.

Independent Mental Capacity Advocacy

Total **201** Female 49% Male 51%

Client Stories

A had had several admissions to hospital due to problems managing diabetes and lack of understanding the risks of not managing it. A had no sensation in their hands and feet and as a result was at risk of cuts/burns. A agreed to go in a temporary residential placement until A saw the dermatologist. A's Social worker and other professionals were concerned that A did not have capacity with regards to care arrangements and managing their health needs. A was not eating regularly, but still administering insulin injections. A had had multiple hypoglycaemic episodes, resulting in hospital admissions. Professional's met with A on several occasions and it became apparent that A was not able to manage their diabetes. IMCA supported A and ensured their views were heard. IMCA supported A at meetings. IMCA completed the required report.
A remained at the placement, they did say they wished to return home, however they have never attempted to leave. DoLS team assessed and section 12 Doctor said A has capacity. A is currently choosing to remain in the placement.

D had been moved to a placement following a best interest decision. A care review was required as D had been a the placement for 6 weeks. Family were involved, but as they were not on speaking terms, it was felt an independent advocate was required. IMCA met with D, attended the care review, read through the file and spoke to staff. IMCA did not see evidence of a DoLS (Deprivation of Liberty Safeguards), IMCA contacted the DoLS team and found that D was about to be assessed. D was settled in the placement. D was able to voice their views at the care review. IMCA completed a report and sent to the social worker. D's voice was heard and rights were upheld. IMCA ensured correct safeguards were being put in place.

O was admitted to the Wrexham Maelor Hospital having moved from their own home in West Wales to live with their daughter for a short time prior to admission. O presented as a vulnerable adult and made claims of abuse by family members and expressed a strong objection to being returned to their home. O was disoriented to time and place and was confusing members of the family with each other. The Local Authority were investigating possible financial abuse. O was supported by IMCA while on the ward and then they were transferred over to the Heddfan Unit. The concerns expressed by other family members were shared with the professionals in charge of O's discharge in order to safeguard O and the IMCA reported on O's expressed concerns and wishes. The sharing of information was the protective measures while the investigations continued. O remained at the Heddfan Unit which was appropriate for O and their progressing dementia, handover was completed in detail to an IMHA.

X was a patient on a general ward at hospital. X had previously lived at home with family, but following a violent outburst towards a family member, X was admitted to hospital. X's behaviour worsened and it became apparent that returning to live with family may not be in X's best interest. IMCA became involved regarding accommodation for X. IMCA met with X on several occasions. X expressed wishes that they would like to return to live with family, although at times X was incorrect with who they lived with prior to hospital admission. X said that if they were unable to return home, they would like to live in the area where they came from.
IMCA produced a report and attended the BI meeting. At the BI meeting, X's family member appeared more concerned with the cost of placement and the fact that they may possibly have to move out of X's home, if the funds were required. An IMCA was required, as it was felt that X's family were not able to act in X's best interest. Due to X's decline in mental health and behavioural issues, it was decided that an EMI nursing placement was required. X's voice was heard and best interests process followed.

C was admitted to hospital following a broken neck. C had driven to see their spouse at a care home, the care home reported C for drink driving (known alcoholic). When the Police arrived, C complained of neck pain and was taken to hospital. C's spouse was the only family member. C's neighbour raised concerns that C was not coping at home, severely self-neglecting. There were disputes over whether C had capacity. The mental health and nursing staff felt C lacked capacity, the Doctors felt C had capacity. The care home that assessed C deemed them to have capacity. The IMCA spoke to C, spoke to the professionals involved and spoke to the neighbour. C stated that they wanted to move to the same placement as their spouse. A bed was available. The IMCA ensured that C's voice was heard. The IMCA wrote in the report if the dispute continues with regards to capacity, it should be taken to court for them to determine capacity. C moved to the same placement as their spouse .

B was admitted to hospital with delirium. It was apparent when the ambulance arrived to collect B from their flat, that B was self-neglecting and was unable manage alone at home. B had previously been discharged from hospital with a package of care, but B would refuse the carers entry to the property. The IMCA spoke to B, who had been known to the IMCA previously and the IMCA was aware of the history. The IMCA wrote a report, and attended a best interest meeting.
B's sibling had recently moved to a residential placement, B said they would want to live with them. A bed was available and a best interest decision was made for B to move there. B's views were heard and rights upheld.

F was a resident in a care home. F's adult child was managing F's finances, but they did not hold LPA or Appointeeship. Care home fees and money left for personal allowance were not being paid, potentially putting the placement at risk. The IMCA met with F, spoke to friends (and attempted to speak to family). Spoke to care home staff and read the documents. The IMCA represented F's views both in the report and in person at the strategy meeting. F's rights were upheld and their voice heard. Appropriate protective measures were put in place.

S was referred to the service when they were a patient in hospital. S has a brain acquired injury, and was initially deemed to lack capacity, a decision needed to be made on long term accommodation. IMCA met with S and obtained views. A series of capacity assessments took place. It was concluded that S did have capacity. IMCA was no longer required but continued to work with S as a community advocate.

Carers

Total **184** Female 71% Male 29%

Client Stories

P is a carer for their son who was living with them in a 'North Wales Housing' property.
P had been receiving treatment for cancer including undergoing radiotherapy. The advocate met the P in a community café, they were looking at moving from their current property to another property in the Conwy area under the sheltered accommodation for people over the age of 55, but at the time they had not discussed this with their son, however the client had discussed that they would consider a possible move into independent living but would need 24 hour care.
P wanted to live closer to their mother and sister. P had attended a meeting with social services but had no information about who attended and had no records of the meeting.
The advocate said that they would research sheltered housing in the Conwy area for people over 55. The advocate met up with P on numerous occasions to assist them to move to the Conwy area to live nearer to their family, together we completed the relevant housing forms and the advocate wrote a supporting letter for them. The advocate also met up with their son and their social worker to look at the possibility of remaining in the property and having someone there to live with. P's son was able to take over the tenancy in his own right and social services put in 24 hour care for the client and they also found someone who could potentially be suitable to live in the property with them.
P managed to secure a property in the Conwy area, P felt like a weight had been lifted as their health and their mother's health had deteriorated and they wanted to spend their retirement living close to their mother to support her with her daily living.

X lives with their partner and is their main carer. X wanted assistance from our service to write a letter to Betsi Cadwaladr University Health Board regarding the serious concerns that they had had regarding their partners previous care.
X's partner is at home now and X has a Social Worker who is assisting them to arrange respite as they has health problems of their own and is struggling to manage.
The advocate drafted and send two letters of complaints and concerns on behalf of X regarding the client's partners care to both Ysbyty Gwynedd Bangor and Social Services Denbighshire County Council. The advocate also wrote a letter to social services regarding the partners respite, X was happy with their partner going into a care home that they had chosen but was not happy with the care home offered previously by social services. X received responses to their letters and felt that they had been listened to, they did not want to pursue any other complaints.

Q lives with their partner and is his main carer. Q was having carers coming in four times a day but there had been numerous issues that Q was not happy with, so they had cancelled his care package. Q was managing all of their partners care, another care agency had visited but Q had declined services at that time. Q had previously had a home visit from a Social Worker and the Manager from the care agency to discuss their concerns regarding their partners care package.
Q wanted help from our service to assist her to complain about how she and her husband had been treated. The advocate wrote to Social Services to request information regarding the information that they had on their system regarding their partners care package.
The advocate helped Q to write both a complaints letter to Social Services and to the care agency regarding the care her husband had received. Q received letters back from the care agency, they had addressed some of the concerns but not all. Q did not want to pursue the complaint any further, but knows that they can come back to our service at any time.

The advocate met with W at Hospital where they were attending a meeting to discuss W's pending hip operation and how their partner would be cared for whilst W was in hospital and how W would cope for the 12-week recovery time after their operation.
The meeting was held, and W's partners Social Worker and OT were present.
W had spoken to the manager from a local Residential Care Home there was a room available for two weeks whilst W had their operation (W's partner has agreed to this) but the social worker needed to check if the room would be available for longer as they had thought it would be free for eight weeks?
The discussion was that W's partners daughters would be staying for the time W is in hospital and it is a question of if W's partner should stay overnight in the care home and come home during the day with the help from their daughters?
W said they cannot manage their partner during the night as they needs the toilet between 4 or 5 times a night and W would not be able to lift them.
After discussing the options, W decided that they would like their partner to stay in the care home for at least two weeks.
The social worker discussed a care package for when W's partner comes home of up to four calls a day for personal care, help with medication and possible help with food preparation.
The OT was visiting W at their home to go through hip recovery exercises and how to get in and out of a car.
The advocate attended a review meeting with W at the Care Home regarding their partner's care.
There had been a previous meeting where W had decided that they could not manage to care for their partner at home and it was decided to make this a permanent arrangement.
W feels their partner had settled in well since they were moved downstairs to another part of the care home, they have a bigger room and is mixing better with both the staff and the residents.
Two of the nursing staff were present and said they was settled, and their speech and wellbeing had improved.
W visits their partner every day and it was a concern that W was not looking after their own well-being enough?
W is happy with the care and the social worker is closing the case, so the advocate explained they will close the case, but W can contact at any time if they have any concerns.
W was happy with this.

RPR

Total **549** Female: 55% Male: 45%

Client Stories

A client is residing in a care home and had been assessed as lacking capacity under the Mental Capacity Act, deprivation of liberty safeguard framework (DoLS). A DoLS was authorised and a Paid RPR was appointed, as their family were unwilling to take on this role. RPR visited the client at the care home and explained their role. The client was able to explain to the RPR how they disliked the home and felt that they did not belong there as they could not interact with anyone. RPR explained to the client that they were deprived of their liberty and what options were available to them. RPR explained how on their behalf they could request a review, challenge the deprivation of liberty with the court of protection, or raise a complaint on their behalf. The client was insisting that they were in the wrong place and agreed that an application to the court should be made. The RPR requested a review of the placement by the supervisory body, and referred to a Solicitor so that the client could appeal to the court of protection. The RPR continued to visit with the client throughout the duration of their deprivation of liberty safeguard, and kept them informed of the progress of the case. The RPR was able to access the clients care file and associated paperwork that the home keep in order to record the clients progress. The RPR had not received a response to the review of the placement that they had requested so they contacted the supervisory body and were advised who the social worker involved with the client was. They requested with the social worker to assess the clients care needs as soon as possible. The RPR visited the client with the solicitor and sat through a meeting where the client was able to articulate to the solicitor what their concerns about the home were, and what their wishes and feelings were. Following a request to the social worker to review the category of care for the client, it was assessed that their care needs did not reach the level of the home he was currently residing in. An alternative home was identified however the family were unable to agree to the top up fee required. The social worker informed the RPR of this and did say that this could go to a panel to request to have the fee wavered. The have requested that this is broached with the family, and also for the social worker to request to the home direct to see if they would consider wavering the fee. The RPR role continues.

M was objecting and court of protection was accessed. Advocate acted as Litigation friend and RPR during the CoP process. M's voice was heard during the process and rights upheld. Court case concluded that unless M's daughter can become deputy and buy a suitable property and source adequate 24 hour nursing care at the property (and be able to fund a proportion of it) then M will remain at the EMI nursing home, as there is nowhere else that is better suited and that can meet her needs.

A was in an EMI residential home and was objecting to being there. A wanted to return to home town, current placement was in a different county. A was subject to a DoLS. A was very aware of being 'locked in'. RPR requested a part 8 review, which was declined by the Supervisory Body as they had already requested for a CPN to assess A to ensure that A was placed in the correct category of care. The assessment was completed and a best interest decision was made. RPR attended the best interest meeting, where it was decided that A could move back to their home town, once the checks on the home suggested by family had been made by the Supervisory Body. At the best interests meeting the RPR explained what A had told them about the current placement and that A wanted to return to the town where they grew up and lived for many years. A was moved to a new placement in the chosen area.

Self-Advocacy For Empowerment

Total **261** Female 71% Male 29% SAFE

Just some of the courses SAFE offer

Step Back Forward	Re- Label Your Life
Safe to Step Forward	When Communication Gets Difficult
Building Blocks Part 1 & 2	Leap The Limbic
Building Blocks to Safe	The Thief and Me
Finding the Silver Lining	Assertiveness Part 1 & 2
Leap the Limbic	Volunteering P1 & P2
All Things Well	So Socially Successful
Mindful Thoughts	Procrastination
Diversity and Equality	Living on a Budget
Recognising Our Strengths	The Straw That Broke The Camel's Back

Every session I take away something that helps me deal with life.

This was a very informative and constructive session.

Very well presented with some really great information!

Another excellent session on positive thoughts being better than negative.

Think about the things you can do-not the things you can't!

I have learnt that I have more capabilities than I realised.

I am amazed at being able to take part, I am pleased with myself.

I am going to concentrate more on my strengths and less on my weaknesses.

'Perfect amount of information- kept me interested. Fabulous explanation of the law relating to my disability – good support – good advice -encouraging.'

Well presented, great information.

ASNEW Policies & Procedures

Advocacy Charter	GDPR Privacy Notice staff
Advocacy Charter Welsh	GDPR Privacy Notice Trustees
Advocacy Quality Assurance	Gifts & Hospitality
Advocates Role	Grievance Procedure
Answer Machine/Message Book Procedures	Health & Safety Checklist
ASNEW GDPR Policy Staff	Health & Safety Policy
Board of Trustees Working Rules	Holidays Policy
Children & Young Persons Policy + appendix	IMCA Policy
Code of Conduct	Information Sharing
Complaints Procedure	Language Policy
Confidentiality Agreement	Lone Working
Confidentiality Policy	Making a Protected Disclosure (Whistle Blowing)
Conflict of Interest & Boundary Issues	Mobile Phones & Ultrabook's
Contingency Planning	Monitoring & Evaluation
Cyber Security Policy	Non-Instructed Advocacy
Delegated Powers	Office Procedure for Files
Dignity at Work	Recruitment of People with a Criminal Record
Disciplinary and Capability Procedure	Recycling & Environmental issues
Disclosure & Barring	Referral Policy & Procedures
Disclosures Security & Information	Reserve Arrangements
Driving – Safe Practice	Safeguarding Monitoring Sheet
Equality & Diversity	Severe Weather Policy
Equality & Diversity Recruitment & Employment Procedure	Sickness Leave Policy
Expenses Policy	Sign Posting and Referring
Eyecare Policy & procedure	Support, Supervision & Appraisals
Files, Emails & Internet	TOIL
Finance Policy	User Involvement
Fraud Policy	Volunteer Policy
GDPR	Vulnerable Persons Safeguarding Policy
GDPR Privacy Notice	What is required of an Advocate

All policies are reviewed annually.

Training and Development

Training Attended:

Advanced Train the Trainer

Boundaries & Confidentiality

Case Studies

Casework Management and Recording

Cyber Essentials Plus

Diploma in Independent Advocacy

Diploma in Independent Mental Capacity Advocacy

Equality & Diversity

Mental Health and Homelessness

Safeguarding

St Thomas Training – LPS (Liberty Protection Safeguards)

SQL Database Training

T-SQL Query Training

Training Delivered:

SAFE delivered a Personality Disorder session to Flintshire County Council which 21 people attended.

Advocates delivered sessions on Advocacy to Wrexham GP's.

IMHA & IMCA delivered to Glyndwr University nursing students.

Advocacy services available, referral processes and updates delivered to FCC Social Services.