ASNEW

Advocacy Services North East Wales

Annual Report

2020/21

Advocacy Services North East Wales
First Floor Offices
42 High Street Mold
Flintshire
CH7 1BH

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www.ASNEW.org.uk
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	Vice-Chair
Julie Lambert (leaver)	
Mark McIntosh	
Meryl Hayes	
Mike Webster	
Paul Wynne	
Company Secretary:	Lynn Roberts

ASNEW Staff:

Abigail Phillips – RPR
Angela Furnival – SAFE Facilitator
Bethan Vernon – Advocate
Chris Vick – Service Director
Clive Rowland – SAFE Facilitator (Leaver)
Daniel Robinson – Advocate
David Pownall – Community Lead
Gaynor Davies –Advocate
Helen Waterton – Advocate
Jennifer Challinor – Advocate
John McWilliams – IMCA & RPR Lead
Lorraine Morris – Advocacy Manager (Leaver)
Lynn Roberts –Service Manager
Nicola Parry – IMHA Lead
Richard Strefford – Advocate
Rowan Rosenthal – Advocate
Sarah Bowen – SAFE Facilitator
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

Our Aims

Changing lives for the better

Advocacy Services North East Wales supporting people to make positive change

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.

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

Working with the people of North East Wales

Services and Stakeholders

The services we provide and our funders who make them possible

Community Advocacy
covering Flintshire & Wrexham
Flintshire County Council, 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 and Gwynt Y Mor

IPA - Independent Professional Advocacy
covering Flintshire
Flintshire County Council

RPR - Relevant Persons Representatives
covering Flintshire, Wrexham and the surrounding areas
FCC, WCBC, BCUHB and other local authorities

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

CYNGOR Sir y Fflint Flintshire COUNTY COUNCIL

CONWY CYNGOR BWRDEISTREF SIROL COUNTY BOROUGH COUNCIL

ARIANNWYD GAN GWYNT Y MÔR
FUNDED BY GWYNT Y MÔR

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 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.

2020 AGM

Due to the Coronavirus Pandemic, the 2020 AGM was cancelled. An online AGM was discussed but deemed not feasible at the time due to the technological requirements not held by many prospective attendees. An Annual Report was created and distributed to stakeholders and other interested parties as well as published on our website.

Chair of the Board's Review

Well what a year!

The pandemic certainly affected everyone mentally and physically with many lives lost and the whole country united to battle an indiscriminate killer. I'm relieved to say that ASNEW has survived with no casualties. It has been an immense challenge to remain in operation with a three person team working in the office to take the referrals, answer the phones and pass on messages to other staff working from home. It became the year when we all learnt remarkably quickly about online meetings and computer interaction became very real for us all.

Like many other organisations, lockdown was a difficult time for everyone but staff were resilient and clients were happy with telephone and computer contact which enabled us to keep working for them. It challenged everyone to look at more innovative ways of working with people.

There has never been a precedence set for a pandemic, so this year has required the managers to put new policies, procedures and practices in place to safeguard everyone while still allowing people to do their jobs to the best of their ability. Staff have risen to every challenge and overcome many external obstacles to continue the good work that they do.

SAFE, the training arm of the organisation have done a sterling job, adapting their courses and delivering online sessions to more people than ever, which has also enabled a number of people that, for whatever reason, couldn't participate in group sessions.

I would like to thank all the staff who have showed resilience, adaptability and commitment to ASNEW and to the people they work alongside. Also thank you to Management that have worked diligently to ensure that staff have had the support and tools to continue their work.

I would also like to thank all my fellow Board members for their continuing support and devotion to the organisation. They give their time freely and bring a wealth of experience to the table -we couldn't manage without them.

There is no doubt that we will face many challenges in the years to come but we will be ready and this past year has shown that we can and will overcome any difficulties that may arise. 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.

Charlotte Atkins

Chair to the Board
Advocacy Services North East Wales

What did 2020-21 look like

2020-21 began in extraordinary circumstances. The COVID-19 pandemic was at a peak and the world was in lockdown. As with almost every aspect of life, this hit the service hard. Being unable to physically visit our clients in this difficult time was distressing for all involved and ASNEW needed to act quickly to find alternative methods of support.
Like many we turned to technology, ramping up our use of Microsoft Teams and mobile phones, along with other video conferencing apps, we were able to join meetings, and chat to clients face to face without our staff ever needing to leave their homes. As a service we were able to adapt and overcome these obstacles to provide a service where many others could not.

Mental health has been a big talking point throughout the year with how people reacted to the solitude and uncertainty, becoming a regularly seen factor in hospital admissions, and as a result IMHA referrals. During the first and second lockdowns, our referral numbers fell sharply. As many other organisations and services closed their doors, the referrals they made to us stopped. To counteract this, we ensured there was a staff member in the office to answer queries take referrals and messages over the phone or email and added online referral forms to our website making self-referrals quick and easy.
Over the coming months the referrals began to rise, and once people started to return to work, the numbers rose just as sharply as they fell in the first instance.
This rise in referrals is expected to continue into 2021-22 with the trend looking to exceed the monthly average from before the pandemic first hit.
Following the end to our Carers Advocacy contract in March 2020, ASNEW did not cut ties with those in Flintshire and Wrexham and were able to continue to work with most cases under our Community Advocacy contracts. Any clients in Denbighshire were worked with until either the case could be closed, or an alternative Advocacy provider was found.

Perhaps more importantly then ever with cyber-attacks rising over 300% over the last year, in December 2020 ASNEW successfully passed Cyber Essentials Plus certification for the second year, with no advisory action to take. Ensuring the data of our staff, clients and stakeholders are stored both in accordance with GDPR and secured against cyber-attacks.

for ASNEW and our clients?

*inclusive of Community, Carers and IPA

Referrals Received

Community*	IMHA	IMCA	RPR	SAFE
474	601	224	542	51

Total referrals received	1892

Individuals worked with

Community*	IMHA	IMCA	RPR	SAFE
574	287	156	218	62

Total clients worked with	1297

Cases worked on

Community*	IMHA	IMCA	RPR	SAFE
608	655	241	599	827

Total cases worked on	2930

Cases closed

Community*	IMHA	IMCA	RPR	SAFE
369	334	177	295	827

Total cases closed	2002

Community Advocacy

including Carers and Independent Professional Advocacy

Referrals Received = 474

Community	Carers	IPA
410	52	12

All referrals were actioned in under 5 working days

Cases worked on = 574

Community	Carers	IPA
432	130	12

Throughout last year ASNEW like many other services were impacted by Covid and the ensuing pandemic; as lockdown started some statutory and third sector services reduced the services they had been providing, this was highlighted in the sudden drop of Community/Carers and IPA referrals made. This gave us an opportunity to focus on those clients already open to Advocates and those awaiting allocation. Contact was maintained with those clients we were aware of that had no support network, to ensure they had what they needed and their well-being was maintained.

As services started to return, we saw a rapid increase in referrals across the community spectrum, this increase continued to grow and has been constant since, as more and more people look for assistance with their issues. There was a big increase in Children's Services referrals, and for those individuals who had social care issues and were wanting to access services.

We also saw a steady increase for access to our IPA service and this has continued to grow.

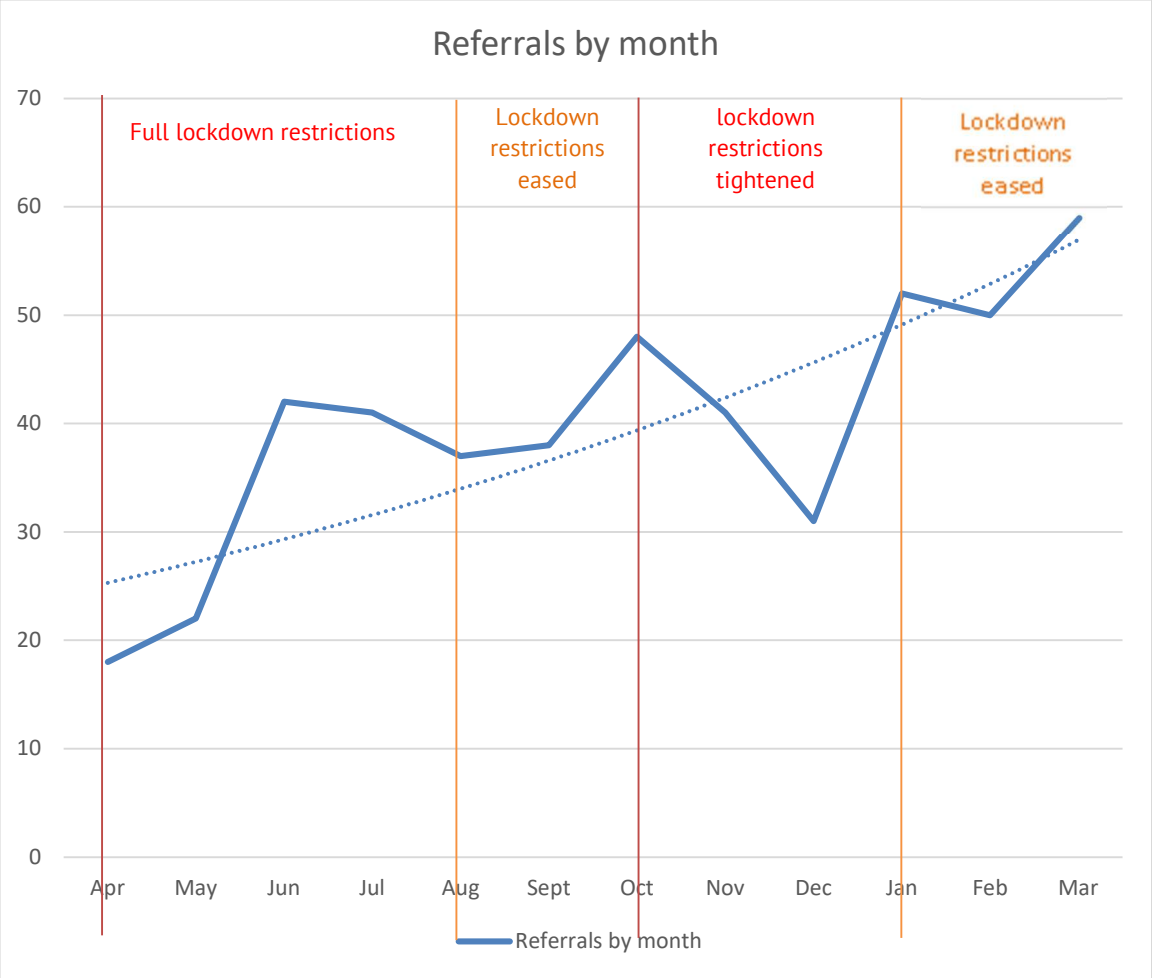
Like many other services, we have had our challenges during the pandemic, such as restrictions on visits, and being able to access services on behalf of our clients; it has also been a challenge for clients who have had to adapt to new means of communication with services, whether that has been undertaking telephone assessments, or utilising new technology to attend online meetings.

Whilst Covid may have challenged the resilience of advocates and clients, we at ASNEW have endeavoured to ensure clients have had their voice heard, their views represented and had access to services when required.

David Pownall – Lead Community Advocate

Community Advocacy

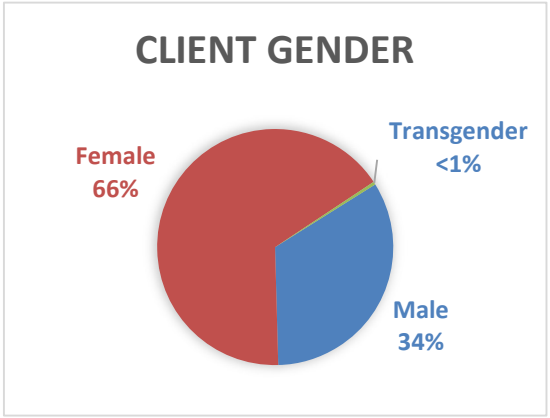
including Carers and Independent Professional Advocacy



Following the Lockdown initiated in the previous year, referrals fell from around 70 per month to under 20.

As social services and hospitals began to initiate new procedures and work in a new way, referrals rose sharply.

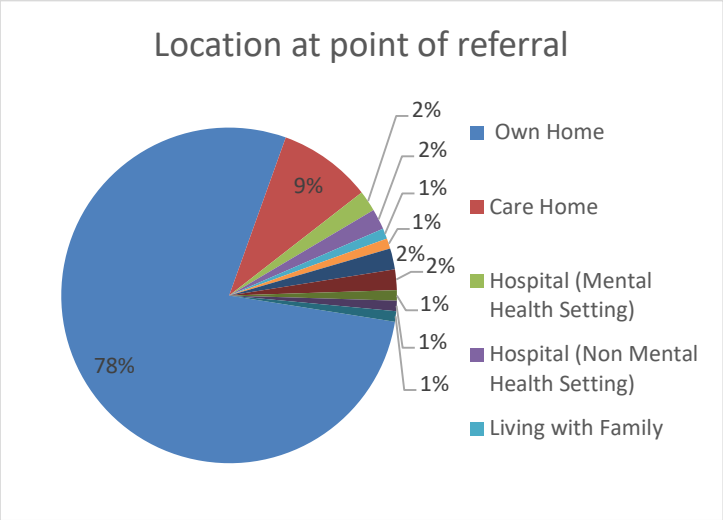
With restrictions tightening during the school summer holiday period, referrals once again fell until after Christmas where numbers rose again, a rise that continued into the next financial year.



Following a common trend, two thirds of our clients in this year were female. It has been well documented in recent years that men are less likely to ask for help. Something that the community as a whole is working on. Making it more simple to self-refer in, is the first step taken to enable us to support those in need.

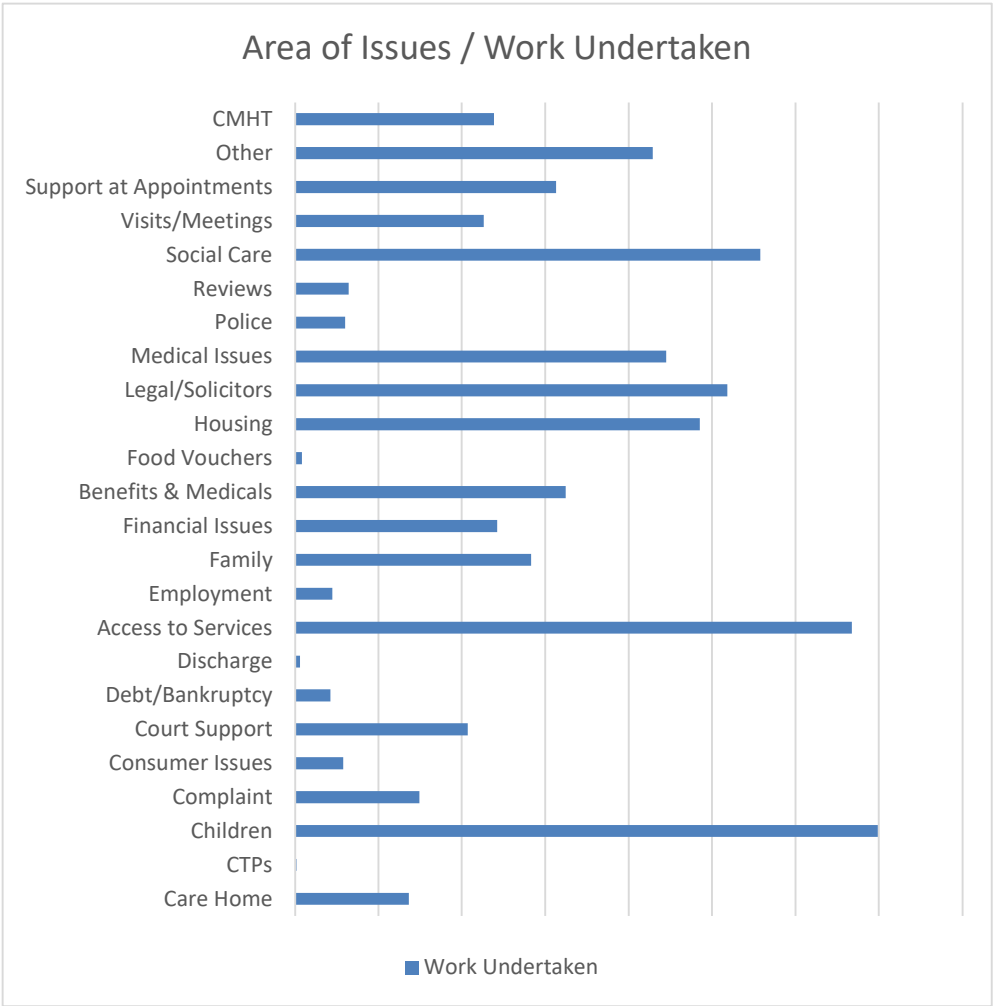
Community Advocacy

including Carers and Independent Professional Advocacy



As you would imagine, in a year where the country was in lockdown, most of our clients were at home and supported remotely by telephone and video calls.
The number of client's worked with in hospital with community issues fell greatly this year. Without a presence on the hospital wards, and many issues with housing and benefits on hold until later in the year, the majority of hospital based work was with the IMHA and IMCA services rather than a mix with community advocacy issues.

This year saw a sharp fall in support with financial/debt issues, with the government putting safeguarding measures in place due to the pandemic, much of this work was put on hold until the next year.
Access to services, as always was a large amount of our work, enabling people to get the support they are entitled to.
The big rise over the year is work surrounding children. Supporting client's going through processes with Children's Services became the largest issue of the year, one that raised many questions and also showed a gap in available and commissioned services for parents.



Community Advocacy

including Carers and Independent Professional Advocacy

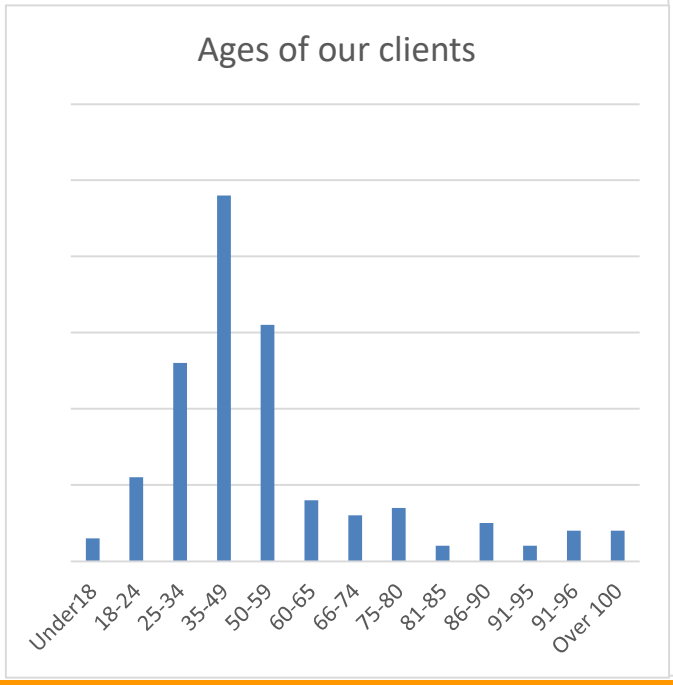
Thanks to a mixture of better awareness raising, referrals being made through our informational website and a change in the triage and allocation process; almost all of the referrals received were allocated to an Advocate. The exceptions being referrals made that were better suited to another service or a few that required a different type of support than Advocacy.

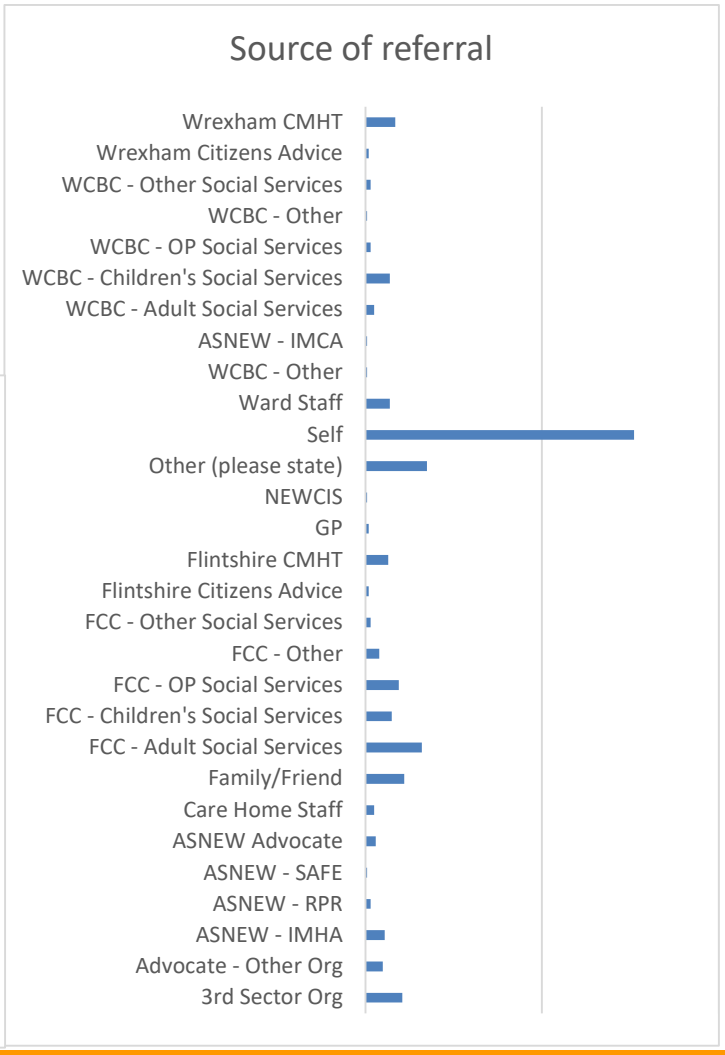
As in the previous year, all incoming referrals were actioned within 5 working days.

As has always been the case with us, over half of referrals to our service came from the clients themselves.

With the ability to self refer by telephone, email, fax and now using a simple form on our website, the number of self referrals compared to that from other professionals is likely to rise even further into the next year.

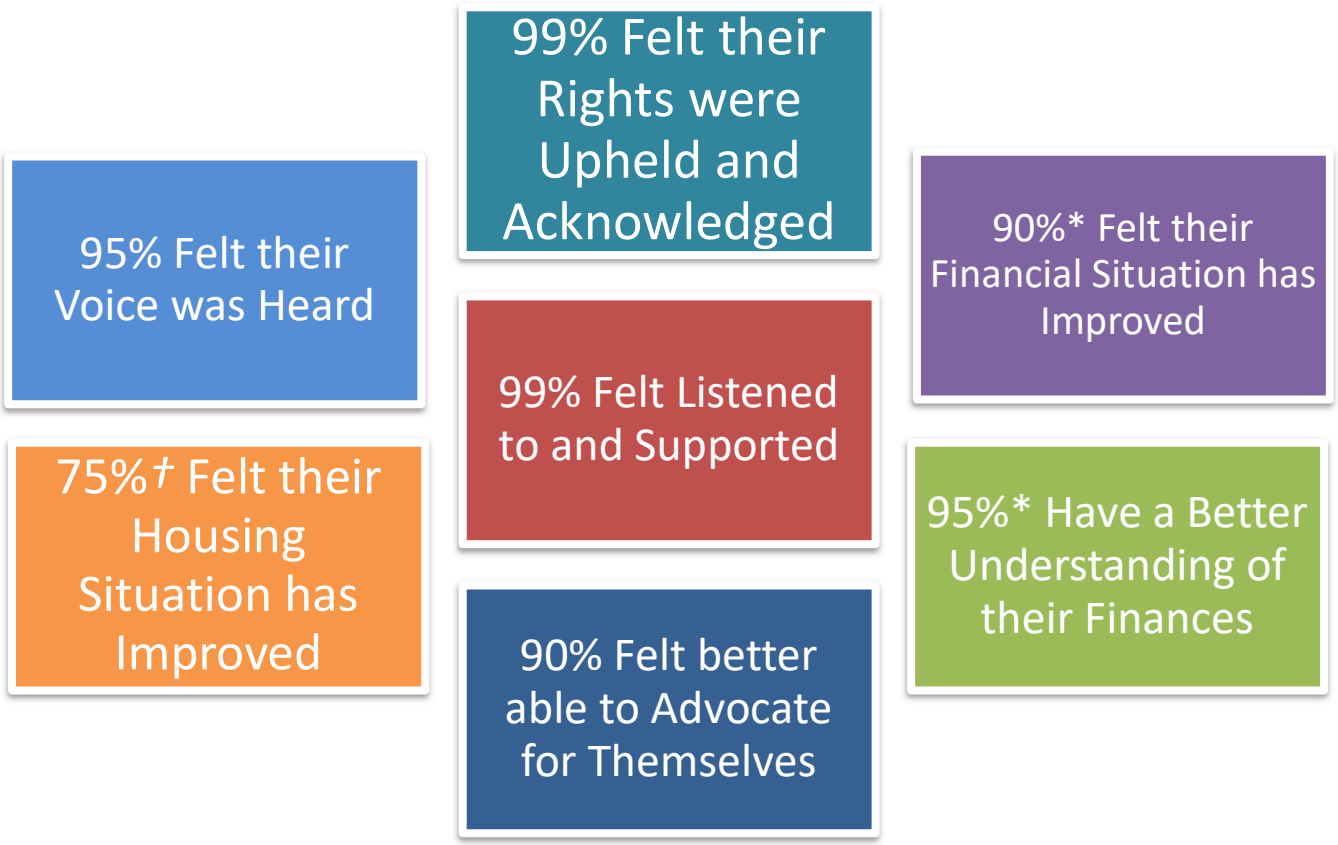
In this year we worked with a more vast age range than ever before, with some client's being as young as 16 in hospital who initially came to us through the IMHA service and others in excess of 100 years old.





Community Advocacy

Case Studies / Client Stories



** where the referral issue was Finances &/or Benefits*
† where the referral issue was Housing &/or Placement
Data gathered from cases Closed in 2020/21

A had been admitted twice to hospital under section 2, after their spouse called for assistance when they became aggressive. A had Parkinson's, not a mental disorder and both times the section 2 was lifted when we started a challenge. Ward staff reported concerns a section had been used. A's partner did not want them to return home, but as they had capacity, they had every right to choose for themselves, especially as their property was jointly owned. A agreed to go to a residential care home for respite as they were so unhappy in hospital and this was preferable to hospital. However, their wish was to return home. A became very upset during the first weekend at the care home. Due to Covid 19, they were unable to leave the home and felt very restricted. A told the advocate they wanted to go home and no other option would do. Advocate supported A to get a solicitor and to explore legal rights. Initially they left the care home to go home due to frustration and the social worker asked that they be returned under a section 136. Advocate explained to social worker that A has capacity and this is a marital dispute. A has the right to return to their jointly owned property and it is not appropriate to use mental health sections to prevent A from doing so.

Community Advocacy

Case Studies / Client Stories

A explored rights and legal options to return home with advocate. Advocate helped explain the legal advice as A became quite emotional during appointments and frustrated that things took time. A went to the property again and their spouse denied entry and called the police to remove A as they were fearful. Advocate explained to A the police had said they would do this if they went there again and that turning up at the property, while there are no legal grounds to stop them may not be helping their case. Advocate helped A seek further legal advice and was available on the phone for reassurance throughout the process.
A had to be handed over to local advocacy (support had continued when OOA) due to Covid 19. At the point that we completed the handover A had accepted the need to act on legal advice and not emotionally and was considering their options and the consequences before acting upon them. A wanted to explore marriage counselling and his new advocate agreed to support him to write a letter to his partner. A was clear about where he was in the journey and the options at the point of closure:

1. explore marriage counselling
2. wait for wife's solicitor to 'make a move'
3. file for divorce.

This was significant progress from when A first went to the care home when they were impatient and reactive and not considering consequences of their actions.

Client had been supported on and off over 3 years by the same advocate, after meeting them during a hospital admission, they then followed through to community and met again when they were readmitted. Social issues led to a build up of stress and mental health relapse. This was a short hospital admission, but community support picked up to follow through on assisting with social issues.
Client required some support to ensure the support from CMHT was helpful and medication optimised, advocate supported at the first few appointments to ensure this was the case.
Client was struggling financially. Supported client to reset up payment plans with creditors and supported to benefit/medical appointments.
Supported client to court regarding an offence that occurred when they were unwell.
Client continued to have ongoing difficulties around housing, this was worsened by a driving ban, preventing them from driving to their family for support. There were issues around affordability and insecurity of the accommodation. Supported client to get to optimal position on the housing waiting list.

Community Advocacy

Case Studies / Client Stories

Client had more control over the issues affecting them. They were able to access optimal support from CMHT and kept open on this discharge which had not happened after previous hospital admissions.
Perhaps most importantly to the client and the change that was most likely to maintain some stability in their mental health, they were offered a social housing property near family.
Advocate supported client around the move (accessing dual housing benefit and white goods).
Shortly after moving client started some voluntary work which was something they had always wanted to do.

A had a baby, the baby was placed in foster care. Children's services were involved. A required support with children's services meetings, as A was unable to understand what was being said in court and by the solicitor. The case was put before the courts and the baby was placed on a care order and will be placed for adoption.
Advocate supported A to meetings, ensuring A understood what was being said, by making notes for A, and to relay the information to A as many times as required.
Advocate supported A through the court process; Advocate attended court with A and spoke with A during the allocated breaks. Due to A's level of understanding/mental capacity, Advocate was asked to review the questions from the local authorities Barrister, ensuring that the questions that were asked were appropriate and A was able to understand them.
Unfortunately, the court placed an adoption order. Although A did not have the outcome from court that they wanted, they were supported, their rights upheld and voice heard throughout. Once the hearing was completed, Advocate supported A to continue to liaise with children's services and the legal team.

Community Advocacy

Case Studies / Client Stories

B was known to mental health services, but felt they were not being listened to or having their needs met. B's mental health was deteriorating and despite contacting CMHT, nothing was being done.
Advocate listened to B to obtain their views on what help they felt they needed. With B's consent, advocate wrote to CMHT, but initially did not hear back. Advocate continued to contact CMHT and informed B and CMHT under the mental health measures, of what B's rights were. This involved writing to the consultant/secretary, contacting the duty team and the managers of the service. B was allocated a CPN, to provide ongoing support with their mental health. B then felt that their views and wishes were being upheld and listened to. We learned that some services require persistence and not to give up.

X was referred to us by a popular information helpline service after receiving a call from the client the same day.
X informed us that they were receiving support from CMHT, however, they felt that they were not being listened to. X informed us that they had told CMHT on several occasions, what 'triggers' them, but they were not listening and as a result continued to cause the client to become frustrated.
X informed us that their mother was also under CMHT but she passed away last year and feels that they used to treat her the same way as they were being treated.
X wanted support to access CMHT, get a second opinion on their diagnosis, sort out benefits, and look at housing.

- **Made contact with client via both phone and email.**
- **Referral to FCC Housing made.**
- **Referral to CAF completed.**
- **Referral to CMHT at Aston House completed.**

Video meeting and following in-person meeting held with client, CPN and advocate at Aston House. The client was informed that they would be assessed by a clinical psychologist at Wrexham Maelor Hospital as requested and following this a medication review would take place as well as a Care Plan being discussed for counselling. The client then chose to stop engaging with all services and was unable to be contacted.

IMHA

Independent Mental Health Advocacy

Referrals received	Cases worked
601	655

Despite the challenges of the year, the IMHA service was able to meet its obligations and provided support to many clients during this time period.

We had a few weeks whereby we were limited to client contact via telephone, but technology was quickly introduced that allowed IMHAs to 'meet' with their clients virtually. Many of our clients do not like using the telephone, particularly to speak with people they do not know and have not met, and so this technology became invaluable to many. It would always be our preference to meet client's face to face, but this was not possible. As the use of technology widened, IMHAs were able to 'virtually' support clients in ward rounds and MDT meetings when requested, which was appreciated by many. Coordinating times and setting up the technology for such meetings took much cooperation from ward staff and we would like to acknowledge this and thank them for their time in ensuring best outcomes were achieved for our clients.

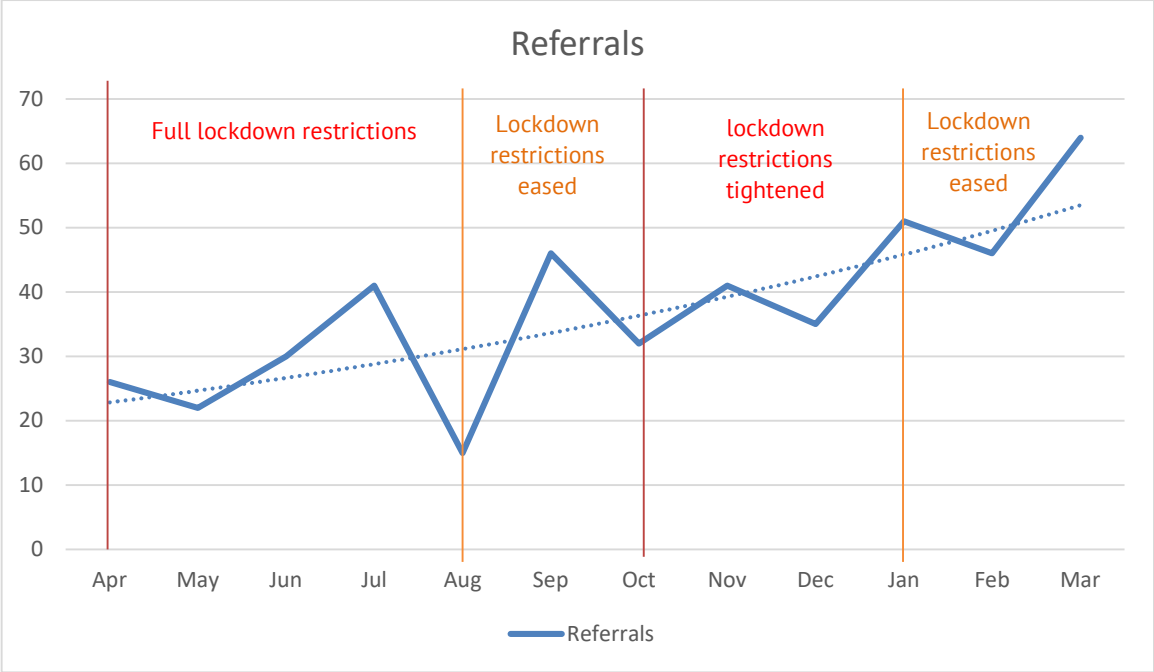
At the height of the pandemic, wards were being re-purposed and for a large proportion of the year, we saw an influx of referrals for older people who lived across North Wales. In the majority, these clients were affected by dementia – they were unable to understand their detention and rights, and unable to give instruction. We provided non-instructed advocacy for this client group, and worked closely with multi-disciplinary teams to ensure that any decisions were made in the client's best interest, and that any known wishes or views of the person were taken into consideration. We may not have been able to meet these clients in person, but still ensured that their rights were upheld.

IMHAs have clear lines of communication between them, and this became greater and more effective over the course of the year – it was important that we kept each other aware of the frequent changes that were happening on the wards and in the private hospitals we service. We pulled together and worked as a team, ensuring that none of our clients were 'left behind'.

Nicola Parry – Lead Independent Mental Health Advocate

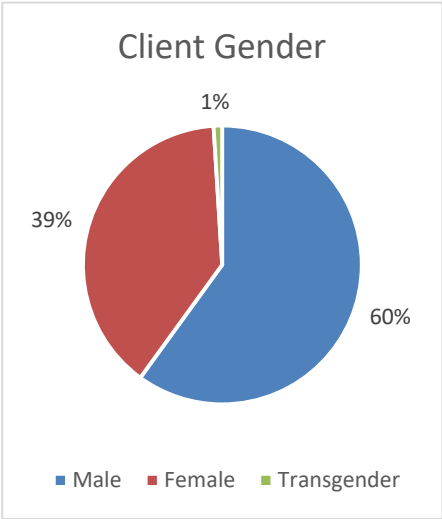
IMHA

Independent Mental Health Advocacy

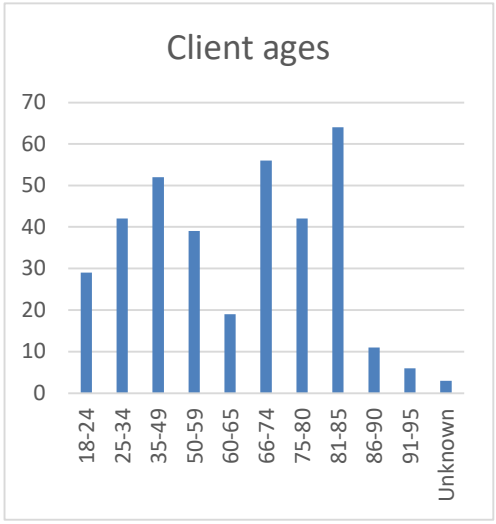


Although not as drastically as other services, referrals did fall during the initial lockdown period and only began to return to normal towards the end of the year with referrals continuing to rise into 2021-22.

As protocols were introduced across North Wales hospitals, referrals appeared to rise and fall as patients were moved depending on their COVID status.
To ensure a continuity of service the partnership agreed to keep their clients as they moved around North Wales rather than pass clients between the 3 organisations causing unnecessary distress and confusion.

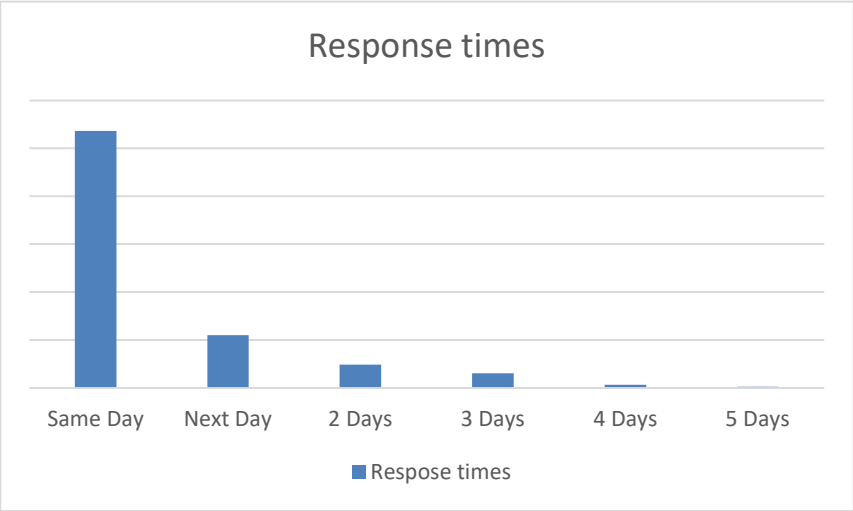


We see most years that more men are admitted to hospital than women. This is the opposite to our community services where we work with many more women than men, this equates to men being less likely to ask for help before things get to crisis point.
Our client's are spread relatively evenly across all age groups, weighing slightly higher as the age increases.



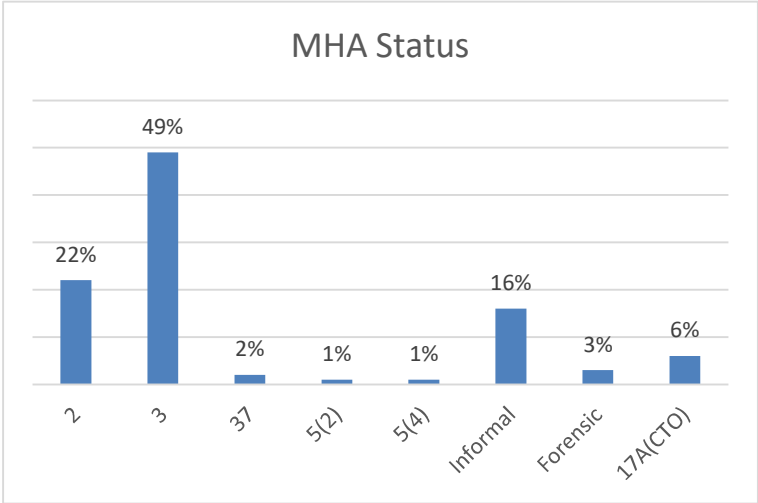
IMHA

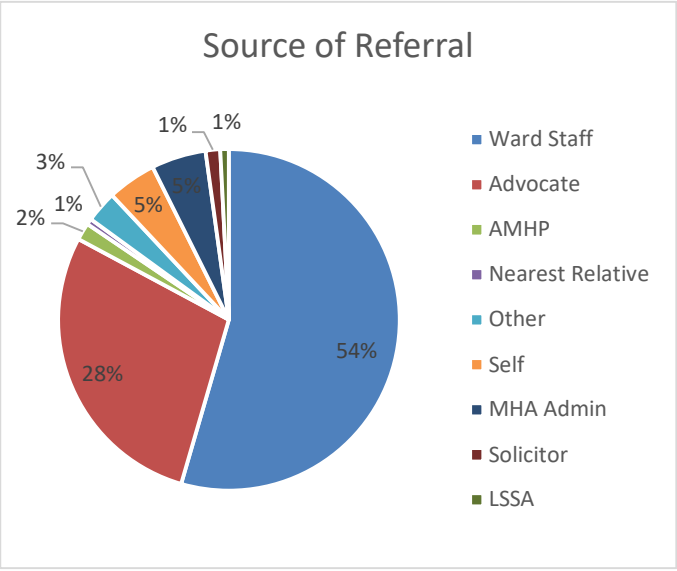
Independent Mental Health Advocacy



Despite the extraordinary circumstances the service faced this year, over 70% of new referrals were spoken to and received a formal introduction on the same day, with only 20 cases taking over 2 days and all within the required 5 day response time.

49% of our clients were detained under section 3 of the Mental Health Act at time of referral.
With 22% under section 2, 16% informal patients and the remaining 13% made up of short term, and forensic sections, and those not in hospital, subject to a community treatment order.

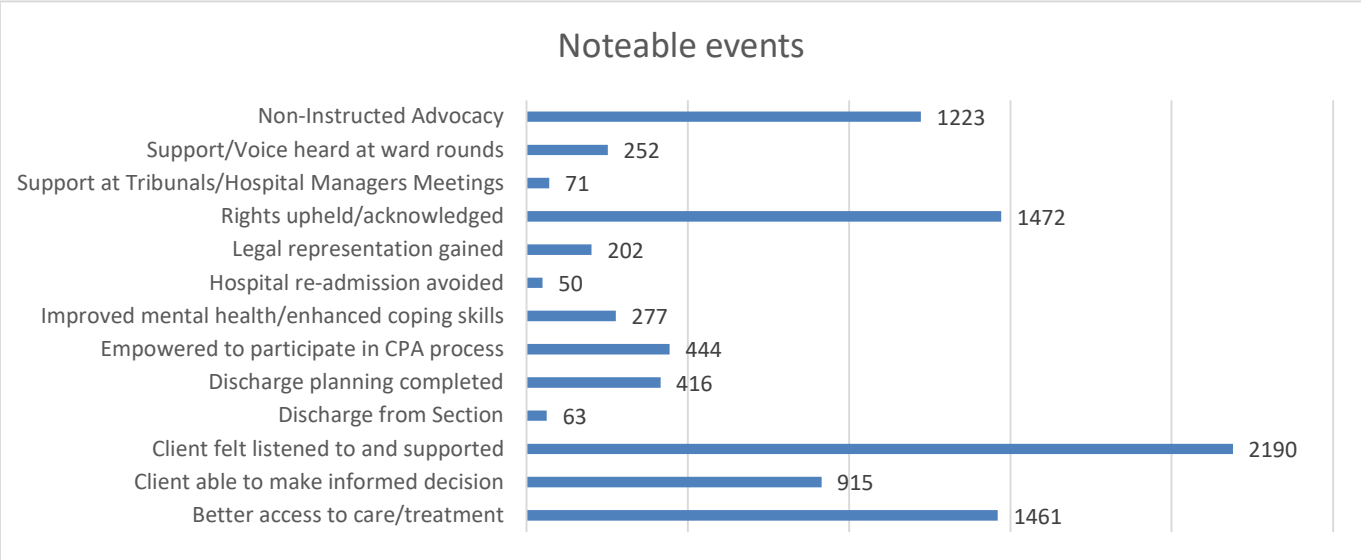




As you would expect, 54% of referrals came from hospital ward staff, with the next highest source of referral being our own Advocates.
As we are regularly on the wards (with the exception of during lockdown).
We are able to speak with patients and explain our service directly, resulting in 28% of referrals for an IMHA.

IMHA

Case Studies / Client Stories



The above chart shows the events of note, that happen during any client contact.

1521
times an IMHA represented a client

50
clients were not re-admitted to hospital due to IMHA involvement

60
Best interest meetings attended

22
Tribunals attended

277
times an IMHA helped to enhance a clients coping skills

444
times an IMHA empowered a client to participate with the CTP process

2190
times our clients felt listened to and supported by their IMHA

IMHA

Case Studies / Client Stories

P had worked in the legal profession and was admitted with dementia. P did not want to be in hospital and although confused was clear and consistent in this wish. P felt they had no control over decisions being made about their life.
After a couple of conversations in which P clearly stated they did not want to be detained and wished to go home, advocate checked with staff if this was something they were consistently saying to them also. Advocate explained rights under Mental Health Act, P was able to grasp the right of appeal due to their legal background and asked me to instruct a solicitor. Same clear message given to solicitor. We checked whether P had capacity to appeal and as they were deemed not, advocate put in an MHRT application on their behalf.
Throughout the process advocate spoke to P explaining, where they were, why they were placed out of area (covid 19) and what their rights were. This gave them some confidence that their rights were being upheld.
When they were moved P called me as they were very distressed at being moved hospital. Advocate talked them through and explained the reasons (due to Covid 19 and moving back to area)
When a care home was found advocate talked through this and the rights under DoLS.
P's spouse had said they did not want this home and for this reason we discussed a paid RPR. Advocate requested this on P's behalf, pointing out the reasons this was appropriate.
P was supported through the process of being in hospital. They felt reassured that someone was on their side and had confidence in our service to explain why things were happening. Their rights were upheld on discharge through the request for an independent RPR.

Client was a long term mental health patient who was admitted from a care home placement when it broke down. Client very frustrated at being back in hospital.
IMHA listened to client and their frustrations.
IMHA identified, through these conversations, that client found the high stimulus environment of the ward triggering and frustrations and aggressive behaviour increased when this was restricted. IMHA helped put across the clients wishes for section 17 leave to continue, and helped secure the support of CRT staff to facilitate this as staffing levels on the ward did not allow for frequent leave.
IMHA helped client understand their right of appeal, although they did not choose to exercise this right, it did help when they were feeling frustrated.
IMHA helped ensure the placements of client's choice were considered and that they understood what was happening.
Client was better engaged in the decision making throughout their in patient stay.
Client's section 17 leave was optimised. Client felt listened to and supported.

IMHA

Case Studies / Client Stories

Previous client with a depression. They had been in Hergest during Covid 19 where ECT was suggested and were hopeful to have this, when transferred their consultant did not agree this treatment was right. Client was very frustrated and upset as they felt ECT was the answer for them.
IMHA attended ward round to support in requesting ECT and asking why they cannot have it if refused. The treatment was refused and IMHA talked through with client the reasons so they were better able to understand this decision. They couldn't recall having a reaction to anaesthesia which was one of the reasons given and so were still unhappy. The client felt whilst they thought ECT would help improve their state of mind, they would find engaging in current treatment difficult, as they would always be thinking that if they had ECT things would be better.
IMHA asked if they would like to request a second opinion and assisted in writing a letter and liaising with the care coordinator with this.
The client 's mental health gradually improved whilst waiting for a response, so much so they decided the time had past and they did not wish to pursue this. However, when we first met the client was so unhappy with this decision they were struggling to engage in the treatment they had in place. This support enabled them to feel listened to, supported and gave them hope. Although a response may not have been required in the end the IMHA firmly believes this support enabled the client to engage better in the treatment that was in place.

Very young client who was struggling to engage in ward round. They had tried to abscond after the previous ward round before I met them. On meeting they had prepared a letter telling the consultant some of the things they were unhappy about and were very angry with him. Advocate sat with the client and read her letter to the consultant. Advocate explained that it was very good and clearly explained how they felt. They felt uncomfortable with it being read in ward round and had been quite anxious as advocate read it. We agreed they would give it to the consultant before they went in.
We then went through the worries and points they wished to raise.
Client had mentioned placement at the end of the letter. Advocate asked them about this. A rehab placement had been mentioned but not explained, and they did not want to go. Talked about the options from hospital, client felt going home to mum was not an option until they were better and mum had a better understanding of how to manage their mental health issues. Advocate then explained what rehab is and why it might be suggested, and how it might help her develop the skills they want to go home. Advocate also explained exploring it does not mean they have to go, but saying no could close the option down. Client decided to keep an open mind about this and said they did not want to raise it but would like help to explain how they feel if it is raised. Attended ward round. Consultant read the letter which meant ward round started with the client acknowledging how upset and unwell they were, they acknowledged and discussed their suicidal thoughts, which was the main point they wished to raise. The client agreed to a medication request. Advocate assisted to raise each point in turn. Rehabilitation was mentioned and advocate was able to explain that the client is concerned about it and needs to understand what the placement will be like and does not dismiss it as an option.
Assisted in explaining jargon when the Care Coordinator said they would apply to 'CRT'. Advocate realised client did not understand what this meant and explained it to them. Client sat through the ward round with minimal distress. On leaving they told me that it was better than the last ward round. There was also acknowledgment from the professionals that this had gone better than previous ward rounds.

IMCA

Independent Mental Capacity Advocacy

Referrals received	Cases worked
235	241

Without trying to state the obvious, the main challenge was Covid and everything that led from that. Sadly, some of our clients passed away.
During this time as RPRs and IMCAs we were not allowed to visit clients in person unless urgent or as a last resort. This was an obvious challenge to enable us to fulfil our role. We phoned the care homes regularly and one of the issues was that we would be told different things depending on the staff member we spoke to. Due to a lot of staff isolating it was a little bit like a lottery if you could speak to someone new or more experienced. If in doubt, we would always call back or ask for a call back from a manager or relevant professional.
Hospitals were under an inordinate amount of pressure at the time, so it was rare that we received calls back in an acceptable amount of time to allow us to fulfil our role. However, we would do our best to accommodate this and would challenge and support as and when needed. Even though we could not visit we were insistent on applying the Conditions and Principles of the Mental Capacity Act to enable the client to challenge their stay in a care home (or equivalent) if they were clearly and consistently objecting.

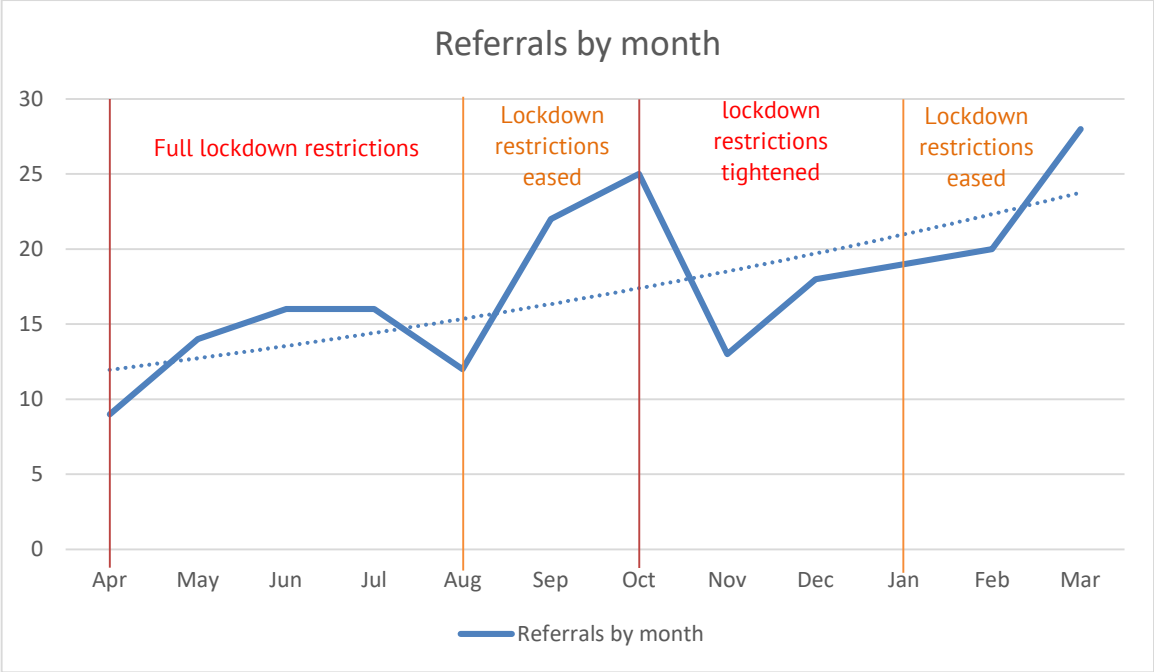
There was a major dichotomy depending on whomever we spoke to at the care home or hospital at the time. We endeavoured to ensure that our clients did not suffer due to this. Since March this year this has been much improved, but it was a real challenge and issue at the time.

Despite the unprecedented Covid emergency, ourselves and care homes and hospitals worked together as much as possible during this time. We adapted our approach when working from home and ensured our clients were supported within the Mental Capacity Act and DoLS even if we could not visit.
Our management at ASNEW ensured that we were fully supported in this with the necessary IT such as laptops and smart phones. We also put in place regular Peer Supervisions, Team Meetings and Group Meetings on MS Teams to help support us in our roles with difficult cases especially to stop us feeling isolated in our roles.
I am proud of ASNEW's approach and reaction to this unprecedented situation.

John McWilliams – Lead IMCA & RPR

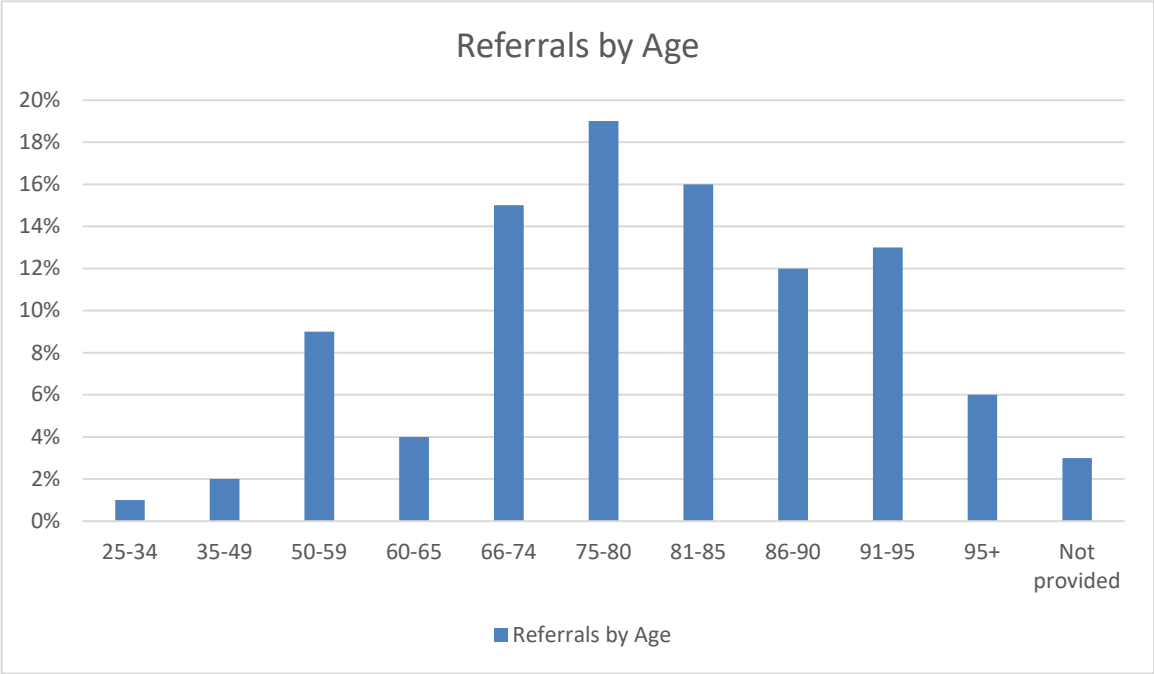
IMCA

Independent Mental Capacity Advocacy



*Not including referrals made where IMCA was not provided/signposted cases

Throughout the year, referrals have been rising slowly following the fall due to the introduction lockdown measures introduced last year. There was a small spike in referrals each time restrictions were eased but overall referrals slowly rose throughout the year with more than double being referred at the end of the year that the beginning.



IMCA

Independent Mental Capacity Advocacy

DoLS 39A
Urgent - 10
Standard - 23

Care Review
New - 6
Monitoring - 3

Accommodation - 88

184
New Cases Created

Safeguarding - 12

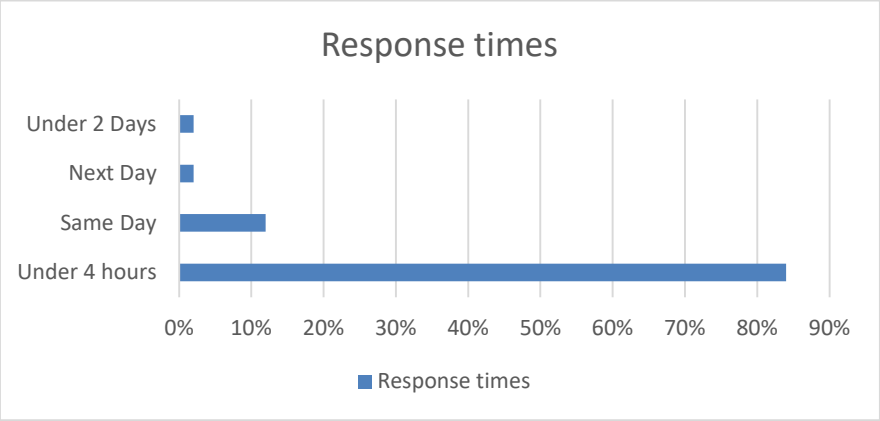
39D - 16

Serious Medical Treatment - 26

Referrals where an IMCA was not required - 31

Cases referred to another IMCA provider - 20

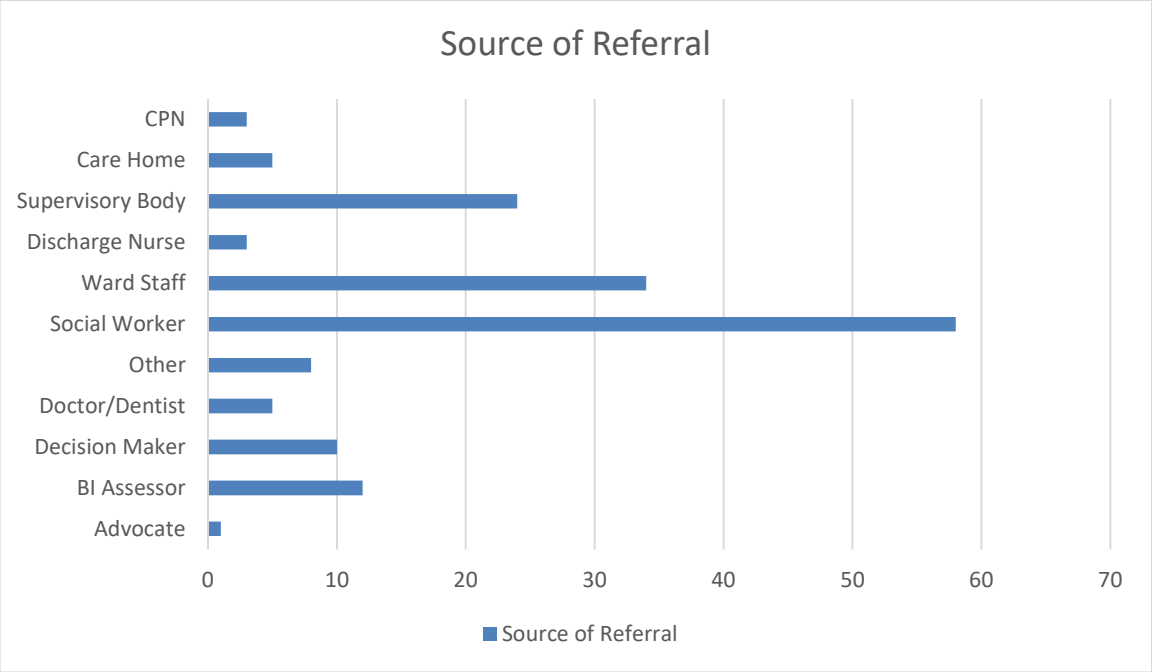
This year the majority of IMCA work was with accommodation decisions, many of which were patients in hospital who needed continuing healthcare either at home or in a care setting. There was a large fall in 39A & care reviews most likely due to less DoLS applications (where an IMCA was required) being made and many care reviews on hold, due to temporary legislation brought in due to the pandemic.



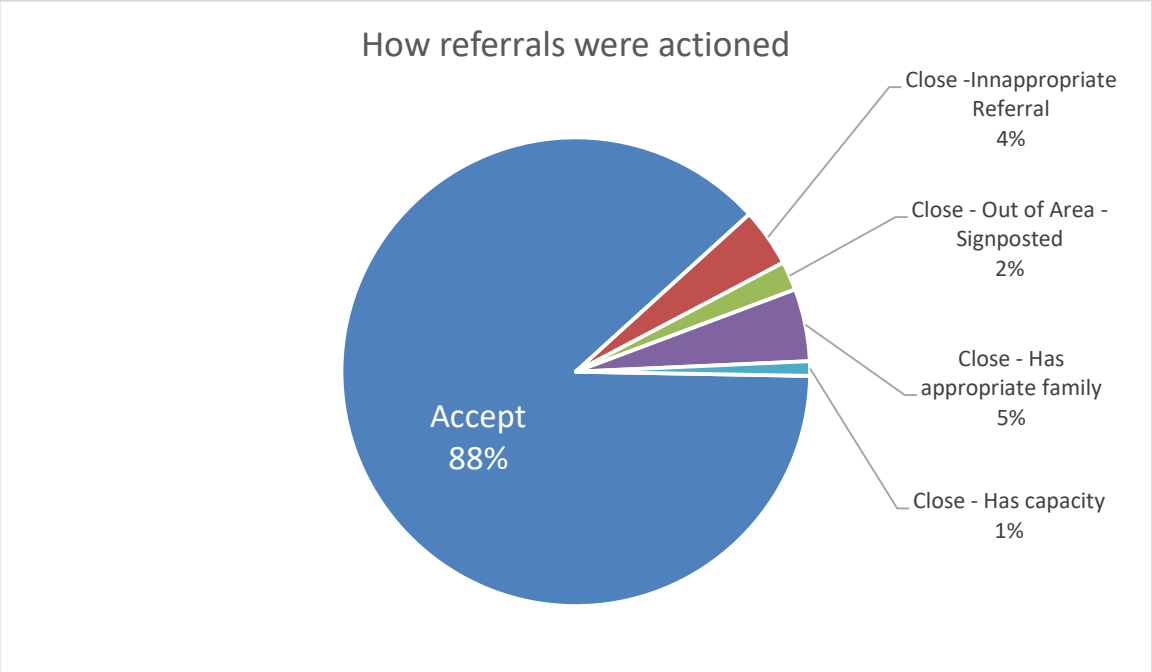
84.2% of referrals were actioned within 4 hours, and only 3.7% of referrals took more than 24 hours to action. With these cases, this was due to not being able to contact the referrer or care placement for a number of attempts.

IMCA

Independent Mental Capacity Advocacy



The majority of referrals came from Social Workers or Hospital ward staff. In a few instances Care Home staff referred to us under the direction of Social Services. In 2 cases an Advocate referred to IMCA when working with a client within another of the services we provide but found IMCA to be more appropriate.



IMCA

Case Studies / Client Stories

A was transitioning into adult services and had a learning disability. A was a patient in hospital when advocate became involved, a decision needed to be made to where A should reside. The covid-19 pandemic was taking place, and discharge plans needed to be formulated quickly. Family were against A leaving hospital and felt A should remain there until Covid-19 restrictions were lifted.
It was felt that an IMCA was required, due to A's parents' level of understanding/risk of staying in hospital. Advocate spoke with A via virtual means, attended several MDT meetings via virtual means, spoke with family via phone and completed a report. Advocate asked questions on A's behalf and ensured that the correct protocol took place (MCA principles). A moved to a placement following a best interest decision.
Virtual meetings with professionals are just as efficient as face to face. It is difficult to communicate with some IMCA clients via video, but this was the most appropriate option as restrictions were in place.
The IMCA service ensured that the correct procedures were followed and that the views of family were also included. Ensuring that A's rights were upheld and the correct safeguards were put in place.

B moved to a residential placement for respite, following a series of falls at their home. Covid-19 pandemic began, and due to B's understanding, they were unable to return home. This was because B was not able to understand, weigh up or retain information around Covid-19 and the risks posed to himself and others. As the pandemic is ongoing, a decision needed to be made for B to stay at the placement for the foreseeable future. Advocate spoke to B (via glass door at the placement). Advocate spoke to the social worker and BIA and completed a report. Advocate attended a BIM and it was decided at the BIM that it is in B's best interests to remain at the home, whilst the pandemic continued. A review of this decision will be in February. With a view to B eventually moving to a more suitable and less restrictive environment (extra care housing).

IMCA

Case Studies / Client Stories

Client is currently subject to DoLS, however, there is a 'therapeutic lie' in place, which is deemed in client's best interests. Agreement was required from all parties that this is the case. Advocate spoke with client, attended BIM and discussed the paradox of the rights of a client subject to DoLS and the use of a 'therapeutic lie' which impacts on the client's ability and right to challenge the standard authorisation. Advocate completed annex C of the COP 10 form (as an independent advocate with a view for client) and this has been submitted alongside the minutes of the best interest decision. Agreement reached that the 'therapeutic lie' was in the best interests of client and should be noted in any further standard authorisations. A standard authorisation is being sought by the local authority to this end. It was successful in ensuring the client was able to continue at her 'optimum' presentation and no further distress or anxiety is caused. It is important to be aware of the competing nature of DoLS, the care plans in use and the amendment of any care plan and it's possible impact on the standard authorisation and to monitor these as part of the role of an RPR.

X is a resident of a nursing home in the local area, he has dementia and requires support with his care needs. X can communicate verbally. We received an SMT referral in respect of a DNACPR being put in place for X. Advocate spoke with X however unfortunately X was unable to follow the thread of the conversation and unable to understand the information we where discussing. Advocate spoke with X's GP who was unaware the referral had been made; the GP answered advocate's questions in relation to DNACPR. Advocate investigated further and found there was no decision maker in place either. Advocate took into account the current coronavirus legislation and did some investigating as to whether the referral may be in breach of this legislation. Advocate wrote a report and raised their concerns, particularly the Advance Care Plans being an important tool that should be discussed with clients at the earliest possible opportunity and not when there is a crisis (in this case Covid 19) happening. Advocate also took into account GMB guidance for medical professionals that informs those professionals they are able to make DNACPR decisions 'in a person's best interests in an emergency'. Advocate's conclusion was that DNACPR should be looked at as a part of an Advance Care Plan when the current restrictions on visits to care/nursing homes are lifted. Advocate was advised to send the report direct to the nursing home, as there was no decision maker in place. Advocate received a response from the manager of the nursing home which stated in view of the report, the DNACPR would not be put in place at this time and would be revisited as part of an Advance Care Plan, when the current restrictions on visits, etc, have been lifted. We learnt that it is important to ensure correct information is gathered when receiving a referral and some thought is given to the overall context of the referral. We also learnt how important it is to know and constantly keep up to date with relevant legislation, which ensures the client's rights are upheld.

RPR

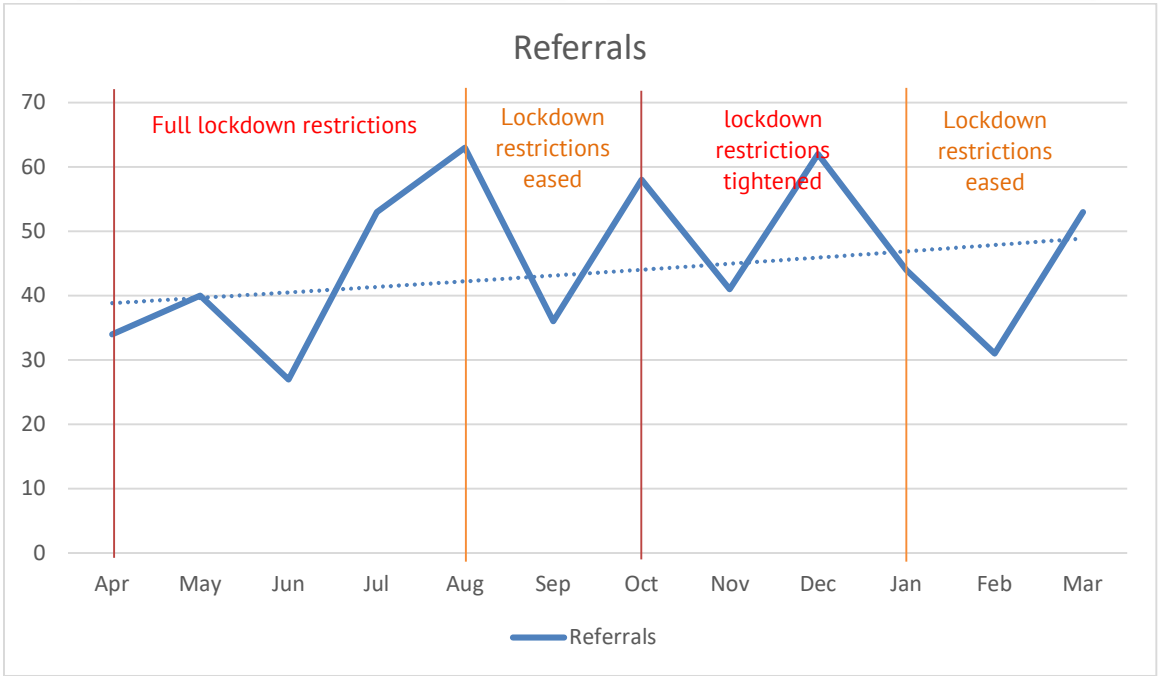
Paid Relevant Person's Representatives

Referrals received

542

Cases worked

599



Throughout the pandemic Paid Relevant Persons Representative work was forced to be done remotely.

Where possible video conferencing was used e.g. Microsoft Teams & Zoom. This presented many issues in itself, such as the inability to read through files and due to the advanced age of many clients, just speaking to them via a phone or computer was quite a challenge.

A remote contact questionnaire was developed to gather as much relevant information as possible and every effort was made to speak to the Relevant Person where possible.

As you can see in the above chart, the lockdowns made less of an impact with RPR referrals, after an initial drop, from June onwards numbers returned to near normal.

Part 8 Reviews Requested

32

Cases taken to the Court of Protection

30

RPR

Case Studies / Client Stories

A was a patient in hospital for around 7 months, and had been medically fit for discharge for the majority of the stay in hospital. It was felt by health professionals that A would not manage at home and a placement would be required. Due to a disagreement over funding, A had not moved to a new placement. A was objecting to being in hospital and it was considered a delayed discharge.

Advocate met with A on a regular basis to obtain their views and wishes, advocate then reported back to the DoLS team. Advocate initially requested a part 8 review, which did not assist with the discharge process. Advocate then applied to court of protection, due to delayed discharge and A had said that they wanted to return home rather than going to placement.

A agreed to go to a placement for the short term, as the pandemic hit and A did not want to wait any longer in hospital. An appropriate placement was identified and A moved to the placement. Advocate remained involved as RPR, under the subsequent standard authorisations at the placement. A stated they wanted to remain at the placement, until the Covid situation improved.

As a result of having an RPR:
A's rights were upheld and an application was made to the court of protection, this was subsequently withdrawn under A's request (until the situation surrounding Covid improved). A was moved to the least restrictive environment at that time The conditions in the new DoLS are for the situation to be reviewed on a regular basis, to ensure that A is in the least restrictive environment and for all options to be explored when A feels ready to do so.

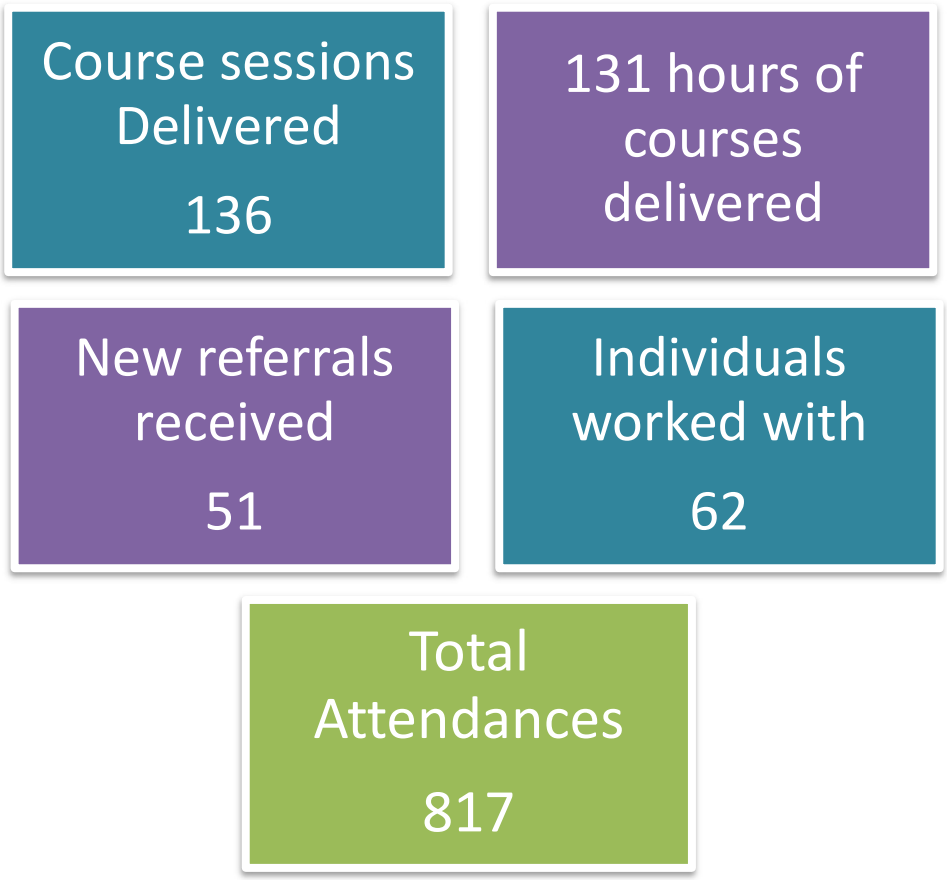
RPR

Case Studies / Client Stories

There was an emergency 2 week DoLS put in place for a client with the view that they would be going home to their partner after a best interest meeting, as they were in the home on respite following discharge from hospital.
The client was clearly objecting and continued to ask when they will be going home whilst the Advocate visited them. Staff at the care home and nurses explained that the client no longer needs EMI nursing and would help the partner with the transition back home. Advocate completed their report and sent to the Supervisory Body, who confirmed that the best interest decision was made and the client would be going home.
The DoLS ended, Advocate was informed the client had returned home by the Supervisory Body, and so Advocate closed them on our system.
The following month, when visiting the home to see other client's the Advocate found that this client was still at the home. Advocate asked the manager/staff why this was and they could not give them a definite answer. There was no DoLS in place and the partner was ready to come and collect them. This was 6 weeks after the Advocate had seen client so they were concerned as to why they were being deprived of their liberty with no safeguards in place.
The Advocate contacted the Supervisory Body to ask if a DoLS was going to be put in place, and the client was not on their system as requiring a DoLS. They also assumed they had returned home. They gave the details for the client's social worker to whom the Advocate emailed asking if anything had been arranged with regard to a package of care and to ask why they remained at the care home, even though the DoLS had expired and the best interest decision was for the client to go home to be with their partner who had already been assessed of having correct equipment and knowledge to look after the client.
The social worker responded to the Advocate's email explaining that they believed another best interest meeting was needed and that there were no packages of care available for the client. Advocate raised this with their manager at ASNEW, who then raised it with the Supervisory Body.
It was agreed by them that the client does not necessarily lack capacity but there is no package of care available for the client to go home, due to where they lived.
A further DoLS was put in place for a short time to allow the social worker to find a package of care for the client, so that they can safely return home. The Advocate acted as the clients paid RPR again. Although, this did take a couple of months and client was deprived of their liberty for some time, the client did eventually return home to be with their partner before the DoLS ended.

SAFE

Self Advocacy For Empowerment

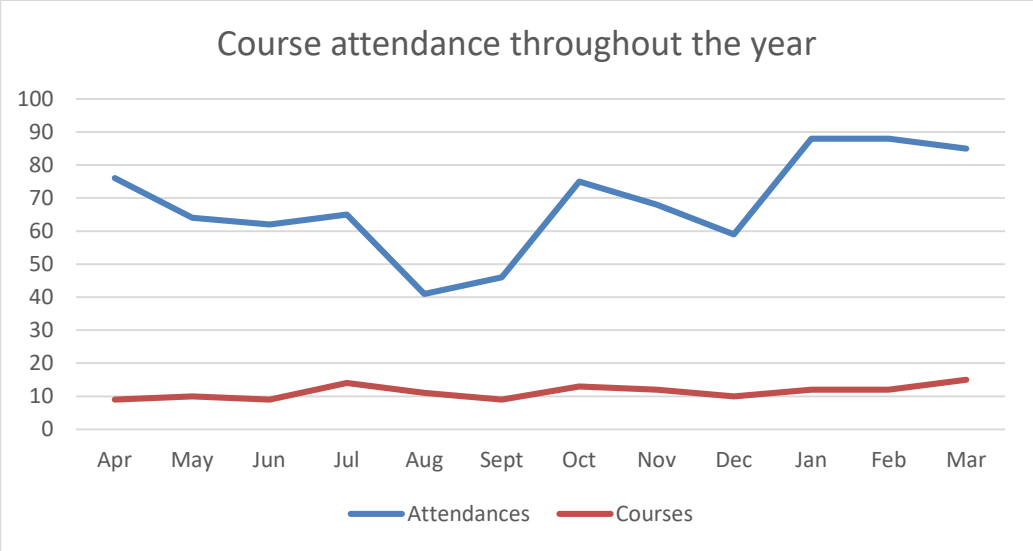


SAFE has grown during this financial year, despite the restrictions Covid has presented us with. Flintshire has been a little slow on referrals during the pandemic, possibly due to us being unable to run face to face sessions and the clients not having the necessary equipment to join online groups. However, many of our Flintshire clients have naturally progressed to the next stage of their recovery by leaving SAFE and starting their journey into employment or joining another course that they would not have had the confidence to do previously. This is an enormous achievement for the clients, especially during a pandemic.

Since the beginning of the pandemic, referrals in Conwy have increased and there is now a waiting list to join the SAFE sessions.

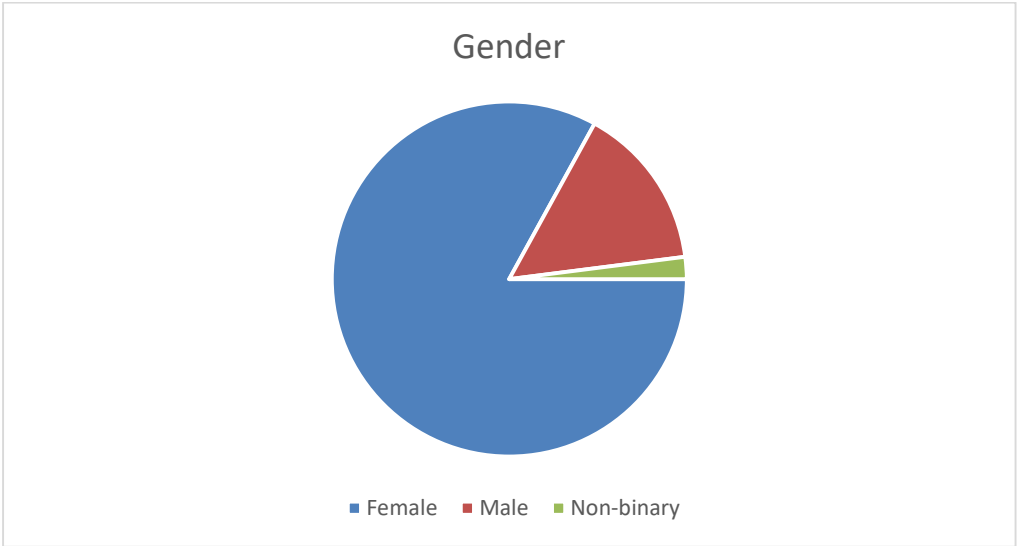
We have overcome most technical issues since moving over to the online learning system and have found many new ways to engage with clients online, including those we wouldn't have been able to if we were just performing face to face sessions. During this time, we also ran 16 successful sessions with some local funding via the Gwynt Y Mor project, including a client who made amazing progress whilst struggling with agoraphobia. This client has since moved over to the Flintshire programme and has recently visited their local beach due to the ongoing support of the Flintshire SAFE groups.

Sarah Bowen & Angela Furnival – Learning Facilitators



82% attended multiple sessions

71% attended more than 5 sessions



What did we do?

Mindful thoughts	Mindful thought's part 1 and 2
Relaxation	So socially successful part 1 and 2
Worry less, live in the moment	Mind mapping
Finding the silver lining	The straw that broke the camels back part 1 and 2
Come rain or shine	Procrastination part 1 and 2
Doing, for better mental health	Growing your comfort zone
Motivation	Wonky thinking
The butterfly effect	The what and why of anxiety part 1 and 2
Living on a budget	Change needn't be scary
SAFE to step forward	Recognising our strengths
SAFE personal boundary's part 1 and 2	Building blocks for confidence
Assertiveness part 1, 2, and 3	Growing your comfort zone
Self-advocacy part 1 and 2	Leap the limbic living so logic
Leap the limbic part 1 and 2	Resilience part 1 and 2
Building calm part 1, 2 and 3	Assertiveness
Routine for better mental health part 1 and 2	Believe in yourself
Building blocks for confidence part 1 and 2	Relabel your life
Over to you	Emotional resilience part 1 and 2

What do our clients think?

- I really enjoy the sessions each week with SAFE as I feel it really makes me feel a better person each time.
- Thank you both again for making me smile, your energy and sense of humour really helps to brighten my day and I look forward to coming to group. 😊 😊
- SAFE sessions are really positive and there is a lot of laughter as well as giving people helpful information, using an effective coaching style.
- SAFE has kept me going, learning something new every time is great, and you guys are amazing.
- It has made me feel happier to know my husband is interacting with such a positive group. I feel it will help his long-term wellbeing (and therefore, mine).
- SAFE is the perfect place for help, you don't get judged, it's a safe place to be and everyone is treated with respect.
- SAFE is non-judgemental and full of positivity. The best place to go to change your way of thinking, start your life and meet new people.

What do our clients think?

- Thank you both for doing these sessions to help us with our anxiety and our mental health. I really do appreciate all the support!

- I Lost my husband 2 weeks before starting SAFE. I Felt nervous but so glad I joined. Throughout lockdown I can't praise you enough, thanks Sarah for phoning and checking on me that day when I was quiet, I found meditation thanks to you and I use it all the time now. I like that you look out for us all and call to check up on us.

- I feel part of something and look forward to coming each week.

- I don't know what I would have done without safe, Safe is the only time I socialise with people. I don't need to worry about people thinking badly of me. I feel proud of myself and better for coming.

- SAFE is like a lifeline, during a session it was explained to me why I was feeling the way I was. I realised I wasn't going mad.

- You are treated as an individual in group. It has changed my life. After 44 years and lots of counsellors and being told how to think – this group is the opposite. If you can turn my negative thoughts, you can help anyone. I was the most pessimistic person ever and I am so much better now.

A-Z of Policies and Procedures

All policies are reviewed annually

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

Training and Development

Training attended:

- DoLS & Section 21A - Irwin Mitchell Solicitors
- Dwr Cymru - Support for those in financial difficulty
- Microsoft Teams - How to
- Managing depression
- Managing PTSD
- Safeguarding processes
- LPS - Liberty Protection Safeguards & What should we be doing now? - 39 Essex Chambers
- Covid-19 - IMCA & DoLS
- Covid-19 - Care Homes
- Safeguarding Sessions - SCIE
- Covid-19 Response - SCIE
- Mental Health Act - Depention & Treatment - Peter Edwards Law
- DoLS in the community & LPA's - Irwin Mitchell Solicitors
- Health inequalities - NDTI & Kate Mercer Training
- Younger People & Housing - Shelter
- Univeral Credit & Housing - Shelter
- Section 117 Aftercare & PHBs - The Advocacy Project & NHS
- Public Health & Human Rights - National Mental Capacity Forum
- Court of Protection - Watkins & Gunn
- Carer's Rights Webinar
- Holding on to principles - The MCA & Covid-19 Webinar
- Dealing with virtual court hearings - Irwin Mitchell Solicitors
- Guidance for Landlords & Tennants on renewing and terminating leases during the Covid-19 pandemic
- Microsoft Office Advanced (various short courses) - Coleg Cambria

Annual Report 2020/21

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