



# The Advonet Group

Providing Independent Advocacy



# Advocacy Annual Report 2020/21





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## **Executive Summary**

2020/21 was a challenging year of delivery for all advocacy services and staff as a result of the pandemic. Overall referral numbers were maintained across the year with the biggest impact initially seen in the Health Complaints service as complaints against the NHS reduced significantly. Community based activities were affected as we were unable to deliver the Outreach Surgeries or progress planned group-based self-advocacy initiatives.

Whilst referral numbers remained consistent this is in part due to ongoing quality reviews and service developments in service areas to ensure work recorded, was reflective of actual work undertaken. The Health Complaints Advocacy service review highlighted that referrals weren't always logged for each stage of the complaints process, this meant that referral numbers appeared lower than they actually were. Similarly for the IMHA service when clients moved from one section to another a new referral wasn't always created and work continued under the original referral.

It's important that referrals for new areas of work are taken in all service areas as this enables us to accurately identify why people require advocacy, and supports us to highlight gaps in provision, and identify any systemic advocacy issues, such as delays in statutory processes.

The impact of the pandemic and restrictions can be seen more clearly not in referral numbers, but in the reasons for referrals being made. For example referrals for benefit issues dropped significantly in Community and referrals for Change of Accommodation (CoA) and Serious Medical Treatment (SMT) reduced in the IMCA service, and Needs Assessment in the Care Act service. Whilst Leeds City Council didn't enact the easements within the Coronavirus Bill there was an impact in progressing or starting some processes in areas such as the Care Act, as a result of changes in the way external organisations operated and prioritised service delivery in specific areas.

At the start of the pandemic The Advonet Group mobilised its entire staff team to home working and then returned to the office key teams such as the First Contact Team (FCT). Face-to-face work was impacted at different times throughout the year in particular access to Care Homes and inpatient settings.

Despite these challenges managers, advocates, FCT and our wider staff team have worked tirelessly to provide advocacy over the last year to those most in need whilst adapting to home working and changing working practice to more remote contact methods. There has undoubtedly been an impact on advocates ability to provide advocacy to some clients in some settings, despite this they and managers have continued to challenge services and settings restrictive practices to ensure access to advocacy to uphold people's rights.

As the pandemic progressed staff have taken up the vaccination and resumed usual working as restrictions have lifted, maintaining safety by following measures in place both internally and in external settings. Despite the difficulties experienced the pandemic also enabled the organisation and services to utilise more efficiently digital

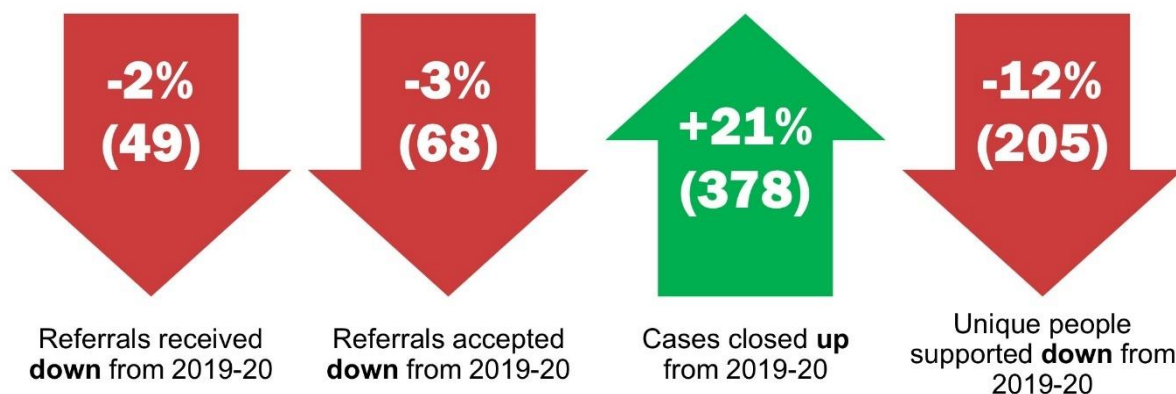
technology and this will in the future enable us to offer even more flexible access to advocacy to meet the diverse needs of our client groups.

### Report Overview

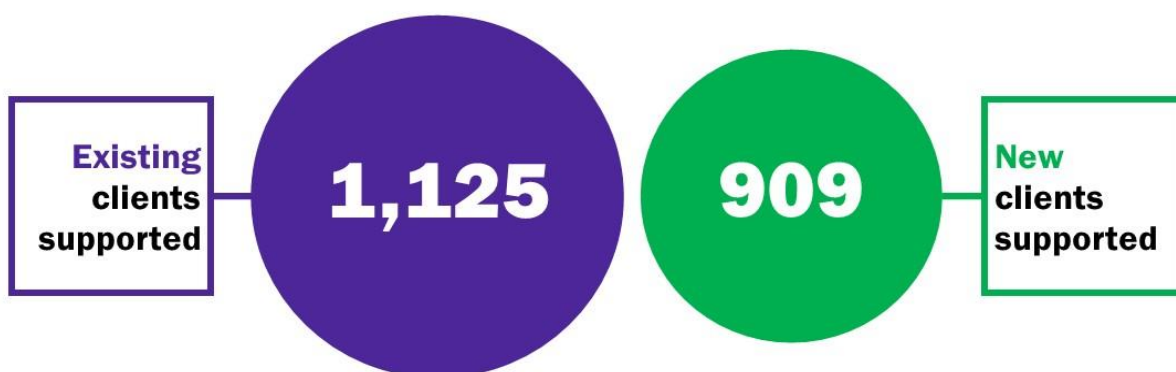
The annual report is set out to give an overview of:

- Annual statistics from all advocacy services combined in 2020/21
- Annual statistics and outcomes from each advocacy service in 2020/21

### Annual Statistics



The reduction in referrals overall, those accepted, and numbers of unique people supported is not unexpected due to periods of time when national and regional restrictions were in place, and organisations changed how they delivered services to adapt to the ever-changing situation.



The Advonet Group capture numbers of clients who have accessed our services before as existing clients and clients new to the service. Of those captured there was a higher proportion of clients who had previously used our services. This is expected in terms of the nature of some of the advocacy services such as those under the Deprivation of Liberty Safeguards (DoLS) when authorisations are renewed, and clients detained under different sections of the Mental Health Act.

### Targets and Outcomes

The Advonet Group have a number of contractual targets and outcomes. We met each quarter 3 out of the 4 outcomes. The outcome not achieved was supporting at least 2,500 clients annually. We have prioritised this target in 2021/22 including providing update reports to the Board of Trustees.



Simple Outcomes are those that the client has expressed they want to achieve. Outcomes may not be achieved due to external factors such as a Best Interest decision being made or eligibility criteria for services not being met. The highest proportion of simple outcomes not achieved are in statutory services, in particular the IMCA service. This is not unexpected due to the nature of this advocacy area and decisions made under the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Of the 2,184 cases closed in 2020/21 we achieved an increase in outcomes achieved.



Ladder outcomes relate to the impact and benefit of advocacy. They are a series of statements with options to select Yes, No, Somewhat for instructed and non-

instructed advocacy and within Self-advocacy scoring from 1-5 with 1 being the lowest and 5 the highest.

The tables below show the outcomes achieved from those clients who were able to or chose to express an opinion or view.

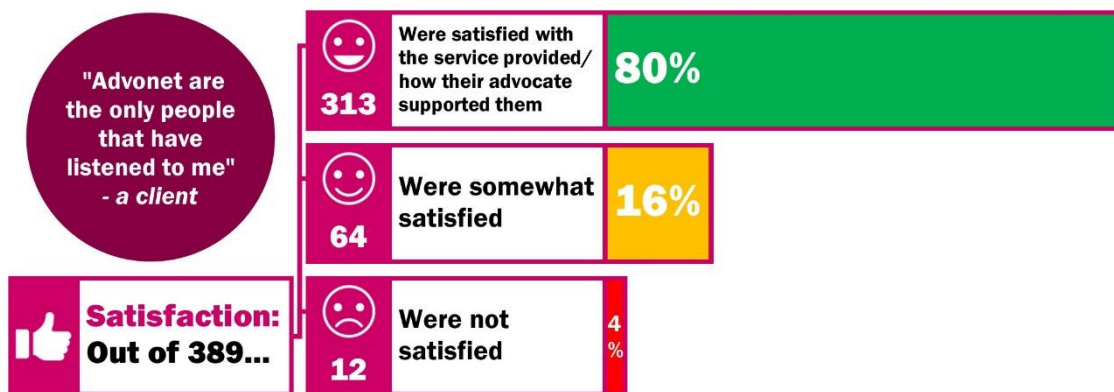
<b>Statement (Self-Advocacy)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
I feel confident dealing with my issue(s)	36	30	30	16	13
I feel confident I know about my rights and options	23	27	41	18	17
I feel I am involved in decisions that affect my life	42	34	22	14	11
I feel confident to self-advocate on this issue	33	25	32	22	14
I feel people are listening to me	51	30	29	6	9

<b>Statement (Instructed)</b>	<b>Yes</b>	<b>Somewhat</b>	<b>No</b>
I feel progress has been made with my issue(s)	231	115	48
I feel the advocate was on my side	352	33	7
I feel better supported / less distressed about the issue(s) I needed advocacy for	247	101	35
I feel satisfied with the advocacy service I received / how advocate supported me	313	64	12
<b>Total</b>	<b>1143</b>	<b>313</b>	<b>102</b>

<b>Statement (Non-Instructed)</b>	<b>Yes</b>	<b>Somewhat</b>	<b>No</b>
The person is being heard and listened to more	527	147	48
The person is more involved or represented in decisions affecting them	495	181	47
The person has more opportunities to make their views known	519	162	43
The person is getting care, treatment or support which better meets their needs	557	120	46
The person is safer from exploitation and abuse	588	77	55
<b>Total</b>	<b>2686</b>	<b>687</b>	<b>239</b>

### **Feedback**

The Advonet Group captures feedback through complaints and compliments and both simple and ladder outcomes.



### Complaints and Compliments

There has been a reduction in the number of complaints received and those that we were able to resolve. Complaints are recorded as unresolved if the complainant does not respond to the outcome of the complaint process, which results in a higher number of complaints being recorded in this way, which may not necessarily indicate a higher level of dissatisfaction.



### Demographics

During 2020/21 there has been a focus on reducing unknowns and accurately recording Unable to Ascertain in each demographic category. Unknowns have reduced to 1% or less in each of the demographic categories. This is significant progress as in the last reporting year Gender and Age were under 5%, Ethnicity 14%, Religion 22%, Disability 21%, and Sexuality 19%.

Unable to ascertain have not replaced unknowns and with the exception of Religion and Gender which have increased, the latter only marginally, all other demographics have also reduced unable to ascertain.

Demographics in each category are detailed in Appendix One.

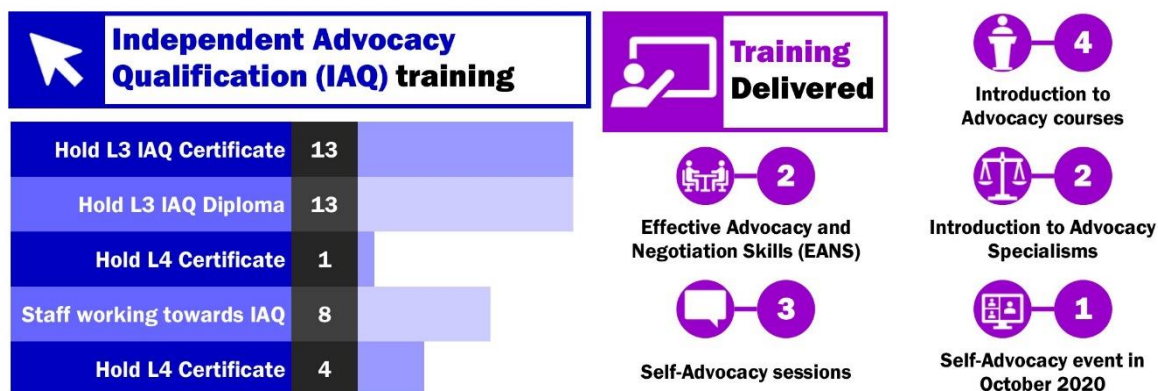
### Training

#### Independent Advocacy Qualification (IAQ)

As a result of the pandemic the different elements of the Independent Advocacy Qualification (IAQ) were moved online by the training provider Carers Federation. Taught days were completed through a Virtual Learning Environment (VLE), case

record reviews were conducted remotely through access to our client database CharityLog, and client observations were conducted by remote means with the assessor joining the advocate during online meetings.

This has enabled advocates to continue with their training.



In January 2021 the IAQ was changed by City and Guilds. The training has increased from Level 3 to Level 4 and the mandatory modules now include a legislation module. This module covers all legislation the advocate may work within such as the Mental Health Act. This change supports better the multi-skilling of advocates. Under the old system advocates were required to undertake a separate module in each legislative area which took longer and placed more demands on staff movement across teams.

The new system still allows for more specialist training under each module area such as the Independent Mental Capacity Act however, once an advocate has completed their core modules, they can potentially undertake advocacy in different services areas, further supporting our Universal Model of delivery.

### The Advonet Group Training

The Advonet Group refreshed their training offer due to moving it online. This enabled us to continue to deliver during the pandemic.

**“The trainers had been great throughout the session and created an atmosphere where I felt able to ask any questions.**

**“They also created a great group dynamic – sometimes in training, I find it hard to ‘get a word in’. In this training, I was able to speak when I needed to.”**

**“In my life and work, the course has helped me to think more about how to better challenge something in a more assertive way.”**

**“All the trainers on the day were great, really friendly and knowledgeable. Thanks for a fantastic course and explaining everything well.”**



## **Development**

Whilst the pandemic has undoubtedly had an impact in some areas, The Advonet Group have continued to support developments both within the advocacy service areas and wider.

Within the advocacy services there has been a focus on streamlining processes and reviewing delivery to ensure the work undertaken is accurately recorded.

In 2020/21 The Advonet Group secured funding to continue its LGBTQ+ pilot project and Changemaker funding from Comic Relief. In addition AIM and Leep1 secured short-term funding to support people affected by Covid.

Internal developments have included rolling out increased functionality for our BreatheHR system. This enables us to capture centrally 121's, Performance and Development Reviews (PDR's), sickness absences and training. Additionally we record DBS checks and have a system whereby company documents are published and marked as read.

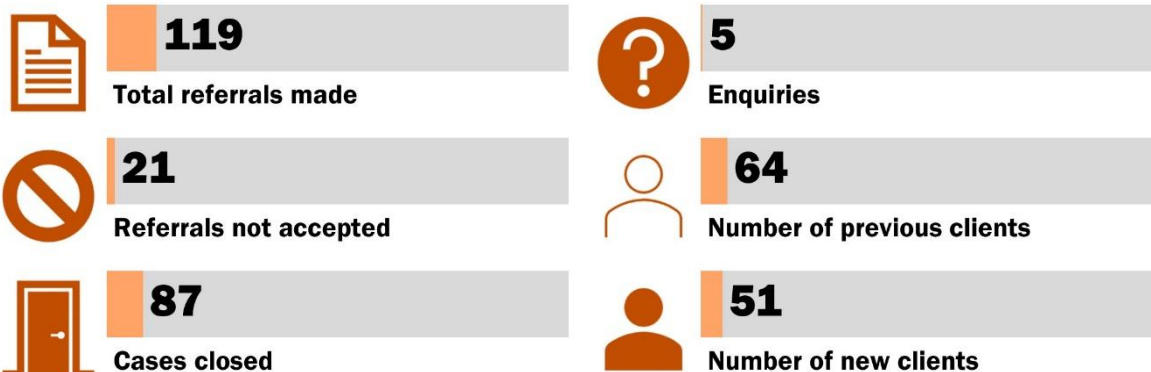
We also implemented an online training platform IMPROVE. This system already has standard courses however, it enables us to customise courses, write new ones and set mandatory and additional training playlists for staff.

Both of these systems have created efficiencies in the way we record and process information.

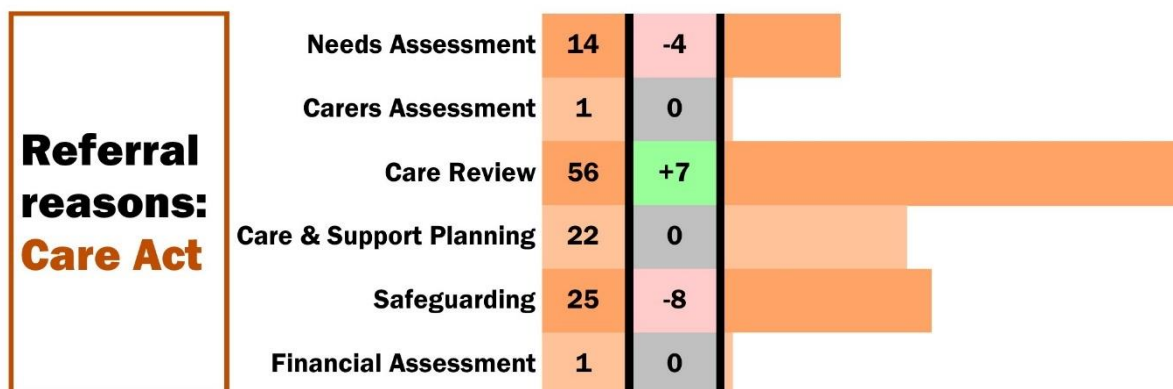
Future development in 2021/22 include working towards BSI Standards accreditation and preparation for the renewal of our Advocacy Quality Performance Mark (QPM) in 2022.

## Advocacy Service Areas

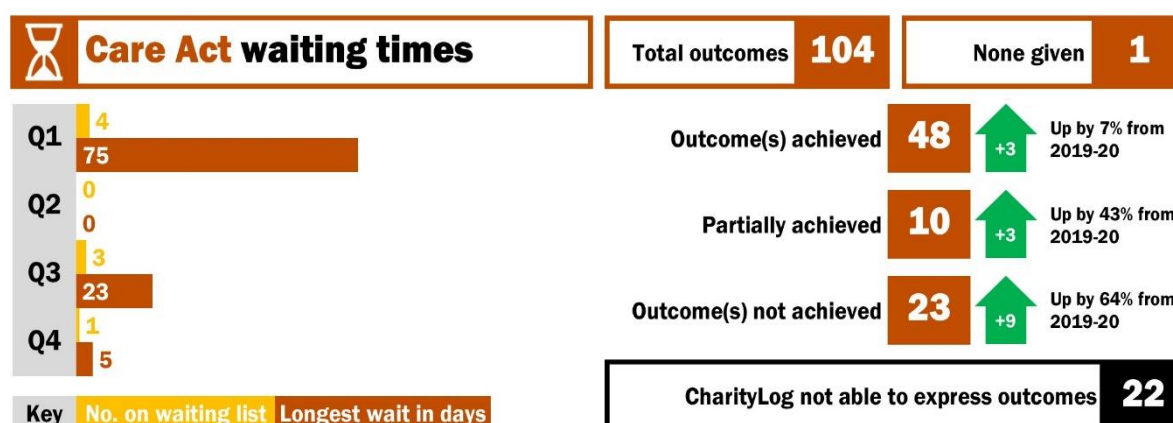
### Care Act Advocacy (CAA)



- Referrals received have increased by 10% (+11) from 2019/20.
- Enquiries have reduced by 10.



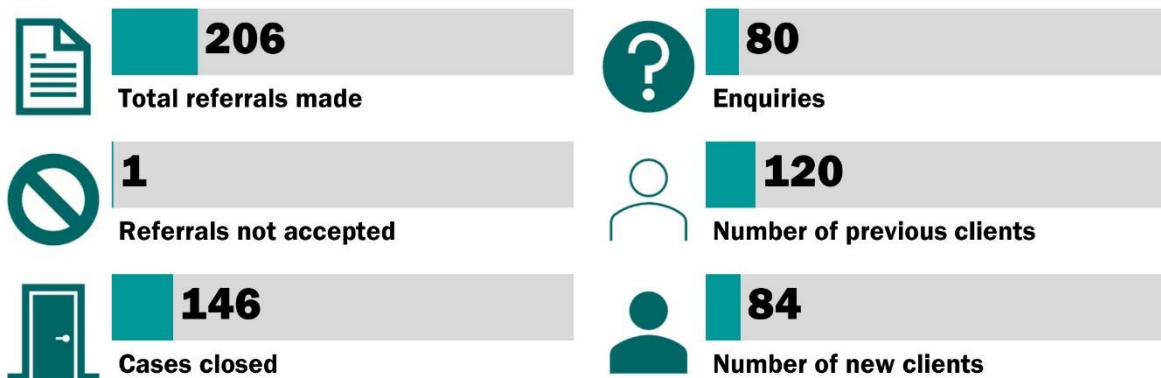
There have been changes in the reasons for referral from 2019/20 with a decrease in Needs Assessments and Safeguarding referrals. A reduction in safeguarding concerns within The Advonet Group have also been recorded. Again this is not unexpected as safeguarding concerns often arise when advocates are undertaking external visits which have been restricted for large parts of the year.



In Q1 the longest waiting time was as a result of some referrals being accepted into the service but the Social Care process being delayed by the referrer as it was important this took place face-to-face to meet the client's needs. Other than this waiting numbers and times have been minimal.

**“Thank you so much for this summary, it is extremely thorough and valuable”  
- a Professional**

### Health Complaints Advocacy (HCA)



- Referrals have increased by 5% (+9) from 2019/20
- Enquiries have reduced by 33

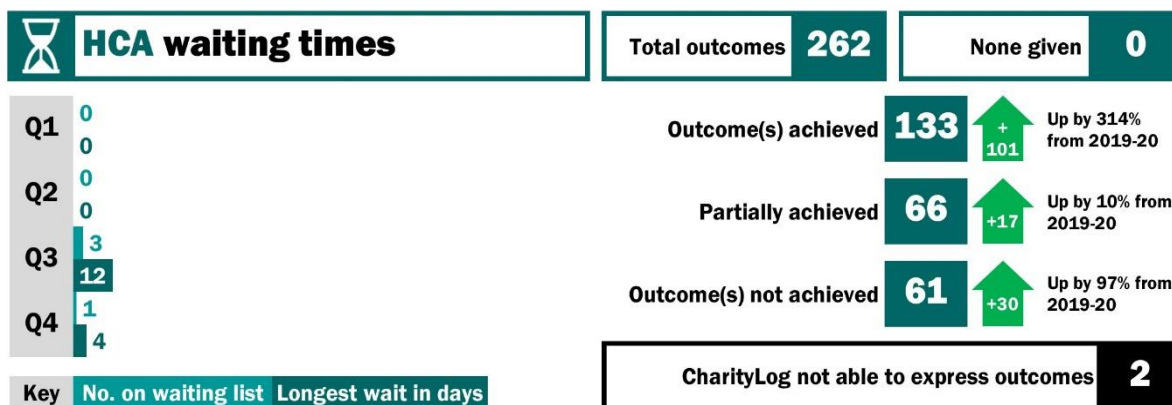
The increase in referrals is due in part to increased accuracy in recording Health Complaints referrals as opposed to an increase in overall referrals.

Referral reasons: HCA	Types of referral	Complaints info provided		
	Complaints against			
		Complaints info provided	112	+14
		Stage 1 Local Resolution	74	-22
		Stage 2 PHSO	20	+17
		LYPFT	31	-5
		LTHT	73	-20
		NHS	63	-2
		LCHT	12	N/A
		Out of Area	12	0

Overall within the Health Complaints service there has been a reduction in complaints being received by Health Trusts which has resulted in a reduction in

complaints at stage 1. In the first 2 quarters there was a significant reduction in referrals into the service.

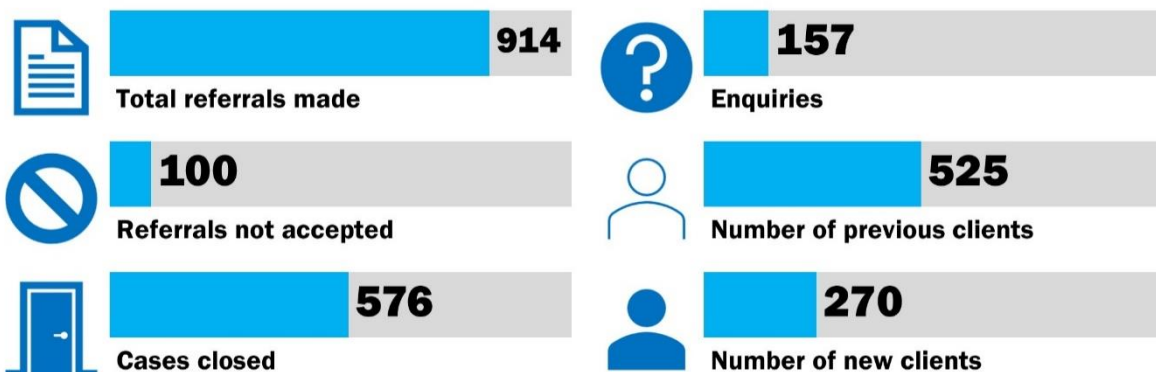
Whilst referrals for PHSO have increased this is in part due to better recording as cases have progressed from stage 1 to stage 2. There have been delays in complaints being progressed by the PHSO.



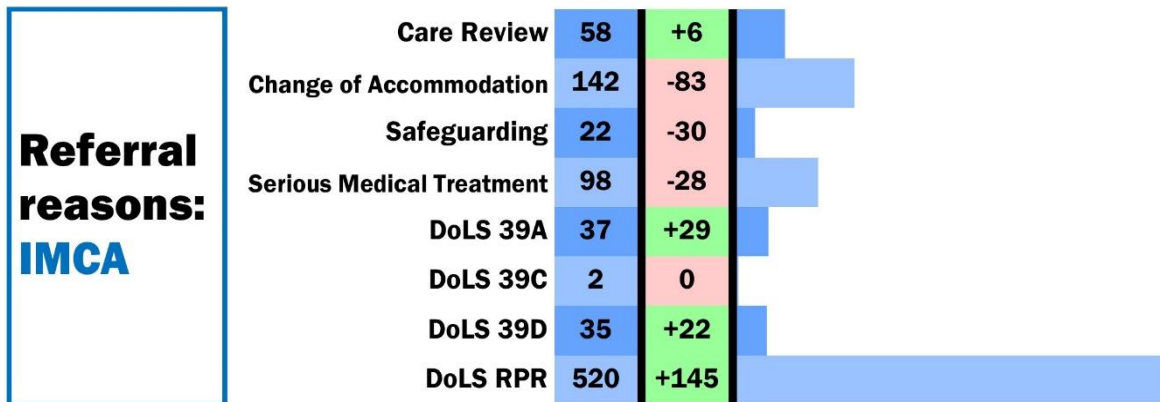
There have been minimal waiting numbers and times in the HCA service.

“The COVID-19 has had a big impact on everybody's life and services yet the support I have received from Advonet has been consistent throughout the pandemic and I can only say thanks to all the staff for their compassion in dealing with my ongoing dynamics of my personal life and that's been impeccable to me. I would certainly recommend people struggling with similar issues to Advonet services.”

### Independent Mental Capacity Advocacy (IMCA)

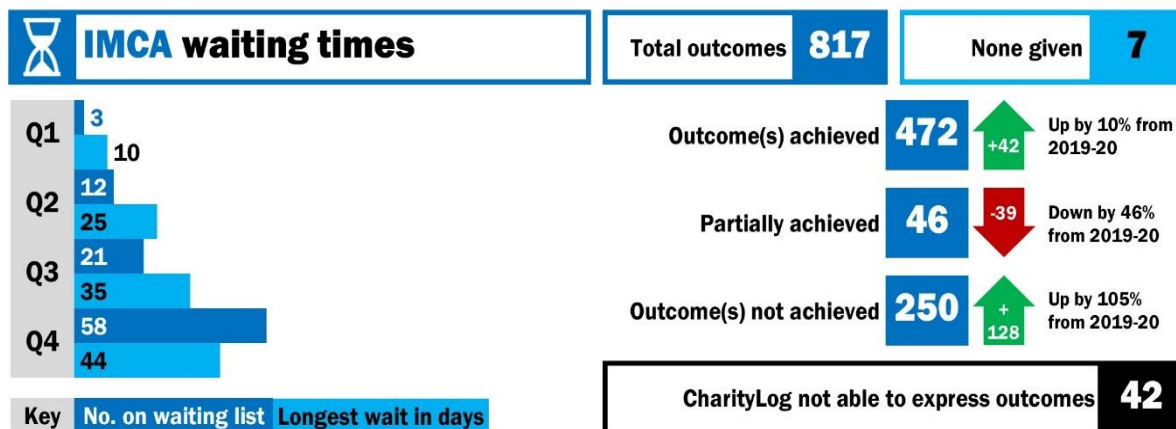


- Referrals received have increased by 7% (+63) from 2019/20
- Referrals not accepted increased by 39% (+28)
- Enquiries increased by +94



Within the IMCA service whilst referral numbers have increased overall the reasons for IMCA referrals have changed significantly with referrals for Change of Accommodation (CoA), Serious Medical Treatment (SMT) and Safeguarding all decreasing.

Referrals for DoLS have increased. Whilst there have always been fluctuations in RPR referrals across quarters there has been a significant increase in referrals received for 39A's and 39D's. This increase is as a result of joint working between the IMCA service and DoLS office to address when the relevant person's authorisation has expired, but they require support for an assessment and support for unpaid RPR's.



Waiting times for the IMCA service have increased each quarter peaking in Q4. These are referrals relating to DoLS and specifically RPR's. IMCA referrals are prioritised and allocated as are RPR's where there is a challenge or safeguarding.

The increase is as a result of multiple factors both internal and external. Internally there have been vacancies and reduced staff capacity due to IAQ training. Filling

vacancies during the pandemic has proved more difficult and we haven't been able to fill vacancies in all recruitment that has been advertised.

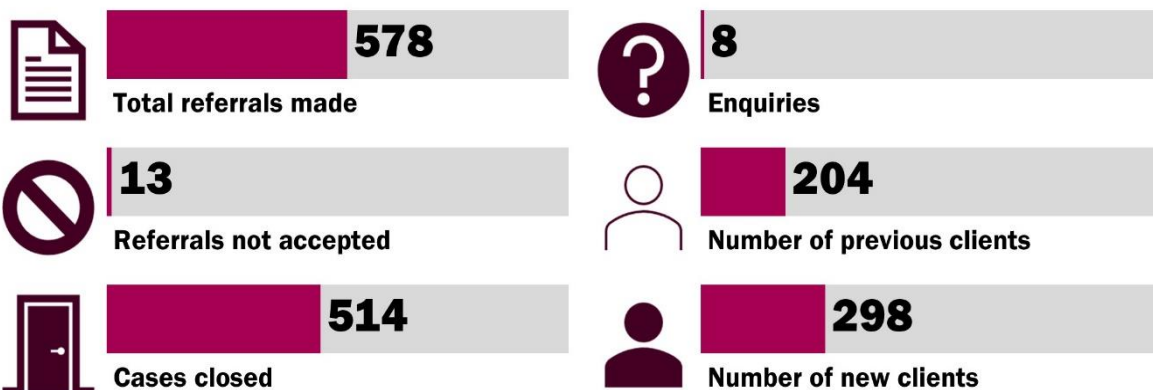
In addition we have continued to provide the same level of service for RPR in area visits which take place 6 weekly. Out of area visits in agreement with commissioners were moved to 12 weekly visits. A number of other advocacy organisations undertake RPR visits 12 weekly. Statutory guidance does not require visits to be 6 weekly they only require them to be regular. Maintaining the same level of service has been a contributing factor to building up a waiting list. The new Liberty Protection Safeguards (LPS) will reflect the current Rule 1.2 Representative with visits taking place 12 weekly. In preparation for the change and to manage demand we will discuss with commissioners moving in area visits to 12 weekly. This will enable us to manage demand and still maintain a quality service.

Externally work around 39A's and 39D's has resulted in increased referrals, in addition increased administrative support to tackle the backlog of authorisations within the DoLS office has resulted in an increase in new RPR referrals and processing of existing authorisations.

In order to meet spikes in demand in statutory services we redeploy staff from the Community team or other statutory teams where capacity has been available.

**“I am absolutely in awe of your compassion, competence and person-centred manner that you have consistently demonstrated throughout working together on this case.  
“No question ever went unanswered and you provided relevant material, which I and the wider care team found invaluable”**

### Independent Mental Health Advocacy (IMHA)

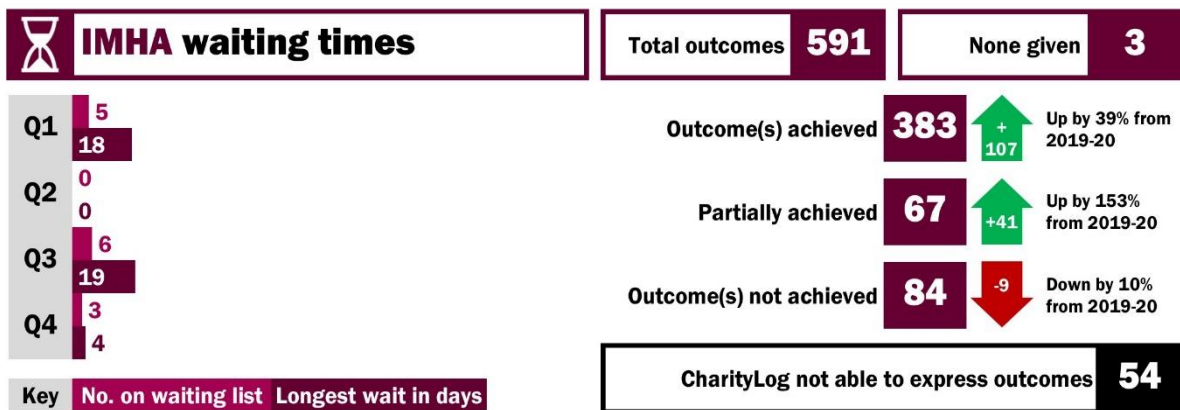


- Referrals have increased by 10% (+51) from 2019/20
- Referrals not accepted have reduced by 24% (-4)

**Referral reasons: IMHA**

Section 2	269	+1
Section 3	269	+60
Section 37/41	10	-3
CTO	17	+2
Guardianship	1	-3
Other Mental Health	12	-5

Referrals for Section 3 have increased by 29%, this is in part due to more accurate recording for example closing a referral for a section 2 when a client progresses to section 3.

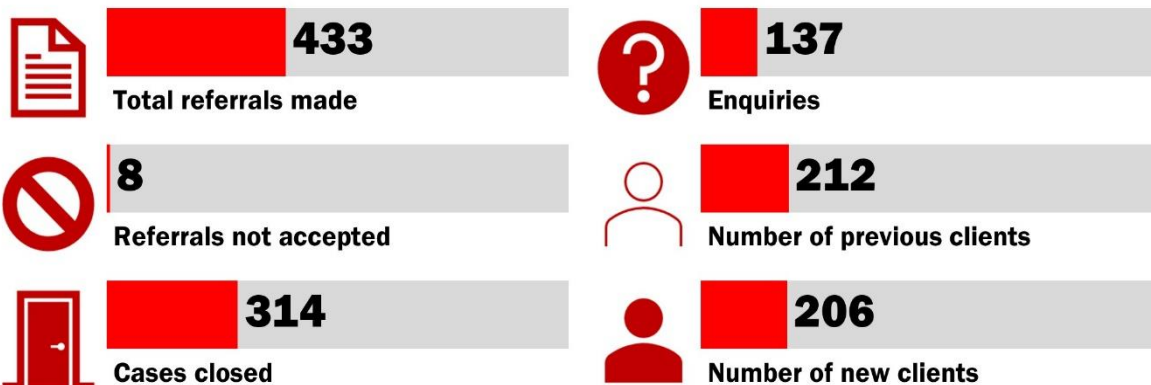


IMHA waiting numbers and times have been minimal throughout the year.

**"Thank you very much, you often told me things before the staff did and you helped me understand. It helps that you are independent." - a Professional**

**"Thank you for taking care of me while I have been in the hospital, calling me and not forgetting about me"**

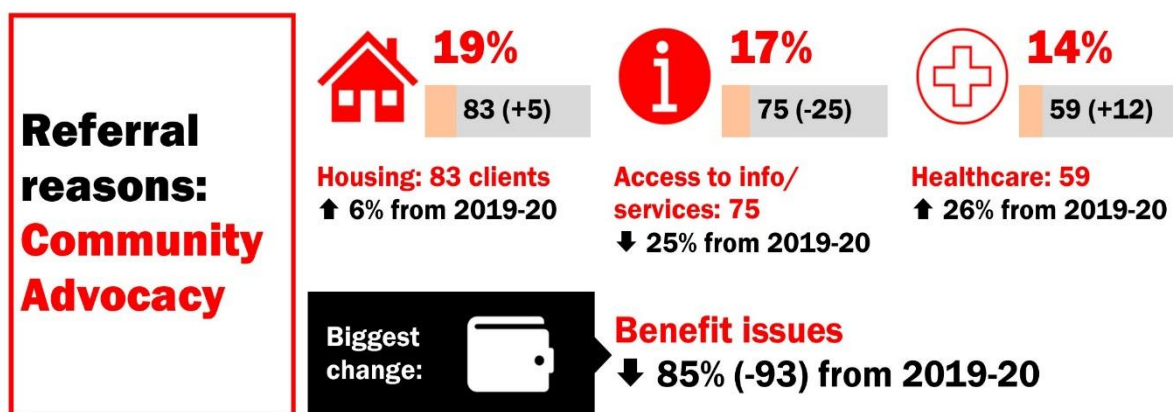
## Community Advocacy



The Community Service has experienced the greatest reduction in referrals received, 30% (-183). This is not unexpected as venues within which we delivered our Outreach Surgeries within the community closed or had restricted access, so we did not deliver these.

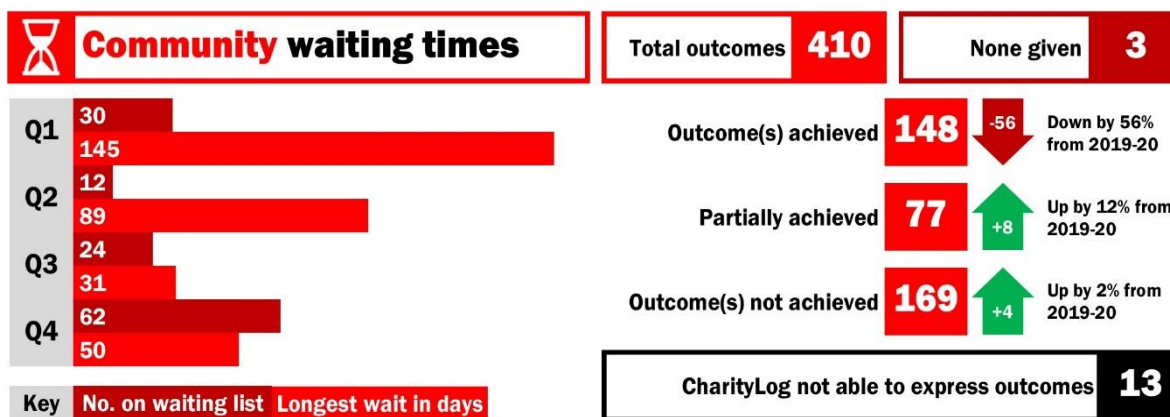
In addition the largest number of referrals are self-referrals and national and regional restrictions may have meant people had less reason to access advocacy particularly if it was to access other services many of which will have had their own restrictions in place, or their priorities changed during the pandemic.

This is further evidenced by the change in referral reasons with a reduction in Access to Information and Services and Benefits and an increase in Housing and Healthcare issues.



The Community waiting list numbers peaked in Q4 with the longest waiting period peaking in Q1. This was the result of clients wishing to meet with advocates face-to-face and a client with multiple issues receiving advocacy for the priority areas whilst other issues were held on the waiting list.





Numbers on the waiting list peaked in Q4 with the longest waiting time in Q1. This related to a client having multiple referral issues who was already receiving a service for other issues. Clients placed on the Community waiting list also have the option of accessing Self-advocacy which has shorter waiting times and numbers.

“So many thanks for all your help with this process, although I have struggled, your communications have helped me immensely and enabled me to get to this point. “I cannot stress how much your input has been appreciated. Thank you.”

Within the Community service during 2020/21 we continued to develop self-advocacy initiatives to provide increased options to access advocacy in a timely manner. The referrals for self-advocacy are incorporated in the overall Community referral numbers.



We also expanded access to advocacy by developing our range of self-advocacy tools and resources which are freely available on The Advonet Group website.



The downloads above also highlight where people have required support for example there have been 263 downloads of the complaints template. This relates to people wanting to make complaints about other services or organisations not The Advonet Group.

#### First Contact Team (FCT)

Our FCT have continued to work from the office after the first national lockdown. They have continued to process enquiries, provide information and taken referrals across services, adapting to the situation throughout the year.

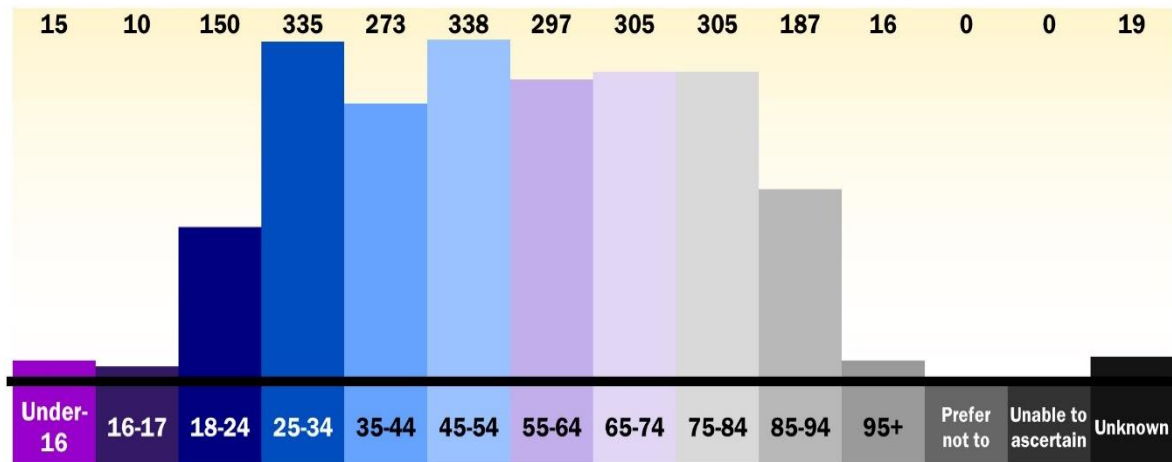
They have continued to undertake training and increase their knowledge and skills across different advocacy services which enables them to triage effectively.

**"I'm so very grateful for all your kind assistance. That has eased my anxiety about the situation. Thank you very much."**

**"Very helpful signposting, quick response"**

## Appendix One: Demographics

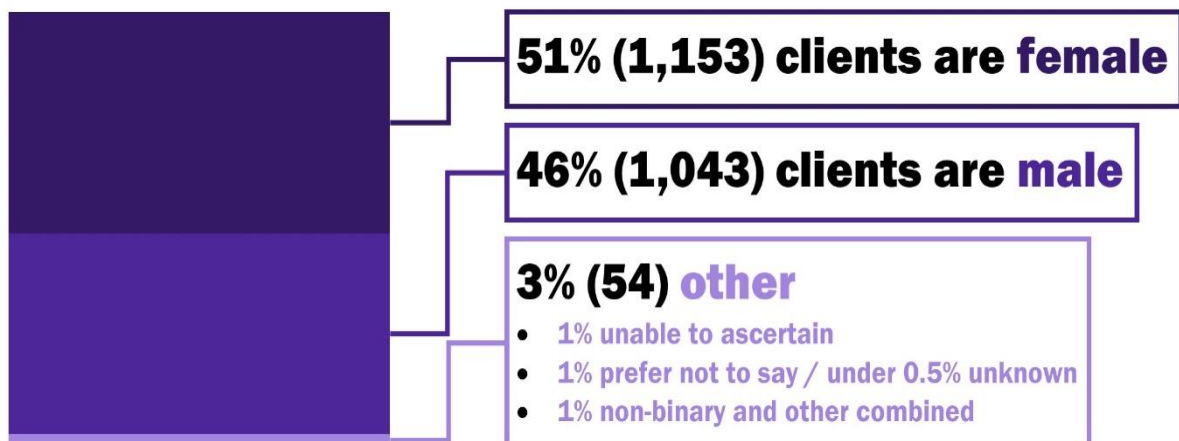
### Age



The age categories with the biggest changes from 2019/20 are:

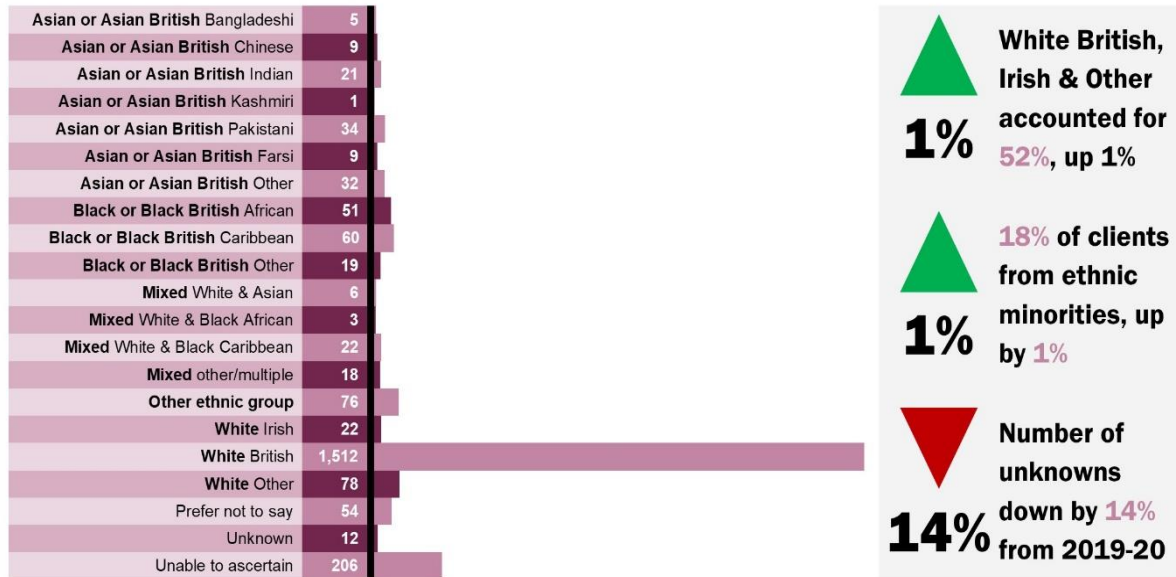
- 35-44 has decreased by 16% (52)
- 45-54 has decreased by 11% (41)
- 65-74 has increased by 26% (63)
- 75-84 has increased by 27% (62)
- Unknowns reduced by 82% (89)

### Gender



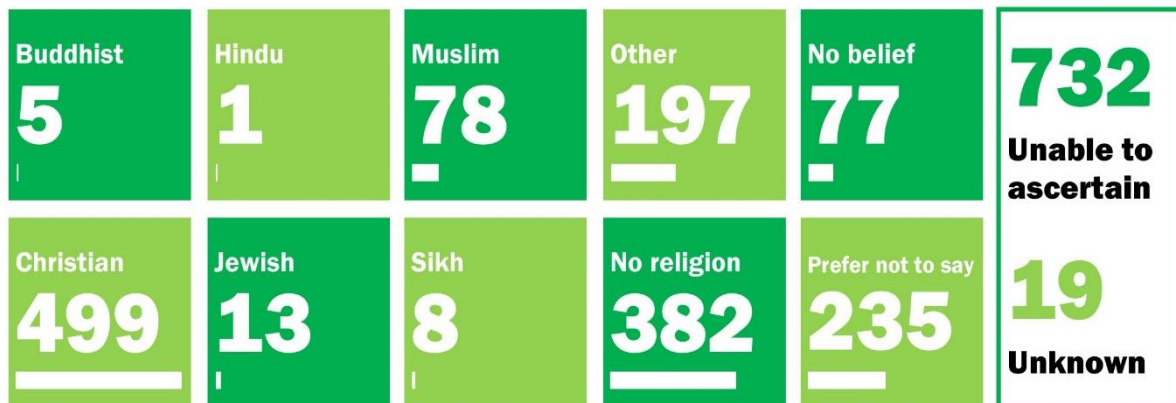
Gender categories are similar to 2019/20 with 2% increase for female and for male decrease of 2%

## Ethnicity



There have been minimal changes in the ethnicity of people accessing our services.

## Religion



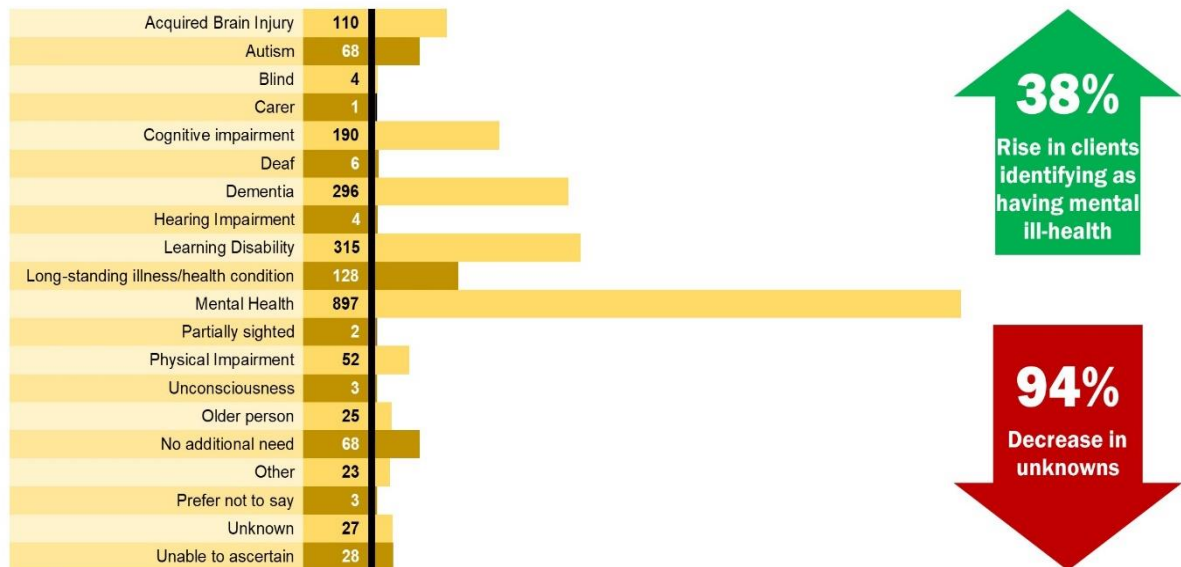
- Unable to ascertain has increased by 23% (138)
- Unknowns have reduced by 96% (478)
- No religion has seen the biggest increase at 78% (167)
- Hindu and Jewish have seen the biggest decreases at 50% (5) and 48% (12)
- Muslim and Sikh have also decreased, and Christian increased by 18% (77)

## Sexuality



Identifying someone’s sexuality continues to be an area with a higher number of Unable to Ascertain. Due to the reduction in unknowns we have been able to report more accurately on this demographic area.

## Disability



There has been a significant decrease in unknowns and increase in clients identifying as having mental ill-health. It’s difficult to know if this is an actual increase or if it relates to a reduction in unknowns so we are more accurately reflecting data in this area.