citizens advice Sheffield

Independent Advocacy Services

Annual Review 2017-18

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Introduction

We are very pleased to introduce our annual review of our Independent Advocacy Service.

In Sheffield, as elsewhere, a growing number of people are experiencing serious mental ill-health, lack mental capacity, need help with their care, or are being deprived of their liberty in their own best interests. These people are among the most vulnerable in our communities, are unable to independently speak for themselves, and often do not have someone who can do so for them.

This is where we step in – to help people become better informed about the choices and decisions before them, and to ensure that their views and preferences are heard and wherever possible acted upon.

In April 2017 we launched the Sheffield Advocacy Hub, which brings all the city's advocacy services into a single service, of which we are proud to be the lead provider having played such a key role in developing advocacy in the city over the past 20 years.

The number of people needing advocacy continued to grow, and so we added eight new advocates to our team. The complexity of some of our clients' needs also grew. For many people, the growing pressure on health and social care services was palpable, and added to their vulnerability and at times distress.

The success of our service is a testimony to the excellence of our staff, who day in day out demonstrate great professionalism and determination – always seeking to place the needs and wishes of the people they are helping at the heart of their practice. To them we, the people we help, and the city's health and social care services owe a huge "thank you".

Mark Gamsu
Chair

Andy Buck
Chief Executive

In 2017-18

The big change in the year was the launch of Sheffield Advocacy Hub. We are proud to be the lead provider of the new service, working closely with our partners Cloverleaf Advocacy and Disability Sheffield.

The Hub arrangement brings all of the statutory advocacy in the city into one service, with one single referral point making it easier to obtain advocacy support when it is required.

This has involved implementing significant changes to how we run the service at the same time as continuing to provide the very highest quality of advocacy support to people in need.

We have:

- Created a single point to receive all advocacy referrals and publicised this to ensure people needing our service and professionals know how to contact us;
- Integrated statutory and general advocacy under the name of Sheffield Advocacy Hub to simplify this further;
- Developed strong working relationships with our partners;
- Strengthened our team of advocacy staff, by recruiting further staff to help to meet the growing demand;
- Ensured that all of our staff hold or are working towards formal qualifications across the different types of advocacy we provide;
- Begun work to ensure that an advocate can continue work with an individual for as long as needed, as that person's circumstances change;
- Highlighted key areas of concern around services with our partners and Healthwatch Sheffield, to achieve positive change in the city;
- Consulted with people using our services about service improvements to our general mental health advocacy service and begun to implement those changes;
- We worked to support people in hospitals, care homes, and their own homes;
- We helped people access appropriate health and social care services across the city.

Over the course of the year, more than 1,800 vulnerable people sought our help or were referred to our service, in addition to those we were already supporting.

We helped people be more fully involved in the decisions affecting them by ensuring they were as informed as they could be about their options and their rights, by helping them put across their views and exercise choices, and by supporting them to make informal challenges, make complaints and take legal action where necessary.

For the most vulnerable who were unable to do this for themselves, we acted on their behalf to ensure their needs, preferences, wishes and feelings were respected as far as possible.

We provided over 30,000 hours of advocacy support in total (increased from 23,000 in 2016/17).

Sheffield Advocacy Hub

All of our services and some of our partners' services are now offered under the name of Sheffield Advocacy Hub, for which we are the lead provider. Our partners in providing this service in 2017-18 have been Cloverleaf Advocacy, Disability Sheffield and VoiceAbility (up to January 2018).

This is a single point of contact for advocacy support in Sheffield. The Hub can offer the following types of advocacy support:

- Advocacy under the Care Act 2014
- Independent Mental Health Advocacy
- General Mental Health Advocacy[1]
- Independent Mental Capacity Advocacy
- Advocacy for people with Learning Disabilities
- NHS Complaints Advocacy
- Paid Representatives under the Deprivation of Liberty Safeguards

[1] Funded by Sheffield Clinical Commissioning Group for adults, and by Sheffield Children's Hospital NHS Foundation Trust for young people at the Becton Centre and their families

- General health advocacy for people with disabilities (provided by Disability Sheffield)

Most of these services are funded by Sheffield City Council, in line with the requirements of laws such as the Care Act 2014, the Mental Health Act 1983 and the Mental Capacity Act 2005.

This report outlines these different types of advocacy, and gives examples of the work we have done this year.

A joined up approach

We are increasingly seeing that people accessing health and social care services require more than one type of advocacy. For instance, we support a person with a learning disability who has been detained under the mental health act, and this leads to an assessment under the Care Act. Or we work with a person an IMCA and this leads to the appointment of a paid representative under the Deprivation of Liberty Safeguards.

We are therefore committed to training our staff to be able to undertake as many different advocacy roles as possible. At the same time, we are also supporting our staff to focus on work with particular groups of people. For example, people with learning disabilities, people with dementia, people with mental health problems and autistic people.

This enables the same advocate to continue to provide support when the legal context changes and allows our staff to focus on areas of particular interest, skills and knowledge, ensuring the best possible chance of providing a truly person centred service to those in need of advocacy support.

Case study – Jon

Jon asked for our support to raise concerns about his experiences with one of the Community Mental Health Teams (CMHT). He'd had a change of care coordinator, who he said had little communication with him over the past year. The care coordinator had told him he would get a new updated care plan and would also complete a self-directed support assessment, neither of which had happened. Then over the Christmas period, which is a very difficult time for Jon, the care coordinator told him he was going to be discharged from the CMHT. This caused Jon further distress and it was at this point he got in touch with us as he still required support from the CMHT.

I met with Jon and we discussed a plan of action, agreeing that I would help him to draft a letter to the manager of the CMHT to ask that he:

- not be discharged yet as there had been very little support from his care coordinator and he still required support with his mental health;
- highlight that there was an issue with the diagnosis he currently had and to request a new psychiatric assessment to review this, along with his medication; and
- to request a change of care coordinator since he did not feel comfortable continuing with his current one.

It took a long time before Jon received a response to his letter and I supported him to chase this up. Eventually he received a response from the CMHT that stated they would discuss the issues raised with his current care coordinator and advised that Jon try to work through them with his care coordinator first.

Jon was very uncomfortable with this and we agreed I would support Jon to make a formal NHS complaint, stating how unhappy he was with the lack of care and treatment he had received from the CMHT and also highlighting the delays he'd experienced getting the above response.

This led to Jon receiving a letter stating that

- he had been given an appointment to see one of the psychiatrists to discuss his diagnosis and medication;
- he could also have a social care needs assessment to assess whether he would be eligible for long term support in the community, which would eventually replace the current support worker he was provided by the CMHT

and that his support worker from the CMHT would not be removed until this support was in place;

- the CMHT would not provide a new care coordinator, as they could not identify any further needs that the CMHT could meet.

Jon was happy to accept these outcomes and I supported him to attend the psychiatric assessment.

This assessment led to Jon having an up to date diagnosis that he was happy with and he felt reflected the symptoms of his mental health needs. He decided from this assessment that he would like a referral made to the Sheffield Autism and Neurodevelopment service (SAANS) with the hope that they would be able to give him a diagnosis for the ADHD symptoms he experienced and support/medication to help him manage these. I supported him with the referral and he was given two assessment meetings with a specialist psychiatrist, which I supported him to attend. This resulted in Jon being offered medication, which was regularly monitored by the psychiatrist.

While this was happening, I also supported Jon through the Self-directed support (SDS) process as an advocate appointed under the Care Act 2014.

This required the completion of a complex assessment questionnaire, and I supported him to make several drafts to capture all of the relevant information. Jon was very clear that he wanted the support provider to be specialists in mental health. He identified two providers in whom he had confidence to meet his needs.

However the system for allocating a provider could not guarantee to meet Jon's request – he could end up with any one of five providers, including the two he preferred. Jon had already had a bad experience with one of the other providers, and this caused further distress. I supported Jon to investigate a direct payment, however his preferred provider would not accept such an arrangement.

Jon was unhappy that his choices were being restricted in this way. I supported him to challenge this using the Care Act 2014 legislation and drafting a letter to the Mental Health Commissioner. It was agreed that Jon could at least state a preference about who he did not want, but not who he could. Jon agreed to try this and was allocated a new provider.

Jon went through the process of meeting the new provider and putting together a support plan. He was allocated a worker and he was happy with this care – until one month later, the NHS funding for the provider was discontinued and Jon was

told he would be again be allocated a new provider. This was again distressing for Jon because it takes him awhile to build up trusting relationships with people.

Six months later, Jon was allocated the provider he had originally wanted which he was very happy with. I again supported Jon through the process of setting up his new support package.

The last appointment I supported Jon with was a review of how this support was going and he said he was very happy with the support he was receiving. It was at this point I told Jon my role as his advocate was to end as there was no further advocacy work to do.

Jon wanted me to make sure that I passed on his views that he was happy for this case study to be written stating, “Anything to give back to a service that had helped him so much,” and also to make it known that, “I couldn't be happier with the support I've received from both the service and you, my advocate.”

Our values

The Advocacy Charter, together with its associated Code of Practice, guides all our advocacy services and governs our work.

It embeds a set of core principles, policies and practices into our work and our organisation which ensures we provide a high quality, independent, accountable and confidential service to all those people who need to use our services.

In 2017-18 we participated in a review of the Charter, and the associated Quality and Performance Mark (QPM) which is used to benchmark the quality of advocacy services. We currently hold the QPM for our service.

The Charter ensures we maintain the key principles which the sector agrees are essential to ensuring high quality advocacy services.

You can find out more about the Advocacy Charter and QPM by visiting https://qualityadvocacy.org.uk/

We are also a key part of the services offered by Citizens Advice Sheffield and the core values of advocacy as expressed in the Charter are shared by the whole organisation in its principle function of providing Advice services to the people of the city.

Advisers work to the same principles of confidentiality and independence and also insure their advice is impartial. Advisers provide options to people needing help, and support them to make decisions. We may be separate services, but our work has a very similar focus. There is also significant cross over in that many advice clients with mental health issues also access advocacy support. We work closely with the Mental Health Unit in particular and are co-located to facilitate this.

You can find out more about our wider organisation here: https://citizensadvicesheffield.org.uk/get-involved/

Advocacy under the Care Act

This is the newest form of statutory advocacy that we provide. The Care Act 2014 sets out that an independent advocate must be available to support people going through a whole range of social care processes, such as care assessments, care planning, care reviews and safeguarding enquiries. It includes some specific support for young people and for carers.

To qualify for advocacy support, the person has to have 'substantial difficulty' in being fully involved in the process, and have no one else available who could support them.

We have been concerned since the introduction of the Care Act that very few people have been referred for this support and we have been working to raise awareness of the rights of people in this position.

During the year, we supported 221 people in relation to social care processes. Of these, 89 were referred to us in the last three months of the year, indicating growing awareness of this requirement.

We supported people to have their needs assessed; we helped them make decisions about what they wanted their care to look like and who should provide it; we supported people to say what they wanted when someone had done something harmful to them.

Some of those receiving this support were elderly, some had a learning disability, some were autistic, some had dementia, some had mental health problems and some had brain injuries. People using the service came from a wide variety of backgrounds.

This is an increasingly important part of what we do, as more people are in need of social care support.

Independent Mental Health Advocacy

Advocacy has been available to support patients in many mental health services for many years, but since 2009 'qualifying patients' have a legal right to access to help from an Independent Mental Health Advocate (IMHA). IMHAs are an important safeguard that can help and support patients to understand and exercise their legal rights.

An IMHA can help people to obtain information and understand their rights under the Mental Health Act 1983, the rights which other people (for example nearest relatives) have, any medical treatment that might be given and the reasons for that treatment or proposed treatment. An IMHA can also help with making a complaint and accessing other support and services.

We provide the IMHA service to people who are detained on the adult mental health wards at the Longley Centre and the Michael Carlisle Centre, at the Firshill Rise Assessment and Treatment Unit (for people with learning disabilities), at the Becton Centre (for children and young people under 18) and occasionally at other places in the city.

A total of 402 different people subject to the mental health act accessed support from an independent mental health advocate in the year. 57 of these people were referred to our service on more than one occasion

Sheffield Health and Social Care Trust detained a total of 546 people over the course of the year. This indicates that 79% of those detained accessed the IMHA service.

This is an increase of 76% compared with 2016-17. The increase reflects a number of factors:

- National trends for increasing detentions under the Mental Health Act
- Constructive work carried out with Sheffield Health and Social Care Trust and Sheffield Children's Hospital to improve referral rates for the most vulnerable

Along with Healthwatch Sheffield, we also supported people to participate in the government's Independent Review of the Mental Health Act which we hope will see positive changes introduced to the Act and best practice in due course.

Generic Mental Health Advocacy for Adults

We have provided general mental health advocacy for adults in Sheffield since 2002. We have supported hundreds of people over this time to:

- Access mental health services
- Communicate their views to professionals involved in providing their care
- Play a full part in meetings concerning their care
- Where necessary, use the complaints process and take concerns to the Parliamentary and Health Service Ombudsman

In 2017-18, we faced a major challenge. We were receiving an increasing number of calls from people who are under going a mental health crisis, but who do not have the support in place to help them through it safely.

We were spending more time on the telephone talking to people in distress, and it was taking longer to resolve their concerns. We are increasingly finding that concerns cannot be resolved, even when we have pursued all options available.

We had a growing waiting list, and some people had been waiting a number of months for advocacy support.

In this situation, we considered what we could do to address this, and came up with a number of proposals. We consulted people who use our services about these, made some changes and then began to make changes in January 2018. We hope these will mean people can access effective advocacy much more quickly, though this remains to be seen. You can read the full report about our consultation here on our website: https://sheffieldadvocacyhub.org.uk/news/

We received new referrals for 136 people in need of our support over the year. Over one third of these requests followed our consultation exercise.

We spent almost 4,000 hours providing this support on the telephone, by letter and email, in person and at meetings.

Our advocates are an ever more important source of help, often to very vulnerable, unwell people.

We will report next year on what differences the changes to our service have made.

Becton Centre Young People's Mental Health Advocacy

We began providing independent advocacy at the regional child and adolescent mental health service (CAMHS) at the Becton Centre in Sheffield in 2016.

In the course of the last year we have worked with the children and staff at the Centre to develop our service into one which is tailored very closely to their needs whilst following the principles of independent advocacy and the environment of the Centre.

We worked with 60 children aged between 11 to 18 years.

In addition, we have provided group advocacy support and begun to develop ways to provide advocacy support to younger children in the centre. We also provided information and support to parents and carers.

This is a very specialised area of work, requiring particular skills from our staff, knowledge of several complex areas of law and particular sensitivity to the particular needs of the children.
For instance, many of those we work with are detained under the Mental Health Act. We support these children to understand and exercise their rights under the MHA, in a way that makes sense to them. This might be quite a different conversation to that we would hold with an adult.

There are also complex issues involved around consent, as the Mental Capacity Act does not apply to those under 16 years. The Mental Health Act and the Children's Act overlap in these areas requiring specialist knowledge as well as innovative approaches to making the information accessible.

Our clients

Our clients come from the diverse communities of Sheffield.

- 2,260 people in total.
- Ranging from 7 to 111 years old. Almost half of the people we worked with were over the age of 50 years, and 66 were under the age of 18 at the time.
- We worked with slightly more women than men. Some of our clients identified as transgender, and 1 as non-binary.
- People from a wide range of communities and nationalities, in languages including English, Arabic, Czech, Farsi, Mandarin, Punjabi, Somali and Urdu speakers. We have advocates available who speak a number of community languages, and where necessary we use professional interpreters.
- People with a variety of impairments including mental health and physical impairments, acute and long term health conditions, and many with multiple impairments.
- An increasing number of people with dementia, who are amongst the most vulnerable in our society.
- Many people with learning disabilities, supporting them to navigate the complex world of health and social care.
- Some people who could not speak to us directly and we used other means such as pictures, Makaton, or simply observing facial expressions and gestures in response to their environment and carers.

For more detailed information, please see the Appendix at the end of this report.

Independent Mental Capacity Advocacy

The Mental Capacity Act 2005 introduced the role of the independent mental capacity advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment.

An IMCA uses a 'non-instructed advocacy' approach and spends time with the person they are supporting to try to ascertain, so far as possible, their wishes and feelings about the decision to be made. The IMCA also gathers relevant information from people who know the person, and from health and social care records.

The IMCA is also responsible for ensuring the decision maker and other professionals involved properly follow the Mental Capacity Act.

In 2017-18 we supported 414 people who lacked capacity to take specific decisions in Sheffield.

These decisions included:

- Urgent decisions about serious medical treatment
- Decisions about where someone should live (for example, whether to return home from hospital or move to 24 hour care)
- Decisions about safeguarding issues, such as where it appeared a trusted friend had stolen money from our client

Most of the people we supported had dementia or a learning disability, though we also worked with people with mental health problems, brain injuries and physical health problems.

In addition, we supported the professionals involved – social workers and care managers, nurses and consultants – to properly understand their responsibilities under the Mental Capacity Act.

Deprivation of Liberty Safeguards

Sometimes people who have been assessed to lack the mental capacity to decide about their care and where they live are legally 'deprived of their liberty'. This means the person is not free to leave where they are living, and are constantly supervised – for instance by a carer, support worker or a nurse.

In this situation, the local authority (known as the Supervisory Body) is legally required to provide an independent check to make sure that the person is only restricted enough to keep them safe and that this is in their best interests. These are known as the 'Deprivation of Liberty Safeguards' or DoLS.

DoLS are intended to safeguard the person's human rights, particularly the right to liberty, but also the right to a private and family life and their rights in general.

If the Supervisory Body does agree to authorise the deprivation of liberty, they must also appoint a representative for the person (known as the Relevant Person's Representative). This can be a family member or friend, or sometimes can be an advocate acting as a paid representative. IMCAs often take this role and are also involved in other parts of the process.

The representative's role is to visit the person regularly, make sure that their carers are acting in the person's best interests, and if necessary ask the Supervisory Body to review their decision.

The representative can also apply to the Court of Protection to ask the Court to review the deprivation of liberty on the person's behalf.

We provide the paid representative service for Sheffield Supervisory Body.

We received referrals for 409 people subject to the DoLS and in need of a paid Representative in 2017/18, in addition to those we were already supporting.

It is worth noting that in 2016-17 there were 78 such referrals reflecting the challenging nature of the position locally and nationally.

We supported a number of these people to challenge the DoLS in the Court of Protection, and asked the Supervisory Body to review the restrictions in a number of cases.

The safeguards scheme has been widely criticised over a number of years, and the Law Commission have produced draft legislation to replace it, which has been largely accepted by the government. We await the replacement of DoLS with keen interest.

Advocacy for people with learning disabilities

"People with a learning disability are four times more likely to die of something which could have been prevented than the general population". (Disability Rights Commission, 2006)

Research nationally has established that people with learning disabilities have poorer mental health and die at a younger age than their peers without such disabilities.

Sheffield City Council has funded advocacy for people in the city who have a learning disability for a number of years. Although this is not a statutory requirement, it is regarded as essential to try to address what are clearly inequalities in our health and social care systems.

This support is to enable people to access health and social care services, and to address any issues in using those services.

We helped people talk about health problems, raise concerns with their carers, address problems with their care package or talk about where they wanted to live.

We have also helped parents with a learning disability in child protection proceedings, which are often particularly distressing situations.

Over the course of the year, we supported over 226 people with a learning disability, of whom 111 did not qualify for statutory advocacy.

NHS Complaints Advocacy

Everyone has a right to make a formal complaint, and to have the support of an advocate to do so, under the NHS constitution. The support we provide might vary from simply providing information about the process to supporting a person to write a complaint letter, to attending a meeting about the complaint where this is required.

NHS services include hospitals and all of their staff (in any role), GP surgeries, dentists, opticians, community staff such as district nurses, pharmacists, ambulances and paramedics and other specialist services. Care funded by the NHS, for example in a care home, is also included.

We provide support to any individual who lives in Sheffield who wishes to make a complaint about a NHS service, though the service could be anywhere in the country. For people who live outside of Sheffield, there are similar services available.

We supported 241 people to raise their concerns through the NHS complaints process in this year.

Case study – Alexis

Alexis is an isolated middle aged woman who does not have any support from her immediate family as she has been ostracised from them. However her ex-partner had made a referral for her to get NHS Complaints advocacy as he had witnessed that her GP practice appeared to be ignoring Alexis when she required medical support. Alexis and her ex-partner felt that she was being discriminated against because she is from the Irish Traveller community.

Alexis' NHS Complaints advocate spent time listening to Alexis' experiences with the GP practice and her difficulties in communication as she is unable to read, write or tell the time. I asked her how did she find out what the time was and she said she opened her flat window and shouted to any passer-by if they could tell her the time.

Alexis could not understand why the GP practice could not see her if she just turned up and waited when she needed to see a doctor?

The NHS complaints advocate helped her write a complaint letter to the GP practice listing her concerns of being ignored by the GP practice and not being able to see her doctors as regularly as she wanted. Alexis' advocate read out all correspondence to her and explained her choices. Alexis also had concerns about a lump in her breast but she felt that nothing had been done about this after she had visited the GP practice some months previously. She felt that she was being ignored because in her words she was 'loud' and was from the Irish Traveller community.

It transpired that the GP practice was not aware that Alexis could not read, write or tell the time which resulted in any appointment letters and hospital referral letters were not being understood and acted upon.

The outcome of Alexis' NHS Complaint is that the GP practice has made reasonable adjustments and now telephones Alexis with an appointment. The GP practice will also telephone her again, 30 minutes before the appointment to remind her so that she can immediately ring a taxi to get her to the GP practice appointment on time. The GP practice will also ring Alexis and ask her to go into the practice so that they can read hospital letters to her and explain her choices.

Alexis is now happy with her GP practice and the way that they understand and support her needs.

Campaigning

The bulk of our is with individuals who need our support. However, in the course of our work we come across plenty of issues which affect whole groups of people and communities.

In 2017-18 we have identified a number of issues, and carried out campaigning work to highlight these. This work can include gathering evidence, discussing the issue with people using our service, liaising with colleagues in other services and raising concerns with policy makers in the local authority and the NHS.

Hospital discharge

Important steps were made to change the processes around how people are discharged from hospital. These changes affected many older people with dementia, who lacked capacity to make decisions about where they should live.

We came across a number of people in care homes on a temporary basis, where there was no information about their care needs, or where no decision had been made even though the person had been in the care setting for several months or where professionals involved were themselves unclear about the formal process they were following.

We advocated for the rights of the individuals we were supporting and raised issues with policy makers. Improvements have been made, and we continue to identify and follow up problems arising.

Improvements to in-patient services for people with learning disabilities and mental health problems

We liaised closely with Sheffield Health and Social Care Trust to raise concerns on behalf of people using our service and to improve the experience of inpatients at the Firshill Rise facility.

Access to services for people with mental health problems in a crisis

We had an increasing number of people contacting us in the midst of a mental health crisis who were finding they were unable to access the support they felt they

needed in a timely way. We liaised with other voluntary sector organisations to gather more evidence about this and to raise it with Sheffield Crisis Care Concordat, through the city's Mental Health Partnership Network.

Changes to community mental health services

Sheffield Health and Social Care Trust carried out a major reorganisation of their community services in 2017, and when these were implemented a large number of people came to us, including Trust staff, to raise concerns about the lack of notice of these changes and anxieties about mental health support in future.

We worked closely with Healthwatch Sheffield to bring these concerns to the attention of the Trust at a senior level resulting in information sessions for people using services and improvements to the newly established single point of access.

The national review of the Mental Health Act

In partnership with Healthwatch Sheffield, we successfully obtained a small amount of funding to carry out focus groups as part of the currently ongoing Independent Review of the Mental Health Act, which is a precursor to government reforms to the law. The Review has now published its interim report which is available online here.

Local authority arrangements for financial assessments for social care

Alongside colleagues at Disability Sheffield, we have gathered evidence about difficulties people are having around their social care, in this case particularly about the financial assessment. Unlike NHS funded health care, local authorities are able to charge people who have social care support (such as carers visiting, aids and adaptations, access to support activities). There are clear regulations setting out what local authorities can and cannot do in these circumstances.

We found some of our clients were building up debts, or stopping their care as they were afraid of what they would be asked to pay. We found others who experienced significant anxiety when receiving letters regarding their financial assessments.

We began a dialogue with local authority policy makers around these issues and plan to continue to monitor the situation to try to improve practice.

Our staff

We began 2017/18 with 16 advocates, and as the demand for our services grew, we recruited new staff twice in the year, and ended with 22 advocates working 700 hours per week between them.

Our staff come from a range of backgrounds including mental health professionals, social workers, nurses, trainers, community activists, psychologists, law professionals, care staff and more.

All are passionate about the people they support, and all know that whilst the service we provide to those people can never be enough, it can make a significant difference to their lives whether by ensuring their voice is properly heard and respected or by speaking on behalf of those no longer able to speak for themselves.

Our money and other resources

We spent about £921k on the advocacy service in 2017/18, over 80% of which was spent on staff.

We run the service from two main bases, at the Michael Carlisle Centre and the Longley Centre, and a base in the north of the city. We also see some clients at the Circle.

We use the Lamplight client case record system, which also provides the management information we need to run the service.

We are grateful to all our funders for their support:

Sheffield City Council
NHS Sheffield Clinical Commissioning Group
Sheffield Health and Social Care NHS Foundation Trust
Sheffield Children's NHS Foundation Trust

Appendix

Characteristics of clients using our service 2017-18

Our clients come from across the city of Sheffield, and reflect the diverse communities of the city. These figures show both that issues of ill health and affect all communities, and people with disabilities come from all communities. We do all we can to ensure our service is fully accessible to all of these people whatever their particular background. We strive to ensure people can access our service whatever their communication needs, and whatever language they communicate in.

The figures below show the range of people we have helped though the year.

Primary Impairment/Need	Number of people
Autism/ASD	40
Communication, e.g. speech	14
Hearing, e.g. profound to mild deafness	26
Impaired memory/concentration or ability to understand, e.g. Stroke, dementia, head-injury	322
Learning Disability, e.g. Downs syndrome	226
Long-term illness or health condition, e.g. cancer, HIV, diabetes, chronic heart disease, rheumatoid arthritis, chonic asthma	30
Mental ill health, e.g. Bi polar disorders, schizophrenia, depression	647
Mobility or physical, e.g. walking, dexerity	99
No impairment	91
Other (please state below)	8
Visual, e.g. blind or partial sighted	25
No data	1,020
TOTAL some clients have multiple impairments, hence the higher number	**2,548**

Ethnicity	Number of people	% of total referrals with recorded category	% of population of Sheffield (2011 Census)
Asian or Asian British - Bangladeshi	10	0.75	0.60
Asian or Asian British - Chinese	1	0.08	1.34
Asian or Asian British - Indian	4	0.30	1.06
Asian or Asian British - Other	12	0.90	1.05
Asian or Asian British - Pakistani	53	3.99	3.98
Black or Black British - African	45	3.39	2.09
Black or Black British - Caribbean	33	2.48	1.00
Black or Black British - Other	6	0.45	0.55
Mixed Race - Other	11	0.83	0.55
Mixed Race - White & Asian	6	0.45	0.63
Mixed Race - White & Black African	8	0.60	0.23
Mixed Race - White & Black Caribbean	15	1.13	0.99
Other - Any Other	1	0.08	0.72
Other - Arab	14	1.05	1.53
White - British	1,072	80.66	80.85
White - Gypsy or Irish Traveller	2	0.15	0.06
White - Irish	11	0.83	0.52
White - Other	25	1.88	2.25
Declined to say	9	0.00	0.00
Unknown	293	0.00	0.00
No data	629	0.00	0.00
TOTAL	2,260	100%	100%

Age	Number of people
7-17	57
18-24	95
25-49	435
50-64	295
65-79	287
80-111	375
No data	716
TOTAL	2,260

Gender	Number of people
Female	858
Male	732
Non binary	1
No data	669
TOTAL	2,260

Preferred language	Number of people
Abrabic	9
Bengali	4
British Sign Language	8
English	1,550
Farsi	2
French	2
Italian	1
Mandarin	2
Other	7
Portuguese	1
Punjabi	2
Romanian	2
Slovak	3
Somali	6
Spanish	1
Tigrinya	1
Urdu	7
No data	652
TOTAL	2,260

Nationality	Number of people
Afghan	3
Algerian	1
Angolan	1
Bangladeshi	1
British	805
Czech	1
Dutch	1
Ethiopian	3
French	1
Indian	1
Iranian	3
Irish	1
Italian	1
Jamaican	1
Maltese	1
Moroccan	1
Nigerian	2
Pakistani	2
Polish	1
Portuguese	2
Romanian	2
Slovakian	1
Slovenian	1
Somali	12
Sri Lankan	1
Ukrainian	1
Vietnamese	1
Yemenite	4
Zimbabwean	3
No data	1,401
TOTAL	2,260

Preferred means of communication	Number of people
BSL	10
Gestures or facial Expression	33
Makaton or Pictorial	5
No known means of communication	22
No specific needs	10
Verbal	1141
Verbal (Limited)	64
No data	975
TOTAL	2260

Citizens Advice Sheffield is a charity.

We provide free, confidential, independent and impartial advice and advocacy.

Our service is provided digitally, by phone and in person.

As this report shows, many of the people we help are among the most vulnerable and disadvantaged in Sheffield.

We are supported by over 40 funders.

As well as our paid staff, we have 130 volunteers.

Would you be willing to support us?

If you are interested in volunteering, please take a look at our website.

If you would like to support us financially, please see our mydonate page.

You can contact us at:

getintouch@citizensadvicesheffield.org.uk

Thank you

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Citizens Advice Sheffield is the operating name of Sheffield Citizens Advice and Law Centre