**How we have helped people 2018-19**

**We helped people using health and social care services to:**

 **Understand their options and make choices**

 **be more fully involved in the decisions affecting them**

 **exercise their human rights**

 **raise concerns and make formal complaints**

 **undertake legal challenges where necessary such as appeals to Mental Health Tribunals and the Court of Protection**

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

**We are a partnership**

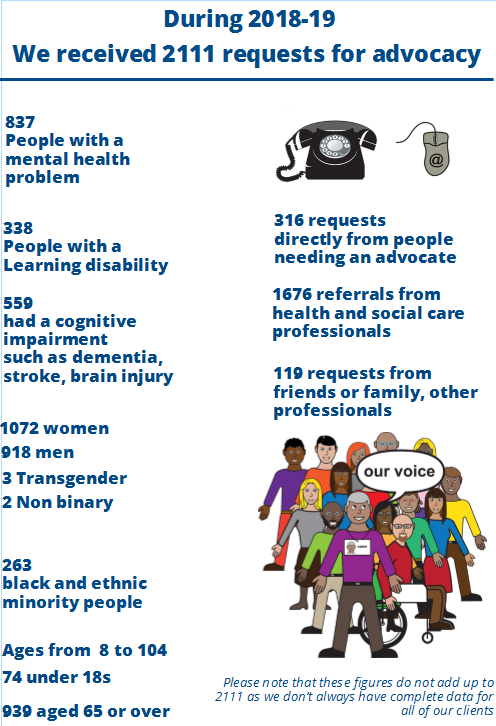
Citizens Advice Sheffield, Cloverleaf Advocacy and Disability Sheffield all work together to provide Sheffield Advocacy Hub.

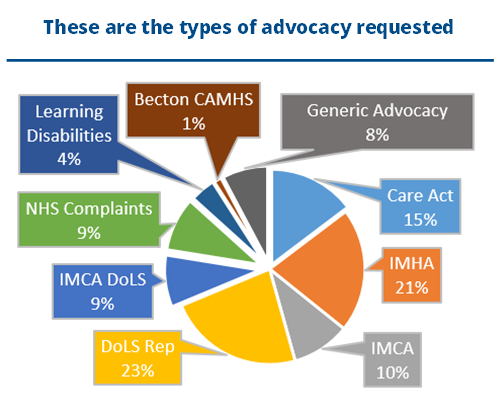
We aim to ensure that anyone in the city who needs an independent advocate can come to us through a single point of contact.

We aim to work in a way that means a person in need of advocacy support can work with the same advocate, even as their situation changes. Health and social care is a very complex and complicated system - we would like to ensure that obtaining advocacy support is as simple as it can be.

We are all holders of the [Advocacy Quality and Performance Mark](https://qualityadvocacy.org.uk/). This means we follow the [Advocacy Code of Practice](https://qualityadvocacy.org.uk/wp-content/uploads/2018/05/Code-of-Practice-1.pdf) in all we do.

**During 2018-19, we received 2111 requests for advocacy**





*Expand each area to see more detail (electronic version only)*

# Advocacy under the Care Act 2014

*Most project funded by Sheffield City Council, except:*

*\*Funded by Sheffield Children’s Hospital NHS Foundation Trust*

*\*\*The 8% of referrals includes Generic Mental Health Advocacy provided by Citizens Advice Sheffield, and also Generic Health Advocacy provided by Disability Sheffield. Both of these projects are funded by NHS Sheffield Clinical Commissioning Group.*

Advocacy under the Care Act remains a new development in the world of advocacy and this always brings new challenges as advocates, professionals, and people in need of adult social care services to make it meaningful in practice.

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, if the person would have ‘substantial difficulty’ in being fully involved in the process, and if they 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, and we have been working with Sheffield City Council Adult Social Care to make sure referrals happen.

We received 294 referrals for support in 2018-19. Whilst 56 of these were in the first quarter, 98 were in the final quarter – almost double the rate.

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.

People using the service came from a wide variety of backgrounds. 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.

This type of advocacy accounted for 14% of our total referrals but 27% of our advocates’ casework time through the year, showing that this is a complex area of work.

In order to examine this more closely, we undertook our Case Management Project in partnership with Cloverleaf Advocacy and Disability Sheffield to identify where improvements, clarifications and agreements could be made to improve both the advocacy support and adult social care processes. The final report will be published in summer 2019 and available on our website.

# Independent Mental Health Advocacy (IMHA)

“Patients detained under most sections of the [Mental Health Act] MHA (as well as those under guardianship or on a [Community Treatment Order] CTO) have a right to an Independent Mental Health Act Advocate (IMHA). The Review received strong evidence that advocacy enables patients to understand and exercise their rights, and gives them support to make shared decisions. Advocacy is also welcomed by clinicians for the same reasons.”

*Modernising the Mental Health Act: Final Report of the Independent Review of the Mental Health Act 1983 December 2018, Dept. of Health and Social Care*

We participated in the Independent Review of the MHA in 2018 in collaboration with Healthwatch Sheffield. The Review was very positive on the contributions Independent Mental Health Advocates (IMHAs) make, as noted in the report. 'Qualifying patients’ have a legal right to access to help from an IMHA.

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, Michael Carlisle Centre and Forest Lodge low secure unit, 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. We have also now begun to provide IMHAs to adolescent patients at Riverdale Grange (eating disorders clinic).

A total of 415 different people subject to the Mental Health Act accessed support from an Independent Mental Health Advocate in the year.

Sheffield Health and Social Care Trust detained a total of 616 people over the course of the year. This indicates that 67% of those detained accessed the IMHA service.

There was an increase in detentions of 12% on the previous year. Roughly the same number of people accessed IMHA support, representing a slight decrease in the proportion.

Of those referred, 39% were assessed at the time of referral by medical staff as unlikely to request the support of an IMHA. This is likely to be because the person was at the time having difficulties understanding their situation, or communicating their wishes, as a result of their illness or impairment – for example, a person in the midst of an acute mental health episode, a person with dementia, an autistic person with an acute mental illness, or a person with a learning disability.

The MHA Code of Practice makes clear that professionals should refer for an IMHA in these circumstances, and this figure suggests the Trust is following best practice in this regard.

# Independent Mental Capacity Advocacy (IMCA)

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 2018-19 we supported 358 people who lacked capacity to take specific decisions in Sheffield.

• 85 were decisions about serious medical treatment

• 76 were decisions about where someone should live

• 23 were support through a safeguarding enquiry

The rest were related to assessments and support under the Deprivation of Liberty Safeguards (see below).

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.

We have been concerned about lower numbers of referrals about where someone should live, particularly in relation to hospital discharge processes and have been raising these concerns with Sheffield Clinical Commissioning Group and Sheffield Teaching Hospitals.

# Paid Representatives under the 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. The DoLS have been highly criticised for a number of years from most of those involved in the processes. In 2016-17, the Law Commission consulted on proposals to reform the law and brought forward draft legislation.

In late 2018, the government brought forward its own proposals to parliament, which included some, but not all, of what the Law Commission proposed. We have been campaigning about this, as we believe the proposals will mean our clients’ rights are less safeguarded under the new legislation, than they were before. We submitted written evidence to the parliamentary committee scrutinising the draft bill in January 2019.

At the time of writing, the Bill has passed into law and is expected to take effect in October 2020. This will mean a period of significant change for all involved, and we will endeavour to ensure that the people at the centre of these processes remain at the centre of considerations in implementing the new safeguards.

We received referrals for 465 people subject to the DoLS and in need of a paid Representative in 2018/19, in addition to those we were already supporting.

We also provide support to family or friends of people on DoLS who are acting as an unpaid Representative.

In 2018-19, we supported 125 people who were unpaid Representatives, mostly family members of someone in a care home with the safeguards in place.

# 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 179 people to raise their concerns through the NHS complaints process in the year.

Complaints we help with include everything from GPs not listening properly to their patients, to families who’s loved ones have died in hospital. We might provide a self-help pack to assist someone to navigate the complaints procedure or assist someone to write a letter, or sometimes accompany someone to a meeting about their complaint.

If it’s not resolved with the NHS service directly, we can also support people to take their complaint to the Parliamentary and Health Service Ombudsman.

Do you have a complaint about an NHS Service? You can contact us for assistance, or alternatively Citizens Advice have comprehensive pages on how to do this here. Just search for ‘Citizens Advice NHS Complaints’ online.

# Advocacy for people with Learning Disabilities

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.

We don’t need to look hard to see that people with learning disabilities continue to be inappropriately kept in hospitals, have difficulty accessing treatment and are too often subject to abuse.

People with learning disabilities can find it hard to express what they want, and too often they are ignored when they do. Some people are unable to verbally tell us what they want, but their views are no less important than anyone else’s. Advocates are there to support people to self-advocate, or where they can’t do that to make sure professionals understand what is important to them and what decisions they want to make about their lives.

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.

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 328 people with a learning disability, of whom 83 did not qualify for statutory advocacy.

We signed up to the [Rightful Lives letter to the Equality and Human Rights Commission](http://rightfullives.net/Stories/EHRC-letter.html) which highlighted the shamefully slow progress in the government’s Transforming Care programme which aims to take people with learning disabilities and autism out of long term hospitals, following the Winterbourne View scandal.

# Mental Health Advocacy for under 18s at the Becton CAMHS service\*

We began providing independent advocacy at the regional child and adolescent mental health service (CAMHS) at the Becton Centre in Sheffield in 2016. We have continued to develop the service over the last year.

We worked with 73 children aged between 8 to 17 years. Of these, 20 were detained under the Mental Health Act at the time.

This is a very specialised area of work both in supporting children to understand their situation, their rights and decisions affecting them and their care. This is also an area of complex law where the Children Act, Mental Health Act and Mental Capacity Act (for those aged 16 or over) all have something to say, including giving contrary indications for who can make a decision in particular circumstances.

# Generic Health Advocacy\*\*

This includes Generic Mental Health Advocacy provided by Citizens Advice Sheffield, and also Generic Health Advocacy provided by Disability Sheffield. Both of these projects are funded by Sheffield Clinical Commissioning Group.

## Generic Mental Health Advocacy

We have provided generic 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 were undergoing a mental health crisis, but who did not have the support in place to help them through it safely. As a result, waiting times for advocacy support had been growing and we decided we needed to take action to redesign our service to better meet people’s needs.

We undertook a consultation and drew up proposals, the reports of which are available on our website at www.sheffieldadvocacyhub.org.uk. In this year, we implemented the planned changes which made a very positive difference for the majority of people accessing our service.

We received new referrals for 134 people in need of our support over the year.

We spent almost 1500 hours providing this support on the telephone, by letter and email, in person and at meetings .

This is roughly similar to the number of hours of advocacy that we provided in 2017-18. The overall number of referrals was also similar. However, when we look at the number of people waiting for advocacy support at any given time, we see significant changes.

The average length of time people waited for an advocate for casework in 2017-18 was 96 working days.

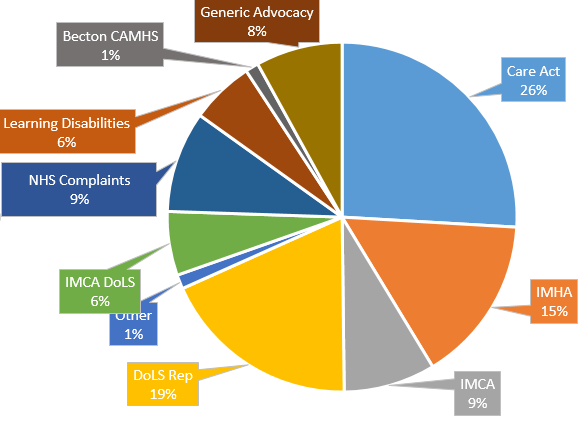
The average length of time people waited for an advocate for casework in 2018-19 was 55 working days.

This shows that for our casework, we have almost halved the waiting time. We have done this by giving support to people as soon as someone contacts us wherever we can, using self-help materials, telephone and email support. If the person needs support at an up-coming meeting, we try to provide this as a one-off service, assisting the person to prepare, attend and review the meeting.

Where this is not appropriate and more detailed casework is required, the person waits for the next available advocate to begin this work. The amount of time any one person can have on casework at any given point is also limited to 20 hours, though this can be extended where essential to complete agreed actions.

The figures tell us a lot about what we have been able to achieve – however it is the stories of those we have helped which tell us more.

# This is how we spent our time



**On average, we worked with each person for:**

**31 hours for Care Act work**

**23 hours for Learning Disability Advocacy**

**19 hours for IMCA**

**18 hours for NHS Complaints**

**11 hours for IMHA**

**We were helping over 1000 people at any one time**

# We strengthened our Hub model this year

**In the second year of our existence, we have**

*Expand each area to see more detail (electronic version only)*

# Supported people in care homes, hospitals, in their own homes and in the community

We provide a lot of our support by telephone and email, as this really works well for some people, for example if a person needs a help to make a complaint about the NHS. However, not everyone is able to do this, and particularly where someone is receiving treatment in a particular setting, we go to them.

Many people we work with live in care homes, and we work to ensure that their views are listened to and taken into account when decisions are being made. We help people raise concerns about their care, and we help them understand their human rights. When people are unable to do this for themselves, we ask questions on their behalf and observe the support being provided. We support some family members in particular circumstances.

We work in a number of hospitals on a regular basis, including the city’s acute mental health wards and low secure unit, Sheffield Teaching Hospitals NHS Foundation Trust and the Becton CAMHS unit of Sheffield Children’s Hospital NHS Foundation Trust. Many of those we work with in these settings are acutely unwell and we try to ensure they have a clear voice in their care and treatment.

We also work with people in their own homes, for example if someone is having their care needs assessed, or there is a concern about a person’s safety. This work is usually alongside other professionals, and we provide help to the person to navigate their way through the complex rules in our social care system.

We help people at GP appointments too, and at other hospital appointments in some circumstances.

# Worked to make sure people can get an advocate when they need one

We always have more people needing advocates at any one time, than we have staff to provide one. We have worked hard this year to reduce the times people have to wait and to make sure that the most urgent cases are picked up first where this can’t be avoided.

For example, we have recruited 8 new advocates during the year, and we have also implemented the changes to our Generic Mental Health Advocacy Service (see more below).

# Supported more staff to do more qualifications

We have an aim that each person needing our support should be able to work with the same advocate even when their situation changes. That means our advocates needed to be qualified to provide as many types of advocacy as possible. We ensure all of our advocates achieve the Level 3 Diploma in Independent Advocacy as a minimum, and encourage staff to complete additional specialist units to broaden their range.

# Developed our internal training programme, to share the expertise of our skilled staff with colleagues

We have staff experienced in a wide range of areas, and we aim to make the most of it. This year, we have provided internal skill share sessions and training focussing on:

* Deaf Awareness
* Disability Equality
* Challenging Decisions
* Domestic abuse and mental health
* Safeguarding Adults
* Safeguarding Children
* Universal Credit awareness for advocates
* Care Opinion
* Areas of law in practice, including the Care Act, Mental Health Act and Mental Capacity Act
* Non-instructed Advocacy

# Enshrined the principles of the General Data Protection Act

As well as ensuring that we take proper care of the personal information about the people we work with, we have also ensured our advocates fully understand the new rights that every individual has. The rights given by the new law enable our advocates to give more options to the people they support, for example to access health or social care records.

# Continued our work campaigning about issues of concern and our work influencing decision makers

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

In 2018-19 we have focussed on two big issues affecting the people of Sheffield, and carried out campaigning work to highlight these.

# Mental Capacity Act (Amendment Bill)

This year saw the government bring forward proposals to amend the Mental Capacity Act, and to replace the Deprivation of Liberty Safeguards with the proposed Liberty Protection Safeguards. After some amendments, this was passed into law. We nevertheless had some serious concerns about the proposals (and what has been passed).

We liaised with a local MP, with Citizens Advice national campaigns team, and submitted written evidence to the Parliamentary Committee scrutinising the proposals. You can read our submission here.

The new law will affect anyone in Sheffield who lacks the mental capacity to take decisions about where they live and is deprived of their liberty. It is supposed to provide safeguards to protect their rights. It will affect many older people in with dementia, and some younger people with different impairments. We are keeping a close eye on developments.

# Sheffield Adult Social Care - Conversations Count

Sheffield City Council has been reforming its approach to providing adult social care services to people in the city. Under the ‘Conversations Count’ approach, a number of reforms have been trialled by frontline workers and their managers to try to improve the service and make it more effective. We were invited to participate along with Disability Sheffield and the Carers’ Centre. We attended a number of meetings throughout the year, raised concerns about some aspects and made constructive suggestions for further improvement. We continue to engage in this process.

# Case Stories: what our clients have to say

Jackie

*Jackie is 66 years old and had a very bad experience when she was taken to hospital. Jackie asked for our help with mental health services, and then to make a NHS Complaint. Kate was her advocate. Jackie is not her real name but her story is in her own words.*

“I don’t know what I’d have done otherwise. I fell out with the services, I can’t trust people.

“I’d had an advocate ages ago and just didn’t know where to turn.

“I’ve got letters, Kate sent off all the details, they’ve apologised to me for what happened on nearly every paragraph and have had meetings about it.

“I was really scared to report it in the first place and a lot of people are like that but I thought it could go on and happen to other people so I wanted to get it stopped.

“Kate listened to me, she wasn’t critical. I could talk to Kate because she could take it what I was saying. In my position, with my condition, people don’t believe me. She explains things I don’t know about. Kate helped all through from when it happened. I tried to complain in the hospital but nobody took any notice so I got Kate.

“You wouldn’t believe how many people need that sort of thing, it’s having someone to talk to in confidence who will believe you. Like she said, them letters, they have actually admitted what went on.

“I’m still a bit dubious, I know its right to do but I keep thinking what if I have to go back in, what will they do to me?

“I do think that the advocacy service should be more advertised for what it is because there’s other people and nobody knows what’s been going on. It is a good service, in times of need when everybody else abandons you, you need someone to listen. “

# Case Stories: what our clients have to say

Sarah

*Sarah is an unpaid Representative for her Mum who is in a care home. More than that though, Sarah is a daughter first. Emma is the advocate who is supporting Sarah to understand the safeguards and to raise issues on her Mum’s behalf.*

“I’ve looked after my mum for 5 years to try to keep her out of those places. I didn’t understand the DoLS report and said it’s all new to me so if I can have somebody who knows to speak to that would help.

“Its helped tremendously, I don’t know what I’d do without her... she’s been a godsend. Life’s just been horrendous. I don’t think things would have got as bad with myself. I had to wait two months… It were really good that Emma got on board with me.

“I’m saying this can’t be right, that can’t be right but she’s got that soothing voice that calms me down and she knows what’s right and can’t be and makes a list for me.

“She’s gone through me Mum’s files and looked because I couldn’t do it. Emma went with me and had meetings with me. She were basically my eyes looking what was happening. Where I get frantic and upset she does it in a calmer way and speaks in meetings for me.

“Emma bless her has been my social worker I’ll rant and rave and she’ll calm me down and go and speak to them. They weren’t telling me things they should, it’s been difficult between me and them. She’s happy to go and be the baddie and ask the questions. She’ll go and she rephrases things I might say in the heat of the moment.

“I’m not just my Mums representative I’m her daughter.

“She looks at it from an outsider’s view and calms me down, I’ve got a daughters view about it. The manager up there he doesn’t let me express myself without interrupting and getting defensive, he’s butting in to you all time and not letting you finish. I explained to Emma and Emma asked if I wanted her to ring or me to do it. He’s not professional, Emma makes it professional and arranges to speak to him. Like my little guardian angel she can step back and broach it for me. I get very teary and can’t think straight. We write it down together and go up there.

“I don’t know what I’d do without you.

“She were looking at CQC reports. I’m worried about staffing levels at weekends, two people and a nurse when there’s five in the week is just not enough. The residents don’t know it’s the weekend. There’s a few things that’s happened that I’ve seen. I went on the owner’s website where I send money to and they say on there that they want the residents to have the best quality of life. I were gonna phone them and I stopped and thought what would Emma do? I thought no we’ll broach it with the manager first.

“If anybody can help people that are like me, it’s a godsend because I was on my own.

“She’s my go-to when I’m like really, really struggling and she calms me down.”

Sue

*Sue is in her 30s and has mental health problems. Sue asked for our help in communicating with the mental health team providing support. Sue is not her real name.*

“I’ve had some new diagnoses from the mental health team but I wasn’t sure what they were. I did some research online and rang to ask for advocacy support. I didn’t have to wait a long time and this helped, it went a lot smoother.

“My advocate helped me get my point across, I didn’t feel the mental health team were listening at first, or that I could have my say. With my advocate, I was able to speak my mind. My advocate prompted me and reminded me in the right way to mention this and that. I found out more about the diagnosis.

“I probably couldn’t wish for a better advocate to be honest, Kate has been brilliant with me.

“Kate has also phoned me a few days after seeing me and went through it all with me again to make sure I’d not missed anything, which were really kind of her.

“I’m being discharged soon. I’m doing as well as I can on my own. I think it’s since I’ve had my new diagnosis, that’s really helped.”

# Our staff

We began 2018/19 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 £1.23M on the advocacy service in 2018/19, over 80% of which was spent on staff.

We run the service from three bases across 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

# Our values

We are one of the key services provided by Citizens Advice Sheffield, and work closely with Advice staff to ensure people receive a holistic service.

The core values of the Advocacy Charter sit very well alongside the core principles of Citizens Advice, just as our advocacy services sit alongside advice services.

Our purpose, ambition and plans:

We tackle poverty and campaign for social justice.

We help people, families and communities by:

- providing advice and advocacy to help people solve the problems they face

- campaigning to improve the policies and practices that affect people’s lives

We aim to be one of the best advice and advocacy services in the country, and one of the leading voluntary and community sector organisations in Sheffield.

We have an annual service development plan and service delivery plan which is summarised in our plan on our webpage.

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

Sheffield Advocacy Hub www.sheffieldadvocacyhub.org.uk  
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