

# Citizens Advice Sheffield

# Advocacy services

## 2022 - 2023



# Report Highlights

**Part 1:** A note from the Service Manager

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# A note from the Service Manager

This year, I've been reflecting on the growth of the Advocacy Hub and our Advocacy services on the whole. When I started at Citizens Advice Sheffield in 2016, the team was growing from 8 to 13 advocates. I had come from a Residential and Social Care background, and was new to independent advocacy. I immediately fell in love with the role. Never had I worked in an environment where I'd been allowed so much time and space to try to understand people's wishes, values and what matters most to them.

When I started, demand was increasing and we were just starting to see Care Act Advocacy referrals start to come into the service. As I write this, we now employ 38 advocates and work with over 1,500 people a year across a range of advocacy types, both statutory and generic.

2022-2023 was the 6th year of our Advocacy Hub partnership with Disability Sheffield and Cloverleaf. While we are three individual organisations, it is our shared values and commitments to the advocacy principles that align us. We combine our strengths and specialisms, and challenge each other to ensure we are providing the highest possible standard of advocacy.

I am incredibly proud to be part of this organisation and to work alongside so many passionate advocates who work so hard to ensure that people's rights are upheld and that their voices are heard throughout decision making. I am pleased to share this report of the impact the service has made in 2022-2023.

**Danielle Atherton** | Advocacy Service Manager



# Our goals for the year



**Increase the visibility of the Advocacy Service on a local and regional level**



**Increase referrals into statutory advocacy to ensure that people's rights are upheld**



**Grow and develop our team in a managed way, utilising the skills and experience of our advocates to ensure core values are maintained**



**To gather a strong range of feedback to ensure that our services are performing to the highest standard and that we are meeting the needs of the people we support**



**To use our budget for generic mental health advocacy efficiently and responsibly to ensure we are meeting the needs of the community**



**To advocate in all senses of the word, ensuring that we are being vocal on social policy issues that affect people with advocacy needs**

This impact report aims to set out the ways in which we have achieved and made progress with our goals for 2022-2023. Our work always comes back to our core aims, values and purpose: we exist to provide a high-quality, free and confidential service for people who need independent advocacy support.





I would 150%  
recommend it  
to anybody!

Client feedback

# Our achievements

We've seen increases in referrals across the board this year, compared to last year, including:

**42.4%** increase in Paid Representatives

**34.4%** increase in Learning Disability Advocacy

**11.4%** increase in Care Act referrals

**7.1%** increase in IMHA referrals

**6.3%** increase in NHS Complaints

**14.1% increase  
in overall referrals**

**1861**  
total referrals

# May's story

## Her journey with an Independent Mental Health Advocate

May was first referred to the advocacy service in April 2022 as she had been detained under Section 3 of the Mental Health Act. She had fallen ill during her university course and it had been very distressing for her to have to drop out of her course which she was really enjoying.

May was really struggling on the mental health ward and was unable to tell staff why that was. When I went to see her, she was able to tell me that she found it really difficult to work with men, due to past experiences. May was happy for me to tell the ward this, and they were able to try to ensure that she was seen by female staff on the ward as much as possible.

May was a very active young woman and it was important that she was able to carry on with her activities as soon as she was well enough. We worked together with the ward to implement increased leave from the ward, including attending sporting events and visiting friends in other cities.

May did not want to appeal her section as she recognised she was unwell and wanted to continue with treatment. She also recognised she needed additional support when it was time to leave the ward, and so moved onto a step down bed after being discharged.

**She was ready and able to communicate her needs and wishes by the time decisions were being made about discharge, but still found it helpful to have an advocate with her at this stage for support.**

# What our clients have to say

I would 150% recommend it to anybody, nothing was ever too much and it was fantastic.

We could talk well and he was very strong and direct in fighting my corner. I salute him for his work. He made me mentally stronger and he was very genuine, he didn't just say things - he acted on them.

On the whole she was brilliant, nothing was ever too much and it really helped me as I found some aspects of the ward difficult. I felt we built up a really good rapport and it really helped having her in my corner and saying things that I couldn't.

As part of our service, we hold regular drop in sessions at Riverdale where clients can meet us and learn about advocacy. I met Sarah at one of these sessions. I explained to her the advocacy service and role, confidentiality and safeguarding policy. We discussed her care and treatment and any concerns she may have or things that would improve her experience at Riverdale. She asked that I support her in applying to appeal her section.

I helped Sarah to prepare for a Managers' Hearing, assisting her to decide what she wanted to say about being discharged. At the Managers' Hearing, it was decided that Sarah should remain on a section so we began to support Sarah with the next step, which was applying for the section to be lifted by the Mental Health Tribunal.

Throughout the time I worked with Sarah, I visited her regularly and we took careful time to ensure her views and wishes about her day-to-day treatment were expressed.

**Sarah's section was lifted before her Tribunal date and she was able to discharge herself from Riverdale, return home to her family and receive support from her community team.**

# Sarah's story

## Her journey with an Independent Mental Health Advocate

Sarah, an 18 year old woman, was admitted to Riverdale Eating disorder hospital under a Section 3 of the Mental Health Act. Sarah was diagnosed with Anorexia Nervosa.



She was fantastic, very patient and pushed me to do things for myself but was happy to chase things up for me.

It felt like she was passionate and really cared which is not something I normally experience with services. I normally feel people are not invested but she felt like she was fully invested in what I wanted.

The process was very clear with things and Victoria explained why things were the way they were. It was a very positive experience considering everything I was dealing with. Victoria made it very easy to deal with and clear to understand.

She is patient with me and she respects my difficulties.

**What our  
clients have  
to say**

# Floyd's story

## His journey with a Generic Mental Health Advocate

Floyd, aged 41, was having problems accessing therapy for Post-Traumatic Stress Disorder (PTSD). He had been living in an area with a lot of anti-social behaviour (ASB) and was unable to get rehoused.

I supported Floyd to make a complaint about the challenges he had in accessing therapy and referred him to the Team Around the Person (TAP) service. TAP brought together the mental health support worker from the housing provider, a community police officer and his GP.

I supported him to put forward his requests for therapy and to express how at risk he felt from his mental health as a result of the ASB. He was able to discuss his housing needs and put forward his views about this, as well as hear what the housing team and police could offer to try to stop the ASB. His support worker was able to copy all of the TAP into ongoing updates about the ASB and keep the TAP up to date with Floyd's views.

**Floyd was eventually offered housing priority to move and he was offered a therapy assessment.**

# What our clients have to say

It was highly successful in getting the result I needed. He was very thorough, explained the service well. He was very contactable and prompt. I can't fault him and his approach at all.

She was very good at listening and was not scared to support me or ask any difficult questions for me.

She guided me and when I put things in I was able to be very precise and without her I wouldn't have been able to do this. This proved very useful at the meeting as I was able to say what was needed to get the responses I needed.

She is very understanding and she listens to everything. She is very helpful and she gives me time. She is very considerate and she seems to care about my experiences a lot.

Robert informed me that he'd had a bad experience with his support provider, where they had berated him for leaving a shop and not telling them he was going to do this. Robert explained that he had been in a queue and had experienced a panic attack, and his support worker had been looking on their phone and had not picked up on the signals that he was struggling. He had found the situation too overwhelming and he had run outside the shop. This was when the support worker had berated him for leaving and she had then ended the shift early. It was at this point Robert felt he wanted to change his provider.

As Robert's advocate, I supported Robert to communicate the difficulties he was experiencing with his current provider with the provider's manager and his social worker. Robert experiences a lot of anxiety around conflict and worries he will offend and upset someone if he raises an issue but having his advocate with him gave him the confidence to voice that he was unhappy.

His social worker gave him the option of using another approved provider or going through direct payment and being able to choose who he would like to support him. Robert found making the decision very difficult so I supported him to go through the pros and cons of each choice. Robert decided to stick to an approved provider but only if his social worker amended his care plan to reflect the issues he experienced linked to his ADHD, which Robert felt had previously been ignored. I supported Robert to ensure this was added to his support plan and communicate that the new provider needed to have experience with ADHD as well as mental health.

**Robert now has a new provider in place that has allocated him a support worker who understands both his mental health and ADHD support needs, which has helped Robert feel more confident in receiving a social care package again.**

# Robert's story

## His journey with a Care Act Advocate

Robert needed advocacy support because he was experiencing difficulties with his current care provider. Robert felt they did not understand his support needs, specifically around his ADHD and how this impacted on his mental wellbeing.



# Jim's story

## His journey with an Independent Mental Capacity Advocate

Jim, a 73 year old man with a learning disability, some physical disabilities and stage five kidney disease, was referred for an IMCA for a serious medical treatment best interests decision regarding whether he required dialysis.

Jim lived at home alone and was having care calls several times a day. He had only recently returned home after a period in hospital.

I visited Jim on a number of occasions at his home. To support him to participate within the best interests process, I created easy-read information about kidney disease and dialysis, including the pros and cons. By working together and using information in a suitable format for Jim, I was able to ascertain questions he had about dialysis and also any worries that he had. These questions were shared with the hospital prior to the best interests meeting, and answers were given to enable Jim to understand as much as possible about the decision to be made. Some of Jim's worries included whether he could talk and watch TV when he had dialysis, where he would be able to have this treatment, and whether he would need to stay in hospital. The hospital responded to these questions and offered information and reassurance to Jim.

On the day of the best interests meeting, Jim travelled by hospital transport and met me at the outpatient unit. I had taken the questions and information with us so this could be revisited on the day with Jim. Jim was familiar with the consultant we were seeing on the day and he was given a lot of support by the nurse.

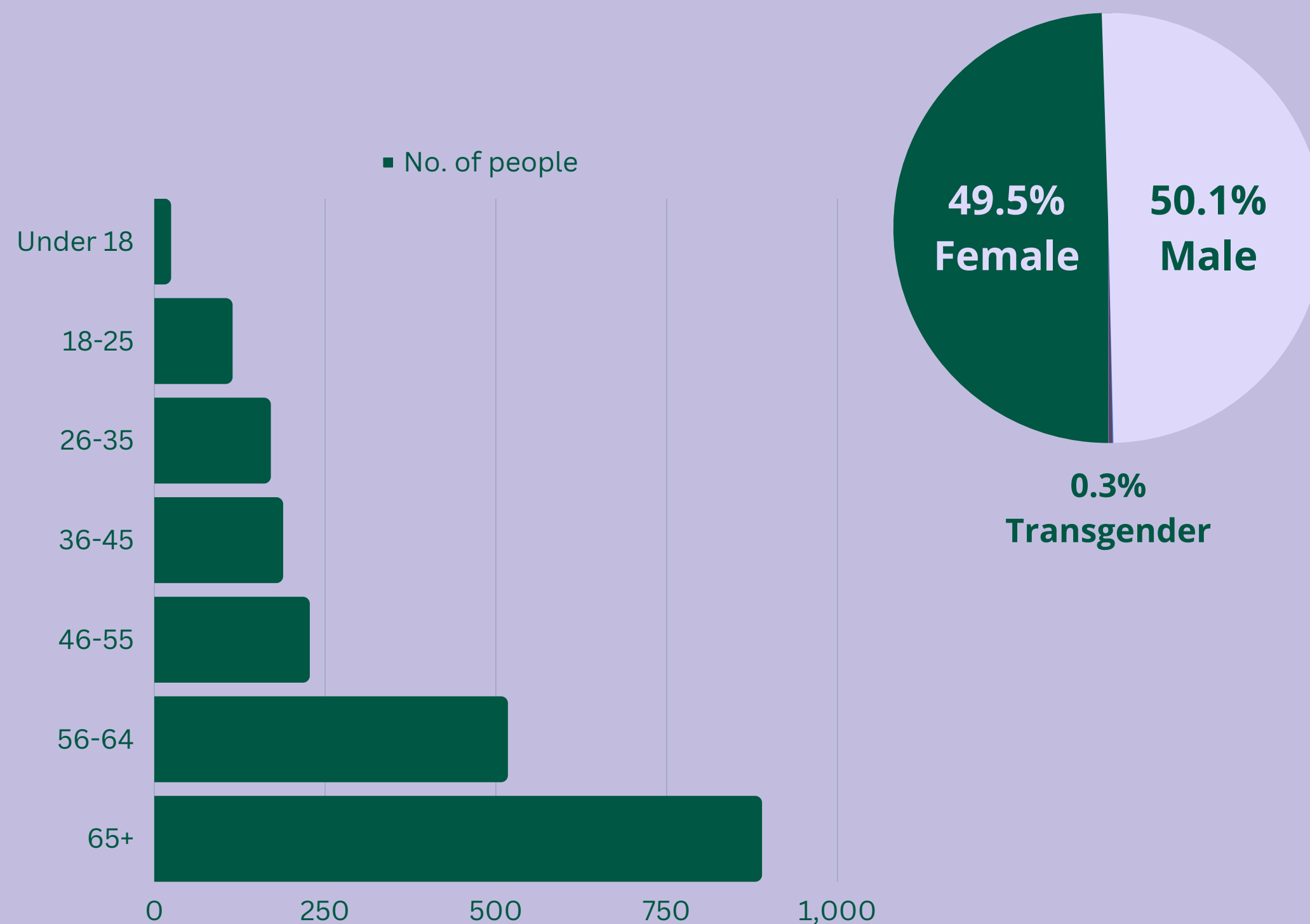
**Additional time was given to discuss the decision in detail, and a best interest decision was taken for Jim to have dialysis. This was a decision he was pleased about.**

# Who we're helping

## Client demographics

Full datasets are available at the end of this report.

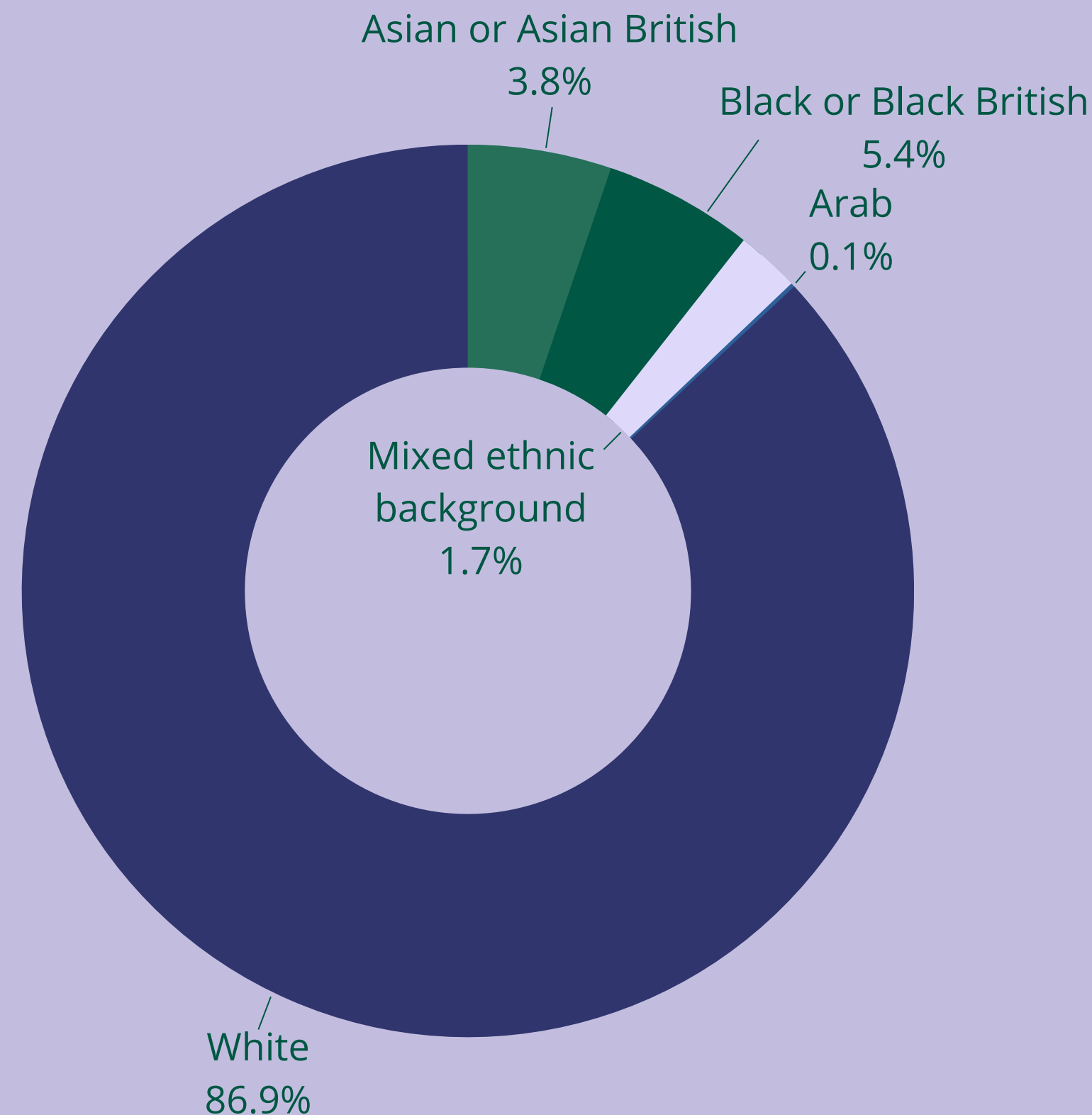
From ages 12 to 103, across 16 different nationalities, our client group is wide-ranging.



# Who we're helping

## Client demographics

Full datasets are available at the end of this report.



**\*Of the clients who reported their ethnicity**

# Who we're helping

## and how we're communicating

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Full datasets are available at the end of this report.

Our advocacy service supports people from a vast range of backgrounds and with a variety of needs. Our clients often have multiple and complex needs, including in relation to language and communication needs.

This year, over **15 different languages** were spoken by our advocacy clients.

We supported 5 people in **British Sign Language** (BSL) and 25 people in **Makaton** or **Pictorial**.

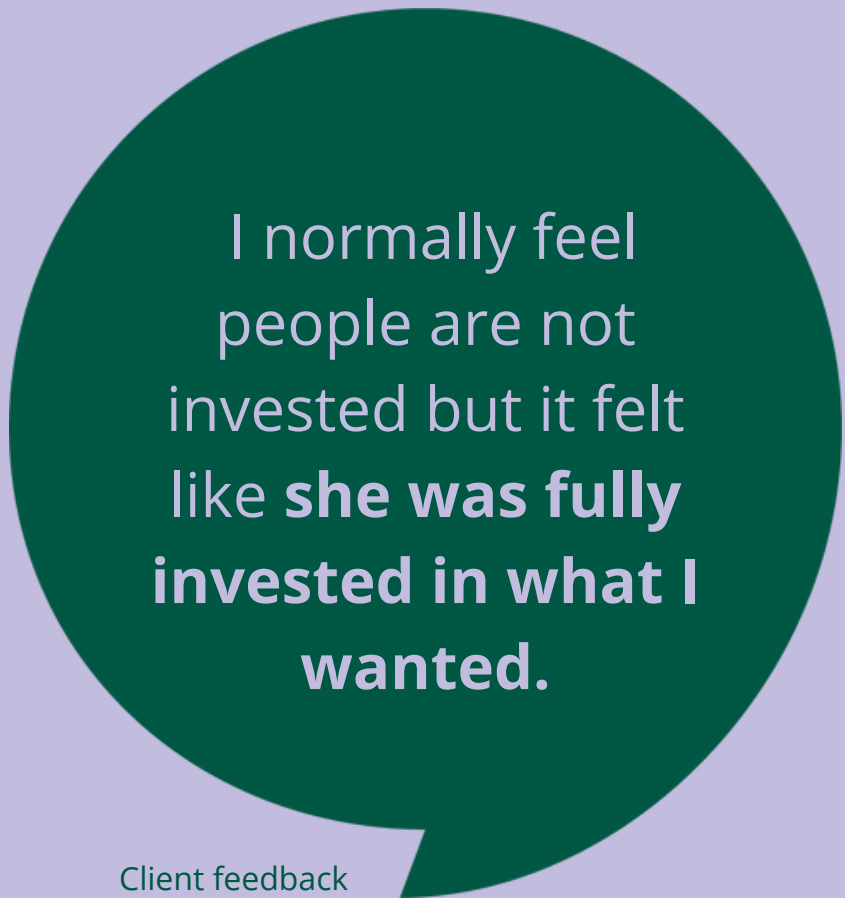
25 of our clients had **no known means of communication**.

**Almost one-third** of our clients had impaired memory/concentration or ability to understand (such as dementia) as their primary need, with a further 10% as a secondary need.



# How we're making a difference to the people of Sheffield

- We helped people to challenge decisions around their social care provision, **ensuring that care packages were person-centred** and that **people were listened to**.
- We supported adults and young people sectioned under the Mental Health Act who wanted to appeal their sections to do so. We also worked with them to make their time on the ward **as positive an experience as possible**, helping them to do things like request leave and ensure that dietary requirements were met.
- We helped people through the process of making complaints to the NHS, from unpicking what they wanted to complain about and **identifying the outcome they were looking for**, to help with submitting the complaint and understanding the response they received.

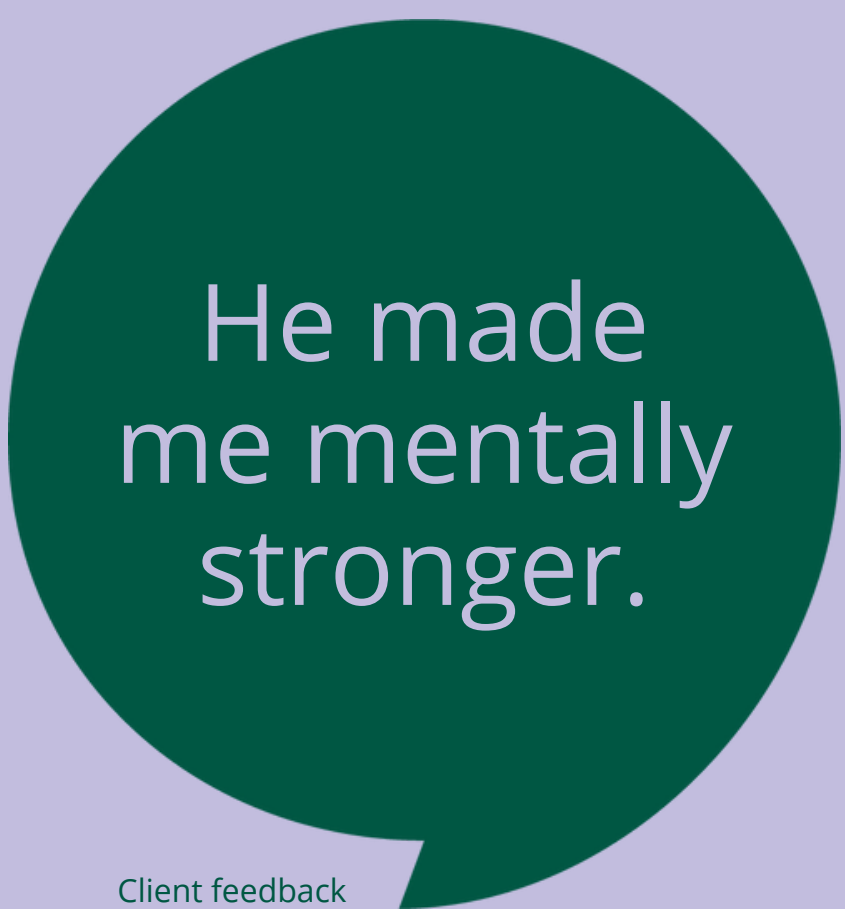


I normally feel people are not invested but it felt like **she was fully invested in what I wanted.**

Client feedback

# How we're making a difference to the people of Sheffield

- We supported people deprived of their liberty in Care Homes to ensure that their plans were met and that they **continued to have meaningful lives based on their choices**. We also supported those people who didn't want to be in care homes to have this looked at in court.
- We advocated for parents with learning disabilities, helping them to navigate care proceedings for their children. We supported them to **understand the processes** and ensure that they were able to be fully included.
- We supported people with mental health issues to access mental health services, including supporting clients to attend meetings to **ensure that they were listened to and given time to express their needs and wishes**.



He made  
me mentally  
stronger.

Client feedback

# How we're making a difference to the people of Sheffield

**This year our Advocacy service were involved in supporting residents at a supported living project through a disruptive and significant time of change.**

The supported living project, which had been the home to its residents for many years, was unfortunately due to close. This was naturally a cause of concern and alarm for many residents who had established it as their home and felt comfortable there. Our advocates were keen to ensure that the residents knew about the support available to them and could access it if needed.

From the initial meeting, when residents were told that they would need to move, our support was made clear to residents and we were there to inform them about advocacy. We prioritised any referrals from the project that came into the service, and are still continuing to support the residents individually to ensure that their wishes are heard as part of the decision-making.

While there is no way to eliminate the impact of a move from a long-term home, we've been proud to be able to support residents to speak about what they desire most, including where they want to live in the city and with whom and how they'd like to be supported. In doing so, this will aid social workers and other decision-makers to better understand the priorities of those people impacted by the closure.

# The wider impact

Our social policy campaigns work in advocacy often involves raising wider issues with providers and statutory organisations. We want to ensure that our clients' voices are heard, that their rights are upheld, and that we are using our expertise and insights to support decision makers to implement practical solutions to problems we observe, and evaluate their effectiveness. Our advocates and Advocacy Manager regularly attend a variety of groups and committees, including user-led, NHS, Council and other voluntary sector services.

## How this works in practice:

- In order to gather information, we record case data using our internal case management system and analyse this for any trends and patterns
- We then identify key stakeholders who might have influence over the issue in question, attend meetings with them, and raise our concerns along with suggestions for areas of improvement

This year, we attended the Least Restrictive Oversight Group Meeting run by the SHSC Trust, which looks at restrictive practice and how it is implemented into mental health settings. We were able to feed into the development of policies and procedures and talk about client experience, and also areas of good practice we'd witnessed on the wards.



# Advocacy over the years

**We asked one of our longest-serving advocates, Sarah, to recap on the service and how it's changed. Here's what she had to say...**

I began working with the Advocacy service as part of a project to provide advocacy for working-age adults using mental health services. This was before advocacy was embedded in law as a statutory right for people (within certain circumstances).

The project had two full-time advocates and I was fortunate to work alongside an advocate who had experience from a long-standing user-led Advocacy service - which at the time was considered the grassroots of advocacy, emerging in the 1980's.

This same Advocacy service still exists today as our Generic Mental Health Advocacy service. But back when we started, we were serving the *entire* population of Sheffield with mental health needs, and much to my frustration, were unable to respond in a timely manner to people on the mental health wards as we always had long waiting lists and by the time we got to these people on wards, they had moved on.

As Statutory Advocacy began to emerge, I can remember the concerns amongst the UK advocates, many from grassroots and user-led advocacy groups similar to the one my first colleague had come from. There was talk about these advocacy groups being replaced with suited and briefcase-holding "professional advocates", rolling out throughout the country. "Something would be lost in this professionalisation of advocacy", they declared.

But at the same time, advocacy was finally starting to be taken seriously, which was exciting! Lots of emerging legislation mentioned a right to advocacy, and as the "briefcase-wielding" professionalism of advocacy developed, many of those vulnerable people whose needs we were struggling to meet suddenly had advocacy that was enshrined in law - with qualified advocates who could wield some power.

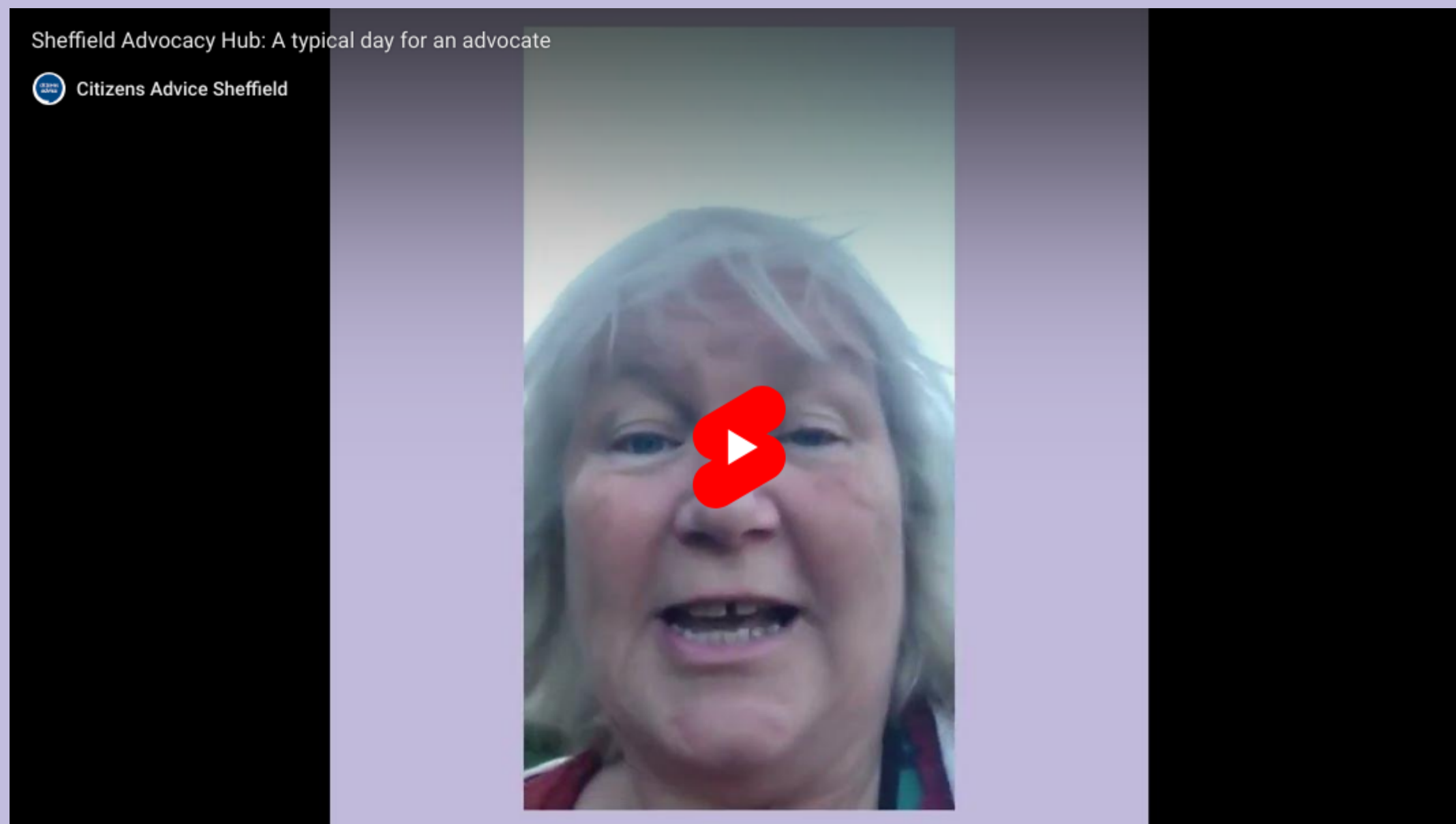
Those people who were most vulnerable within mental health hospital settings but were unable to ask for an advocate - despite being the most in need - were now being protected. And finally, my concerns about all the people in mental health hospitals at the bottom of a very long waiting list had their own service: IMHA, which was set up to respond quickly and when needed.

With this new advocacy service we could expand our entire provision, going from just two advocates and one volunteer to the 38-strong team we have today.

# Advocacy: a day in the life

## Meet Alison

Alison shared a glimpse into a day in her life as an advocate for #AdvocacyAwarenessWeek2022 - [watch the whole series here](#).



# The advocate's experience

**Our advocates come from a range of backgrounds and bring such unique skills and rich experience to the team.**

## Kate W

When I think of the important moments and positive aspects of the work I've been involved with since I started as an advocate in **2009**, a few things spring to mind:

- Being there at the beginning of the IMHA statutory role, and presenting about this to other professionals
- Working closely with the Mental Health Advice team
- Training and supervising volunteers - and a volunteer then getting a paid job as an advocate with us
- Teaching social work students on placement
- Being part of reorganising the generic service to make it fairer and more responsive
- Seeing how much the team has grown and that despite the fast growth & the impact of covid on working, we remain a supportive team

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## Peter B

I joined Advocacy in **2010**, initially on a part-time contract for a few weeks when there were about six of us. I learned so much from my colleagues; peer support has always been fundamental to the service. Thirteen years later I'm still here, after working as an advocate for four years, then supervising the service.

We felt like a very small part of a large advice organisation when we all merged into Citizens Advice Sheffield in 2013. In 2017, as manager, I helped bring the Sheffield Advocacy Hub into being. By that time, we'd pretty much trebled in size, and today we've got 38 advocates working across health and social care, helping more people than ever.

In 2019, I moved into senior management, bringing my background in advocacy to the benefit of the whole organisation. It's been quite a journey. I still remember my first advocacy client like it was yesterday, and although my responsibilities may be very different now, I feel just as passionate about supporting people made extremely vulnerable by their situations as I did then.

# Looking ahead ➡

## Setting out our long-term priorities and goals for the Advocacy service

- 🏆 To deliver an exemplary advocacy service that best meets the needs of our clients
- 🏆 To embed client involvement throughout the service
- 🏆 To support research into advocacy and provide evidence to researchers
- 🏆 To provide support to community organisations providing advocacy
- 🏆 To identify gaps in generic advocacy and campaign for provision in these areas
- 🏆 To expand our digital presence to better meet the needs of our clients, in order to create innovative pathways into the service
- 🏆 To support and enhance staff wellbeing, particularly in regards to the somewhat emotionally challenging nature of their work
- 🏆 To continue to work towards creating a sustainable environment and, along with Sheffield City Council, our commitment to reach net zero carbon emissions by 2030



# Acknowledgements

To our valued partners in the Advocacy Hub:

- Cloverleaf - an independent advocacy charity that has been going for over 25 years
- Disability Sheffield - a membership and user led organisation, run and controlled by disabled people, promoting independent living for disabled people

Thank you for your tireless efforts in this partnership.

And thank you to the networks, groups and other supporting bodies we work with, including:

- Mental Health Partnership Network
- Sheffield Autism Partnership Board
- Learning Disability Partnership Board
- Mental Capacity Act Action Network
- Mental Health Legislation Operational Group
- Advocacy Partnership Development Network
- Least Restrictive Practice Group
- Lived Experience and Co-production Assurance Group



# Citizens Advice Sheffield

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## Contact

### Sheffield Advocacy Hub

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# A quick glossary

**Advocate** - an individual trained to help you understand your rights, express your views and wishes, and help ensure your voice is heard.

**Advocacy Principles** - the principles of the Advocacy Charter

**DOLS RPR** - Deprivation of Liberty Safeguards Relevant Persons Representative

**IMCA** - Independent Mental Capacity Advocate

**IMHA** - Independent Mental Health Advocate

**MHA** - Mental Health Act

**QPM** - Quality Performance Mark (awarded by the NDTI)

**Statutory Advocacy** - where a person is legally entitled to an advocate because of their circumstances

# Full demographic dataset

Age Range	No. of people
Under-18	24
18-25	114
26-35	170
36-45	188
46-55	227
56-64	517
65+	889

Gender Identity	No. of people
Female	904
Male	915
Non binary	1
Transgender	6

Communication Need	No. of people
British Sign Language (BSL)	5
Gestures or facial Expression	34
Makaton or Pictorial	25
No known means of communication	25
Verbal	1536
Verbal (Limited)	122

Preferred Language	No. of people
Arabic	8
Bengali	5
Cantonese	3
English	1823
Farsi	1
Hindi	1
Italian	2
Mandarin	1
Polish	7
Punjabi	8
Somali	3
Spanish	2
Swahili	1
Tigrinya	3
Urdu	5
Other	4

# Full demographic dataset ctd

	Ethnicity	No. of people	Nationalities
Asian or Asian British	Bangladeshi	9	Afghan
	Chinese	2	British
	Indian	4	Czech
	Pakistani	32	Dutch
	Other	23	Eritrean
Black or Black British	African	35	Ethiopian
	Caribbean	26	Iranian
	Other	12	Irish
Mixed Race	White & Asian	10	Maltese
	White & Black African	2	Nigerian
	White & Black Caribbean	9	Polish
	Other	10	Russian
Arab	Arab	2	Somali
White	British	1112	Swedish
	Irish	14	Syrian
	Other	46	Vietnamese

	No. of people	
Impairment	Primary Need	Secondary Need
Autism/ASD	49	95
Communication, e.g. speech	3	10
Hearing, e.g. profound to mild deafness	3	21
Impaired memory/concentration or ability to understand, e.g. Stroke, dementia, head-injury	589	107
Learning Disability, e.g. Downs syndrome	324	42
Long-term illness or health condition, e.g. cancer, HIV, diabetes, chronic heart disease, rheumatoid arthritis, chonic asthma	75	158
Mental ill health, e.g. Bi polar disorders, schizophrenia, depression	615	156
Mobility or physical, e.g. walking, dexterity	34	166
Visual, e.g. blind or partially sighted	3	17



## Referrals data

Total referrals: **1861**

- Increase in Care Act referrals (n=43 or 11.4% increase on last year)
- Increase in IMHA referrals (n=21 or 7.1%)
- Increase in NHS Complaints (n=8 or 6.3%)
- Increase in Paid Representatives (n=171 or 42.4%)
- Increase in Learning Disability Advocacy (n=11 or 34.4%)
- Overall increase in referrals (n=230 or 14.1%)

Generic Mental Health: 103 referrals

Becton: 13 referrals

Riverdale: 6 referrals

Spot Purchase: 32 referrals