

The HOPE project's advocacy Big Events 2020

Summary from Webinars

Introduction

In June 2020, organisations with expertise in independent advocacy services, and the National Development Team for Inclusion (NDTi) undertook a survey of advocates and gathered evidence of the impact of the COVID-19 (coronavirus) pandemic. The report -“Valuing Voices in Wales: Protecting Rights Through the Pandemic and beyond”formed the basis of The Big Eventswhich were a virtual series of five webinars arranged and organised by HOPE (Helping others participate and engage), held over a period of two weeks, between 19 October and 5 November. Break out rooms provided discussion and debate on the key elements of the report.

Webinar 1 – The Advocacy Principles, 19 October

A presentation by Jonathan Senker, Chief Executive, VoiceAbility, and Natasha Fox, Chief Officer, Advocacy West Wales explored “The Advocacy Principles” document which was produced by a collaboration of advocacy services with NDTi. The document had been provided to delegates when signing up to the webinar and formed the basis of discussions around its key five principals:

<https://qualityadvocacy.org.uk/wp-content/uploads/2020/10/Operating-Principles-26.10.2020.pdf>

The breakout rooms on the day were asked to consider; why the principles were important to them, what was challenging and what was working well.

Summary of Group Discussions:

The historic difficulties relating to access to advocacy was discussed and overall, the group discussions reflected that although legislationprovided a statutory duty to offer support, it had only partly mitigated the right to advocacy if professionals were not enabling this to happen. Advocacy was agreed to be an important `hard wonright` that was being overruled through the application of blanket decision-making policies under the current pandemic. If people were made aware of advocacy, the methods for communication were not always appropriate to the communication and educational needs of the people requiring it, barriers to virtual support were highlighted as being a lack of understanding or access to digital technology, no access to the financial resources, or no support to develop the appropriate skills. Where virtual or telephone support was being provided group, discussions raised concerns over confidentiality, safeguarding, and the inability to pick up non-verbal body language.

The group discussions also highlighted people's reluctance to ask for support, or the assumption that all services were closed, because of unclear messaging from Welsh Government and statutory bodies. Positive examples of the advocacy principles were generated in the group discussions including the hard work of care homes and

advocacy services to offer reactive flexible support with appropriate risk assessments and social distancing.

Webinar 2 - Reductions in Advocacy Referrals and impact of Blanket Decision Making, 20 October

A presentation by Natasha Fox, Chief Officer, Advocacy West Wales and Nicola Benney, Advocacy Manager, Dewis CIL exploring the assumption that referrals for advocacy would increase during the pandemic lockdown and potential reasons why this didn't happen including blanket policy making.

The breakout rooms on the day were asked to consider; the impact of the pandemic on people who needed advocacy, the impact on advocacy services and the impact of blanket policy making on both.

Summary of Group Discussions

There was a consensus across all the group discussions that there had been a significant drop in referrals for advocacy across all statutory advocacy. This was particularly pronounced in relation to the Social Services and Well-being (Wales) Act where 89% of advocates said there had been fewer referrals. Of concern were people under the Mental Capacity Act, Social Services and Well-being (Wales) Act, and Mental Health Act who should have been referred for advocacy, but this was not happening. The Coronavirus Act and its emergency powers were incorrectly being used to overrule the advocacy element of the Social Services and Well-being (Wales) Act.

The impact across all settings was reliant upon family, staff, or professionals being able to offer support via digital platforms, if they had the time capacity and understanding of the technology, with little or no alternatives offered. There were concerns across all groups around the lack of confidentiality and gatekeeping access to statutory advocacy with a lack of flexibility and not accommodating different communication needs, e.g. people with learning difficulties, with hearing impediments or deaf and those who are visually impaired as well as the impact of heavy medication on a person's capacity to engage.

For advocacy services themselves, groups felt that there had been assumptions made that they were all closed, there were blanket no visiting policies across all sectors with concerns around blanket DNACPR decisions being made. All the groups were concerned that if blanket decisions were not challenged it would have an impact upon the way referrals were made after the COVID-19 situation was resolved. The health and community care settings need to be more flexible, with appropriate risk assessment procedures, PPE and information on advocacy being offered to all individuals, to enable them to access advocacy support and a right to family life. Usual meetings such as "Best Interests" need to continue and all groups agreed that they need to continue to push for this to happen.

Webinar 3 – Mental Health impact on staff and clients during lockdown, 22 October

Presentation with Meinir Evans, Business Manager for Mental Health Transformation for Health Board, and Kerry Grommert, ICAN Volunteer and Training Co-ordinator.

The groups were asked to discuss; the impact of the COVID-19 pandemic on people who needed advocacy and the staff during the lockdown, what strategies worked well and what we need to consider moving forward.

Summary of Group Discussions

There was a consensus on the levels of stress and anxiety for clients and staff, feelings of isolation and loneliness, concerns over job insecurity, finances etc having an impact on wellbeing. Working from home allowed staff to continue to offer support but there were difficult balances between home/work life, not having a dedicated workspace or not being able to switch off from stressful situations. People needing advocacy were left feeling that there was no one out there to help them and carers were trying to manage on their own. Older people were withdrawing and losing confidence, local business and community setting were closed with some financially unviable, meaning communities will be changed.

On a positive note all groups felt that discussions around mental health were reducing stigma attached to this, carers were identifying as carers and asking for support where they may previously have been reluctant and community volunteers were offering practical support with shopping etc. Staff and colleagues felt it was important to talk to friends outside of work, have chats with colleagues informally about non work-related issues and for employers to offer support for staff through initiatives that would build in time dedicated to wellbeing. Again the issue of communication was raised across all groups, zoom calls being used heavily, adding stress, less phone calls, clients who need to lip read or those with limited access to IT or the knowledge to use these need more time and space to be effectively supported. Importance of physical and mental wellbeing interlinked.

Webinar 4 -The Impact of Lockdown on Carers and services being withdrawn, 2November

Presentation by Dawn Owen, Volunteer and Engagement Officer, Carers Wales focused upon how people may not see themselves as carers, how the responsibility of the caring role has been highlighted during lockdown and why this is having an impact on people registering as carers and seeking support. The Social Services and Well-being (Wales) Act and its requirement to offer support for Carers.

The breakout groups were asked to consider examples of where carers were struggling, why more carers have registered during and after lockdown, and how advocates can ensure that the statutory requirements of the Act are delivered.

Summary of Group Discussions

Discussions around the possible reasons that more carers are now registering and seeking support, included more positive reflections of carers in the media, TV programmes and press, carers week, highlighting the pressures of being a carer and the role of paid /unpaid carers during the clap for carers. The impact of having no formal respite or community support, e.g. lunch clubs being closed have had an

impact highlighting the `constant care` being provided in lockdown, people are now struggling and asking for help at the point of crisis. The Act is not clearly understood and there were points raised about the need for conversations from GPs or Pharmacists who know someone is a carer on the benefits of registration and the support it can offer.

Accreditation as carer friendly organisations might help employers/schools offer better support. Misconceptions around people only being considered carers if they receive the carers allowance, difficulties financially for older carers when retirement pension starts as at this point carers allowance stops and putting the mental health and well-being of themselves as carers first. Discussions highlighted the need for clearer messaging from Welsh Government during lockdown, that carers could travel to offer support, enabling people who lived further away to still visit elderly relative or friends. Elderly people have been left isolated and lonely. Similar messages as previous conversations around IT, Zoom and virtual meetings need appropriate time and support to develop skills.

Webinar 5 - Peoples Human Rights Being Overridden During the Lockdown, 5 November

Presentation by Dr Andrew Hider, Ludlow Street Healthcare Dr Hider summarised the importance of navigating rights in normal mental health practice, reference to core guidance **Code of Practice, MCA Code of Practice, Human Rights Act 1998**, giving an overview of what should happen under inpatient care and the planning that went into providing services during the lockdown. Reflecting upon human rights legislation and emergency COVID-19 legislation, how this has been interpreted, particularly in respect to care homes.

The breakout groups were asked to consider what challenges they experienced when trying to ensure peoples human rights are being met, and what support advocates felt they needed to appropriately challenge clinicians/organisations if they are concerned that human rights are not being upheld?

Summary of Group Discussions

Some of the issues discussed included; lack of input from individuals, family members or advocates when discharging from hospital, people being sent for assessments a long way from home, no right to family life, cancellation of Section 17 leave, confinement for long periods in isolation in care homes, no hugs and no physical contact, no visits. Lengthy delays in social work assessments particularly out of county, Deprivation of Liberty Safeguards not being applied and best interest meetings not including advocacy. Blanket policies re DNACPR in place in many settings, older people and those with learning difficulties particularly highlighted as losing human rights. Providers under stress, shortage of staff, additional costs, complex needs. Increasing risk of self-harm or suicide due to deteriorating mental health, pressure cooker effect of a problem building up over longer term. Families left to care for people they don't know how to handle, and assumptions made that families can and will cope.

Advocates felt that examples of successful legal challenges and the rulings to challenge blanket no visit policies would really help, sharing legal judgements and

again clearer messaging from Welsh Government is needed. Resources in easy read formats and funds for care homes to recruit more staff to address the disparity of care. A lessening of fast thinking for solutions in crisis, an increase in slower thinking, finding solutions that ensure access to services, support and provision will help advocates meet the concerns they have around human rights. Advocates should not be afraid to challenge care homes for blanket policies to not allow visits and families can take legal action. The court of protection is sitting, make referrals to this, the pandemic is not a block to this fight for clients taking place.

All groups agreed that they would welcome more forums such as this to share experiences, very valuable for practitioners who may be working in isolation themselves.

Evaluation of the Webinar as an Annual Conference

Overall, the event was very well received with 90% describing it as good/very good. The Zoom platform was liked by 85% of attendees as an alternative, with some technical issues and broadband speed affecting some participants engagement. The highest positive feedback from attendees, despite technical issues, was the webinar on human rights. Most attendees who completed feedback (92%) felt that their knowledge and understanding of the subjects following the webinars had improved, rating it good/very good.

Some positive comments:

Attending the 'Big event' webinars has made me more aware of the issues people are facing, the impact the pandemic is having on everyone's mental wellbeing and how I can implement new ways of working to ensure I fulfil my advocacy role during unprecedented times

Need more advocacy platforms to assist advocates in finding out information to support their work. Some advocates work part time and they have a heavy load and do not have the time to find out about resources that would assist them in their work. Therefore, to have events such as this supports them in finding out how others are working and what resources they are accessing to assist them in carrying out an effective advocacy service