

# Annual report and accounts for the year ended 31 March 2021

## VoiceAbility Advocacy

Charity number in England 1076630

Charity number in Scotland SC050036

Company number 3798884



# Welcome from the chair of trustees



I am delighted to introduce this annual report as the new chair of VoiceAbility's board. Striving for equality and human rights has always been at the core of my life, inside and outside of work, so I was extremely pleased to become part of an organisation that aims to ensure that everyone is heard when it matters most.

Joining the board during the pandemic, I've seen how coronavirus has disproportionately affected people who use health and care services and made existing inequalities worse. It's highlighted just how important VoiceAbility's work is.

Throughout the pandemic, VoiceAbility has been continuing to work one person at time, to enable everyone to make their own decisions and have control of their lives. We've also facilitated collective action, recognising that disabled people and people who use social care and health services are the experts on what needs to change, in order that we can all live the lives we choose. The positive journeys that people have taken by working with VoiceAbility staff and volunteers reinforce to me the enormous difference that can be made when we truly listen to people.

VoiceAbility also works strategically to generate change. I am so pleased that we have brought organisations together, especially providers of advocacy, to work co-operatively and for the common good during this critical year. I am proud to share with you the ways in which we have influenced public policy so that it better enables people's voices to be heard and their rights to be respected.

I would like to offer my appreciation and sincere thanks to all VoiceAbility staff and volunteers, to my fellow trustees, and the many people and organisations who have partnered with VoiceAbility this year. I would also like to express my deep respect and admiration for my predecessor as chair, Peter Letley, who steered the board with such skill over the past decade.

While we remain in highly uncertain times, the inspiration I have taken from VoiceAbility over the past year leaves me in no doubt that whatever happens around us in the year ahead, we must and will play a full role in supporting people's voices to be heard.

Susan Douglas-Scott CBE

# Welcome from the chief executive



Crises force us to focus on what is most important. For VoiceAbility, the crisis of the pandemic has drawn into even clearer focus our overall purpose.

We're here to make sure that people have a voice when it matters most. That is what is important to us, not narrow organisational interests. So, I'm proud that during the pandemic we have invested time and effort into working co-operatively with other organisations who share our values, successfully galvanising and supporting collective work to support people to have a voice. You can read more about the work of the 'Advocacy Leaders Network' later in this report.

People who draw on our support services face barriers to having genuine choice and real control in life changing decisions. During the pandemic, those barriers have become even higher. To provide the right support so that people can overcome this, our staff and volunteers have worked with determination and flexibility. I would like to express my thanks to every one of them.

Even in the challenging context, we have further enhanced the quality and effectiveness of our services. This has included strengthening our dedicated quality team; developing communities of practice to identify and disseminate best practice and improving access to our services for people who may benefit from them and for referrers.

We have emerged from an enormously challenging year for everyone, in a stronger position than ever to enable people to be heard. We are determined to do this. I look forward to working with people who draw on our services, colleagues and friends inside and outside VoiceAbility in the year ahead to achieve this.

Jonathan Senker

# About us

We support people to be heard when it matters most. We've been supporting people to be heard in decisions about their health, care and wellbeing for almost 40 years. We're an independent charity and one of the UK's largest providers of advocacy and involvement services.

## Our aims

We believe that everyone, regardless of situation, illness or disability, has a right to:

- be heard and respected
- have the same choice, control, and freedom as any other person
- be safe from violence, discrimination, harm or abuse



In line with our charitable objectives, everything we do is focused on achieving these aims.

In this annual report, you can read about how we have achieved these aims through our work with individuals, through work with groups and communities, through working with other organisations and through influencing national policy.

The report also explains the changes we have made within our own organisation to make sure we are best placed to achieve our aims.

## Our values

### Passionate

We're dedicated to strengthening voice, supporting rights and changing lives.

Because we are passionate we:

- are committed to delivering high quality support
- make what we offer accessible to all
- work with policy-makers to safeguard and strengthen people's rights

### Empowering

We enable people to live life to the full.

Because we are empowering we:

- support people to speak up for themselves and grow in confidence
- equip people to understand and exercise their rights
- treat people as individuals with their own unique strengths

### Collaborative

We listen and shape decisions with others.

Because we are collaborative we:

- involve people we support in shaping our organisation and what we do

- are easy to talk to, considerate and constructive
- ask for and respond to feedback so that we can improve

### **Honest**

We work with integrity and we stick to our principles.

Because we are honest we:

- mean what we say and do what we promise
- make everything clear and transparent
- maintain independence, confidentiality and professionalism

### **Resourceful**

We think ahead and find effective ways to achieve our mission.

Because we are resourceful we:

- focus on solutions
- try out new ideas
- achieve the most we can with the resources we have

## **Our vision**

We will:

- deliver *the* best possible quality of support
- be *the* provider of choice for the services we offer
- be *the* source of authority for expert insight on voice and rights
- be *the* place to work or volunteer with, for anyone who shares our aims

## **Our reach**

We supported more than 22,000 people across England this year. To maximise our impact and achieve our aims, we also work to influence change in legislation, policy and society. This means that people have stronger rights, and the support to understand and use those rights, and to have those rights respected.

We employ over 300 members of staff and have 52 volunteers. We have an income of £10.3m per annum, overwhelmingly from contracts with Local Authorities and the NHS.

## **Our services**

What all our services have in common is that they support people to be heard when it matters most. Our advocacy services support people to be heard in important decisions about their health, care and wellbeing. Our diverse range of other services, which we call 'Connections services', are about making sure that all of us can live the lives we choose and have our voices heard in decisions which matter to us, locally, regionally and nationally.

### **Advocacy services**

Advocates are independent professionals who work with people to help them understand their options, know their rights and say what they want. This helps to make sure that people are involved as much as possible in decisions about their health and care and are represented where required. The law says that some people have a legal right to advocacy because they may find it very hard to be heard.

“You helped me make sense of what was happening, and break it down into manageable chunks I could deal with. I feel stronger now, and more able to cope.” – feedback to our Bradford team

An advocate can support someone to:

- communicate their views and wishes
- understand their rights
- understand any processes and decisions they are subject to
- understand the options they have
- challenge a decision

“What’s so important is that you are there for the client, you are independent. You’re there to help them raise their voice and strengthen their voice.” – Emma, VoiceAbility advocate, speaking on BBC Radio 4’s Listening Project



Even when someone may find it very hard to tell their advocate what they want, our advocates will use a range of approaches to establish their views and wishes as far as possible and secure their rights.

### Connections services

Our range of Connections services is growing but this year it included:

- **Involvement and participation:** we work with providers, NHS bodies and local government to ensure that people who use services have a real voice that counts when they make decisions. For example, we employ people with learning disabilities and autistic people to capture and convey the voices of their peers and facilitate user involvement networks.
- **Group advocacy:** We support people to meet together, identify common issues, share their experiences and take action. Where possible, we support these groups to become self-facilitating, empowering people to take more control of their own lives.
- **Peer mentoring:** We all trust and feel more comfortable speaking with people who have been through some of the same experiences as we have. Peer advocacy can help us open up, find support and develop our own solutions. A peer mentor is a trained volunteer who has had similar experiences to the people they are supporting. They listen and provide emotional support. They also share their own experience, insights, advice and encouragement.
- **Supporting people to navigate support networks:** For example, in Suffolk, our Community Wellbeing Service helps to match people to local services, activities and opportunities that can help them achieve their goals.








## Our strategy for 2019 – 2025

### 1. Diversify the services we offer

People need many kinds of support in order to be heard and have their rights upheld. Advocacy is one vital type of support, but not the only one. By 2025 we will have significantly widened the range of services we offer which help to achieve this.

Progress this year included that we introduced a new peer coaching service in Camden, took on facilitation of learning disability user involvement in Hampshire and Southampton, and invested in new staff roles to drive forward our diversification.

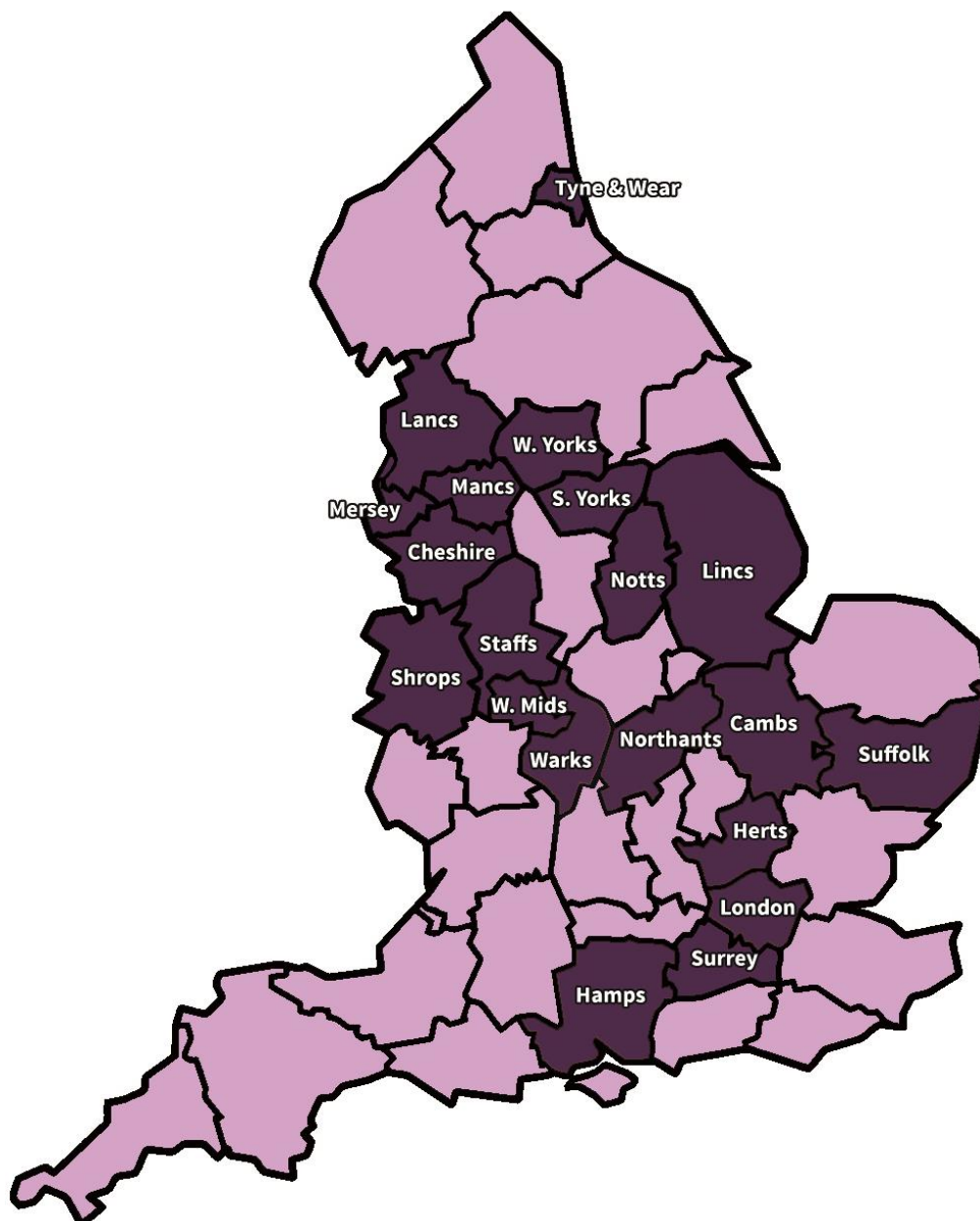
### 2. Improve our organisational capability

	Aim	How we'll do it	Progress this year included that we:
	Value our people	Create an even more positive working culture and clearer opportunities for staff development and progression.	<ul style="list-style-type: none"> <li>enhanced our management structure</li> <li>invested in staff training and new e-learning platform</li> <li>improved pay progression opportunities for advocates with multiple specialisms</li> <li>established a range of health and wellbeing initiatives</li> </ul>
	Build the basics	Increase clarity and consistency across all our standards, policies, systems and processes whilst maintaining person centred service delivery to individuals.	<ul style="list-style-type: none"> <li>upgraded Salesforce, our case management system and database, enabling greater consistency in practice and improving the accuracy of our recording</li> </ul>
	Drive quality	Improve our ability to evidence our impact and outcomes.	<ul style="list-style-type: none"> <li>introduced new Outcomes Framework</li> <li>introduced dedicated quality and practice function and 'communities of practice' for staff to ensure continuous quality development</li> </ul>
	Lead the market	Reflect the high quality of our services in how we look and speak as an organisation and in the digital tools we offer.	<ul style="list-style-type: none"> <li>launched new brand with accessible tone of voice</li> <li>launched new website with online referral function, and new leaflets and print materials</li> </ul>
	Grow authority	Continue to ensure that people's voices are heard and their rights respected in local and national policy decisions.	<ul style="list-style-type: none"> <li>influenced reform of the Mental Health Act</li> <li>published our coronavirus resources to help benefit others nationally</li> <li>shaped the NICE advocacy guidelines</li> <li>facilitated the national Advocacy Leaders Network</li> </ul>

You can find out more about all the above later in this report.

## Where we worked this year

Map correct at 31 March 2021: we worked in the named areas



In 2020-21 we developed new or additional services in:

- Hampshire and Southampton
- Oldham
- Bolton
- Shropshire
- Swindon
- London Boroughs of Ealing, Enfield, Barnet, Redbridge and Merton



# 1. Creating change with individuals

## Individual advocacy

### Who we worked with

This year we provided individual advocacy support or peer support to 22,585 people. Each time we start a new piece of work with someone, we call it a case. This year we opened 33,166 cases, as sometimes we work with one person across more than one case. 23,768 of those were new cases opened this year. The rest were cases we continued working on that were opened in the previous year.

45% people we worked with in 2020-21 were over the age of 65. The three most common support needs of people we worked with were a mental health condition, dementia or a learning disability. You can find out more in the pie charts on the next page.

### What we did

We provided the full range of advocacy types. This means we helped support the voice, rights and choices of people who:

- are detained under the Mental Health Act ('Independent Mental Health Advocacy')
- are or may be deprived of their liberty under the Mental Capacity Act ('Relevant Person's Representatives')
- are deemed under the Mental Capacity Act to lack capacity to make decisions about where they will live or the medical treatment they will receive ('Independent Mental Capacity Advocacy')
- have substantial difficulty in being involved in local authority care planning processes ('Care Act advocacy')
- wish to make a complaint about their NHS care and treatment ('NHS complaints advocacy')

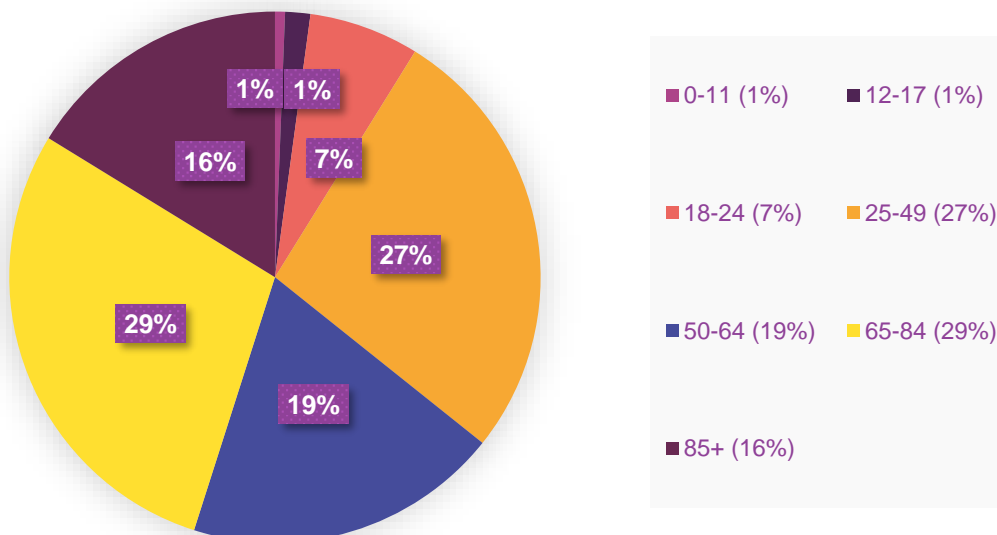
Independent Mental Health Advocacy (IMHA) and Relevant Person's Representatives (RPR) accounted for about half of our work this year.

"Because I had an advocate in my Mental Health Act review, things have changed, the doctor and staff were more respectful and listened. Thank you!" – feedback to our Northamptonshire team

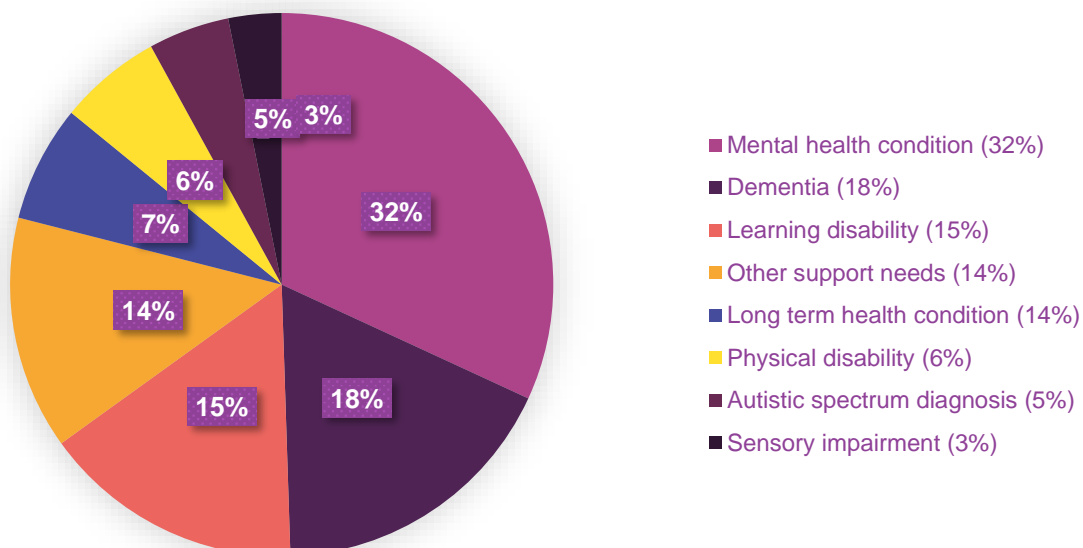
We also worked with children and young people who are looked after, have special education needs or disabilities or are in custody ('Children and young people's advocacy'). In some areas, we also provide advocacy to children and young people going through child protection processes, and mental health advocacy for young people. 840 of our new cases this year were for children and young people, which is a 200% increase from the previous year.



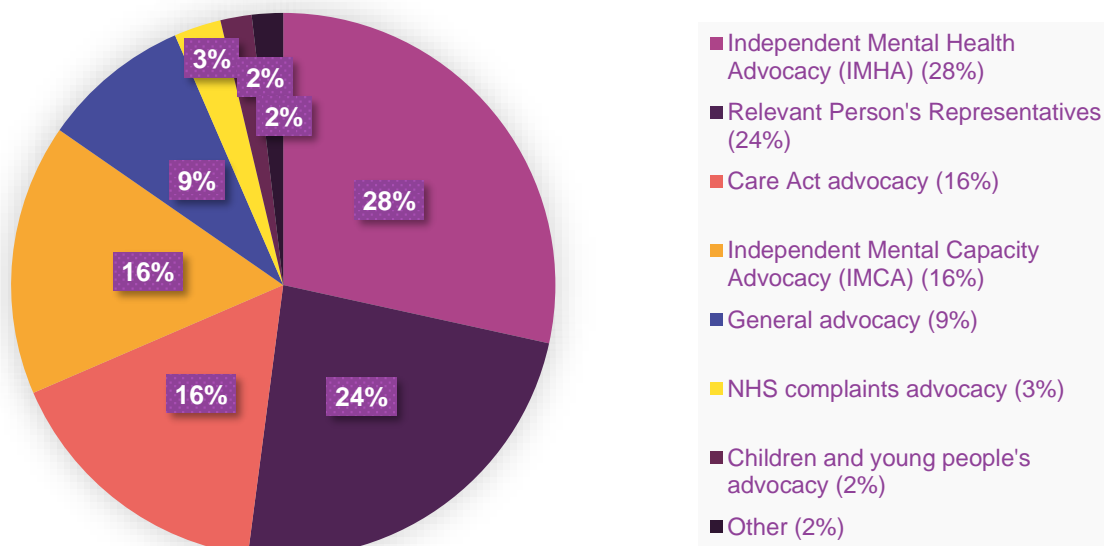
## Ages of clients in 2020-21



## Support needs of clients, for cases worked on in 2020-21



## New advocacy cases opened in 2020-21



**General advocates** provide advocacy to people who need support to be heard, but do not fall into the eligibility criteria for other types of advocacy.

48 year old hairdresser Tahsin had had to move out of his home after a flood. While he was in temporary accommodation, his landlady decided to sell his house. That meant Tahsin would have nowhere to live when he left his temporary accommodation.

Tahsin had not been able to work for some time due to pandemic restrictions, and couldn't afford to pay a deposit or rent for a new home. He had been prescribed psychotropic medication for severe anxiety, which made it very difficult for him to fully understand the situation, or to explain his needs and wishes to professionals. Tahsin also had asthma, and was very concerned about becoming infected with coronavirus if he had to go out to appointments.

Advocate Richard spoke to Tahsin to understand his views and wishes, and then contacted a housing solicitor for advice to pass on to Tahsin. Richard spoke to Tahsin about his housing rights, explaining them in a way Tahsin was able to understand without becoming distressed. Richard gave Tahsin all the information he needed to be able to understand his options, and make his own choices about what actions he wished to take.

Throughout their work together, Richard made sure that Tahsin didn't have to leave his temporary accommodation unless it was absolutely necessary, and this helped to minimise Tahsin's anxiety about coronavirus infection. Richard took every opportunity to encourage Tahsin and boost his confidence in handling the situation for himself. Richard found out that Tahsin had the right to challenge his landlady and have the chance to return to his old home once it had been repaired, but Tahsin found this prospect too stressful. He told Richard that he would rather find a new place to live.

When pandemic restrictions were lifted, Tahsin was able to start working again, and he found a new flat with affordable rent. But he still needed money for a deposit. Tahsin worked with Richard to discuss the situation with his landlady and her insurance company. Tahsin's landlady offered to pay his deposit personally, so that he would be able to move out, and she would be able to sell his old home. Tahsin agreed to this offer, and moved to his new flat.

Tahsin's temporary housing provider told us that without Richard's support, it was very likely that Tahsin would have ended up sleeping rough.

**NHS complaints advocates** support people to complain about the treatment or care that they or a friend or family member have received from an NHS service. This support is available at every stage of the complaints process.

This year we've substantially grown our NHS complaints services and revised and updated our popular self-help toolkit for making NHS complaints: [voiceability.org/nhscomplaints](https://voiceability.org/nhscomplaints)

43 year old Stewart had been sectioned twice, and had to give up his job. He wasn't happy about the care and treatment he'd received for his mental health issues, and believed that his experience with the service had caused his second section. He had tried to complain independently but wasn't happy with the outcome.

Stewart wanted an investigation, and possibly a change of care team. But his medication meant that it was hard for him to concentrate, and to find out his rights. He also wasn't sure how to make a formal complaint about a team of professionals while still under their care.



Advocate Gill helped Stewart understand the complaints process, and explained what the different outcomes might be. She made sure that it was Stewart who decided which steps to take, and when he'd made a plan, she listened and supported him to work towards his goal.

Stewart wrote a letter of complaint and asked Gill to make suggestions about how to improve it. Stewart was worried about handling a conversation with the investigator on his own, so Gill joined him on the telephone meeting to make sure he was able to get his views heard.

The investigation upheld Stewart's complaint. The Trust investigator agreed that internal communication and handover processes at the Trust fell short, and that this may have led to a preventable second section for Stewart.

Because the Trust upheld Stewart's complaint, he felt respected and was willing to trust them with his ongoing care and treatment. He would not have been able to complete his complaint, or submit it within NHS timelines, without Gill's support. He also would not have felt able to continue using the service voluntarily, which could have led to a further section - putting his future career and wellbeing at risk.

As a result of Stewart's complaint, the Trust committed to putting new procedures in place to improve their communication and handover processes, for the benefit of everyone using the service. Gill is helping Stewart consider next steps, whether it's legal action for possible negligence, or support from Gill at meetings to make sure that he is involved in decisions about his future care.

## Impact of our advocacy

In September 2020, we introduced a new Outcomes Framework based on the NDTi Outcomes Framework. It enables advocates to focus on delivering strength-based person-centred advocacy, whilst capturing the impact of our work in an accessible way. In order to effectively implement the recording required for our new Outcomes Framework, we invested in changes to our case management system, Salesforce.

Through the new Outcomes Framework, we now support clients to identify and achieve:

- an 'advocacy goal', which is what the person would like to achieve through advocacy
- at least one 'wider outcome' we will support the person to develop within, for example 'I feel confident' or 'I am being treated with respect and dignity' or 'I know what my rights are'

The person we're working with completes a self-assessment at the start of their support, rating themselves from 1-5 using a straightforward scoring tool. This self-assessment is repeated when we close the case, enabling the person (where possible) and their advocate to reflect on their achievements, and the progress made. To ensure that we understand how effectively we're supporting people who can't self-assess, advocates can use our 'observed goals and outcomes' which have a 1-3 scale.

We are pleased that this new system is able to genuinely reflect the difference that we make, because it measures against the baseline set at the start of the work with someone.

As this system has only been in place since September 2020, the initial data we have does not reflect the whole year. However, we already have 5096 advocacy goal records and 8777 wider outcome records.



	Overall	For people who can self-assess	When progress is observed
<b>Advocacy goal</b> (5096 records)	<b>62% positive progress</b>	71% positive progress	50% positive progress
		27% stayed the same	47% stayed the same
		2% got worse	3% got worse
<b>Wider outcomes</b> (8777 records)	<b>55% positive progress</b>	58% positive progress	52% positive progress
		38% stayed the same	45% stayed the same
		4% got worse	3% got worse

We are delighted that over 70% of people who self-assess say we have helped them achieve their main goal. The figures are lower where people have not been able to self-assess. Our data shows us that when observed progress is recorded as staying the same, in most cases, this is because the starting point was already 'things are as good as they can be'.

For more than half of the people we work with, we successfully do more than just help them tackle a single issue. Working with an advocate empowers them to achieve outcomes around

their wellbeing, knowledge and use of their rights or in being more able to speak up for themselves in the future.

The arrows on the table below indicate the average progress that our clients have seen from their work with an advocate, based on our data since September 2020. For both advocacy goals and wider outcomes, average progress for clients that can self-assess was one point, usually from a 3 to a 4. For other clients, it was half a point, the most common shift being from a 2 to a 3.

	For people who can self-assess (5 point scale)	When progress is observed (3 point scale)
<b>Advocacy goal</b>  	1. I don't know what I want to happen	1. The person's rights, likely wishes and feelings are not being heard or respected
	2. I know what I want to happen but not how to get it	
	3. I am getting the support I need to plan to get what I want	2. Changes are happening to make sure that the person's rights are respected and their likely wishes and feelings are understood, heard and respected
	4. Someone is supporting me to get what I want	3. The person's rights, likely wishes and feelings have been represented and acknowledged
	5. I can get what I want by myself	
<b>Wider outcomes</b>  	1. I can't do this	1. The person can't address this
	2. Someone is helping me	
	3. I am beginning to understand / learn	2. Making progress
	4. I'm beginning to do this myself / things are getting better	3. Things are as good as they can be
	5. Things are as good as they can be	



## Advocacy support during coronavirus

There has probably never been a more important time for people to be able to get independent advocacy to ensure that their voices are heard and their rights protected. Our teams have been working tirelessly through the coronavirus pandemic to promote the voices of our clients, protect their rights and safeguard their wellbeing. This has included ensuring that any decisions to give or withhold treatment in relation to coronavirus are based on individual medical assessments and not blanket decisions.

We're proud to have made sure that all our vital services remained fully available during coronavirus, without using the furlough scheme. Whenever people needed in-person support, we worked with our commissioners and colleagues in health and social care to make this happen safely and protect people's human rights. During the coronavirus lockdowns we also delivered some of our services remotely, where possible.

**Independent Mental Capacity Advocacy (IMCAs)** support people who lack capacity to make decisions about their long term accommodation or serious medical treatment and who do not have any friends or family appropriate to consult.

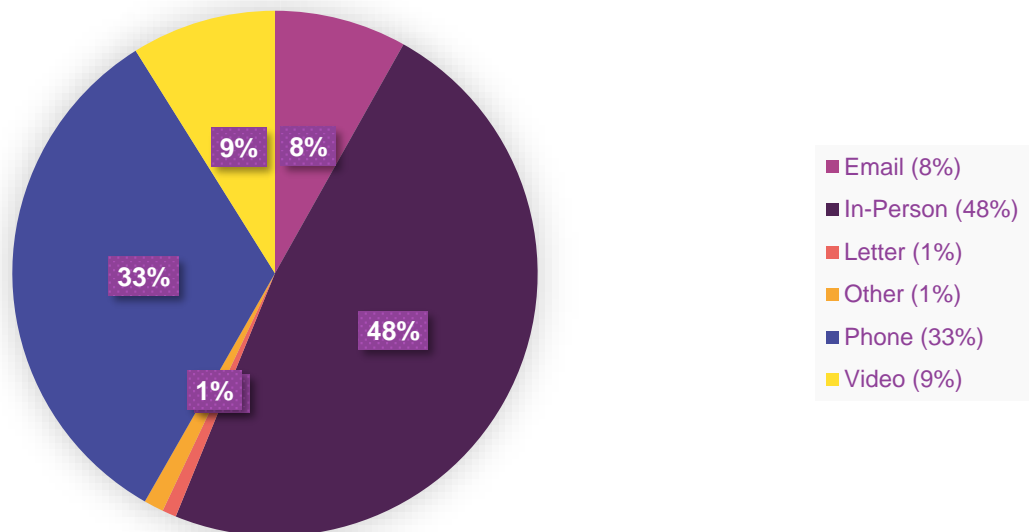
"I was working with Luka, who enjoys living in her village where she has lots of connections and friendships. But she was desperate to move out of the care home into the village and to be able to live independently in her own home. She had been assessed to lack capacity to decide about her accommodation, but she didn't agree with this assessment and didn't want the accommodation placements she was offered, none of which were in the village. As instructed by Luka, I asked for a new social worker for her and for another Mental Capacity Assessment.

Luka and I would usually have met face to face with the new social worker, who was going to carry out the new Mental Capacity Assessment. Because of coronavirus, I arranged an online video meeting for everyone involved, using Microsoft Teams. I spoke to staff about helping Luka get connected to the online meeting, and about contributing examples of Luka's capacity for the assessment

The reassessment found that Luka does have capacity, enabling her to make decisions over her own life, regain her liberty and live in her own home in the village." - Sheila, advocate



## How we worked with clients in 2020-21



When the Prime Minister announced the first lockdown in March 2020, we immediately implemented our pandemic response plan. This meant that all staff moved to home-based working overnight. We created robust guidance for advocates through the 'coronavirus hub' on our intranet, ensuring that staff always had access to the most up-to-date information and advice. We also shared this with other advocacy providers and made publicly available our internal guidance and tools to support the wider response to the pandemic, putting people first. This included guidance empowering advocates to:

- ensure face to face in-person contact where needed, by risk assessing in-person delivery and engaging constructively with setting managers to deliver this safely and effectively
- deliver advocacy at a distance, and identify concerns about provision
- challenge restrictions on rights, particularly around access to healthcare and treatment, blanket DNACPR decisions and changes to provision through Care Act Easements
- look after their own wellbeing and support to self-isolate when necessary

We contacted all our commissioners and referring professionals at the beginning of the first lockdown to remind them of the ongoing need to make referrals and reassure them about our processes to provide safe, effective support.

We have now revised our coronavirus risk assessment process to support increasing in-person visits whenever our clients require them. This helps us to ensure our clients have the best service, and means we can see the environment our clients are living in to ensure they are safe. However, we have learnt from our experience of remote advocacy during coronavirus and will be offering people support in the way that suits them best going forward – which may include remote support by phone or video.

## Connections services – work with individuals

### Peer mentoring

In Camden, our peer mentors help people who have recovered from mental health problems to stay well and achieve health and wellbeing goals. Our peer mentors are trained volunteers, who draw on their own experiences of mental ill health. Due to the pandemic, the mentors have provided this support on telephone and video calls. We also set up a new weekly virtual peer support group which is facilitated by one of our peer mentors. The group is available to anyone currently using or newly referred to the service and is a place where people can share their experiences and exchange tips on surviving and thriving in the lockdown period.

### Peer coaching

This year we were awarded funding to add to our Camden service by employing peer coaches to support people with more complex needs. Beginning in September 2020, 2 coaches have supported people at their joint discharge meetings with mental health crisis team staff, or, when this is not possible, provided introductory phone calls to explain the service further, answer any queries the person may have and arrange their first peer coaching appointment together. We are working towards the coaches supporting up to 10 people at any one time. Both peer coaches have been praised by clients for being truly empathetic, able to truly understand some of the difficulties that they face and offer support and guidance based upon their own personal experiences.

“Having peer coaching has been an incredible, informative, formative and affirming process that has truly changed my life. My peer coach met me when I was at my lowest point in many years, but through our sessions, he listened to me, was responsive to my needs and insightful as to how I could help myself. He was the first person in many years to simply ask ‘what I wanted’ in life - in the short, medium and long-term - and listened actively to my answer and then wanted to discuss how I could achieve these aims.” – Peer coaching participant, Camden

### Supporting people to navigate support networks

In Suffolk we deliver a Community Development Service to promote wellbeing. It promotes early recovery from emotional health problems such as low mood, stress and anxiety. We help people identify their individual support needs and get in touch with local organisations or groups that could help them, and support people to create and develop peer support networks. New this year, the project now includes peer support and coaching. This has improved recovery rates overall and provided employment opportunities for people with lived experience of mental ill health.

### Volunteers supporting our advocacy work in Cambridgeshire and Peterborough

In Cambridgeshire and Peterborough this year, 27 volunteers contributed a total of 919 volunteering hours. They raised awareness of our services, offered drop-in information sessions, helped us to collect feedback and supported the work of our advocates by visiting people deprived of their liberty in care homes. We now have 30 locations across Cambridgeshire and Peterborough that we visit regularly, including local mental health inpatient wards. This model and pattern of volunteer roles is now also being trialled in our Hampshire and Southampton service.

Face to face volunteering was not possible in the first half of the year due to the coronavirus pandemic, but we took the opportunity to arrange refresher training for the volunteers during this time and focus on online activities.

## **Experts by Experience: helping to ensure quality care for people in Northamptonshire, Coventry and Warwickshire**

Experts by Experience are people who have experience of using or caring for someone who uses health or social care services. We have 2 Experts by Experience in Northamptonshire and 10 in Coventry and Warwickshire. They work with people who have a learning disability and/or autism who are either at risk of being admitted to, or are currently detained in, an in-patient psychiatric service. Experts by Experience support people at review meetings to discuss their care and treatment – these are called Care and Treatment Reviews (CTRs). For under 18s, these meetings also discuss their education – these are called Care, Education and Treatment Reviews (CETRs).

Our Experts by Experience have where possible continued to attend these meetings in person. Experts by Experience in Coventry and Warwickshire participated in 159 CTRs and CETRs in the year, using their lived experience to provide invaluable insight to the panels of health professionals and ensure that the voice of the individual and their family is central to the decision-making process. For example, their own experience enables our Experts by Experience to look for signs of whether a person has been receiving sufficient care, and to pick up and feedback to the panel any warning signs based on how the individual presents themselves. Experts by Experience are also able to have one-to-one conversations with people based on empathy and shared experience. This often means the person shares views and wishes about their care and treatment that might not otherwise have been communicated.

This year we also established reflective practice and peer support sessions, where Experts by Experience come together to learn from one another and improve the support they offer.

## **Improving access for individuals and referrers**

This year we launched our new website. Based on user research, we restructured and rewrote all our information about our services to make it more accessible and approachable. As well as providing improved information about advocacy types for professionals, we now have pages aimed at people in different situations, explaining how advocacy could help them. This helps people understand that they could get help from us without having to take in the technical names or eligibility requirements of different advocacy types. We have also revised all our print information in the same way.

The new website also offers an online referral tool for the first time, suitable for self-referrals and referrals for professionals. Many people prefer this way of referring and it is improving the quality of our referrals. Over 16% of referrals were made through our website in 2020-21. We also continue to offer a range of other ways to refer to us, including by speaking to advocates on wards, telephone and email.

In January 2021 we relaunched a fully updated version of our popular NHS complaints toolkit, in standard and Easy Read formats, to help people self-advocate when complaining to the NHS. This includes useful editable templates for the first time.

This year we also moved to offering just one freephone phone number and one email address everyone can use to contact us for questions or referrals, no matter where they are in the country. As part of this, we brought all staff involved in responding to enquiries into one single helpline team. These changes are helping us to make sure it's always free to call us and that it's always easy to find the right number and get your call answered.

## Developing the quality of our services for individuals

We hold the QPM (Quality Performance Mark) from NDTi, which is the minimum standard to evidence that a provider delivers advocacy which meets the requirements of the advocacy charter and the codes of practice. We have held the QPM since 2011, with our 2020 reappraisal highlighting:

- our highly person-centred advocacy practice
- our excellence in non-instructed advocacy
- our thorough approach to safeguarding
- overwhelmingly positive feedback from clients and external stakeholders

### **Dedicated practice team**

To ensure continuous development of our quality, and strengthening of our safeguarding practice, this year we set up a dedicated practice team, including a head of practice, practice lead and safeguarding lead. This unique national quality and practice function is responsible for ensuring that all our services are delivered in line with relevant legislation, codes of practice, guidance and national standards.

This national support function is independent of contractual funding and is therefore able to develop long-term standards and agility in training, best practice, quality assurance and specialist support for all advocacy disciplines.

### **Strengthening our safeguarding**

Safeguarding is absolutely central to the work we do, and we are always looking to improve and strengthen our safeguarding practice. This year we appointed a dedicated safeguarding lead as part of our new quality and practice function and added a safeguarding information hub to our intranet.

We also launched a safeguarding ‘community of practice’, where our staff can share and discuss safeguarding issues, best practice, dilemmas and questions. Staff on the safeguarding community of practice include Experts by Experience – ensuring the voice of people with lived experience is central to our development of best practice within the organisation.

### **‘Communities of practice’ for advocacy specialisms**

We’ve invested in connecting our advocates across the country with others who deliver the same type of advocacy. These communities of practice will help us to provide the best support to people who use our services by harnessing on the ground expertise from across our staff team. The communities of practice will help us to:

- disseminate new advocacy practice information fast - especially important as the pandemic continues to evolve
- share best practice for each advocacy specialism
- quickly address any issues, ensuring a consistent approach across our teams
- provide first-hand and expert insight to inform our policy and public affairs work

### **Enhancing our management structure and investing in staff skills**

We introduced a new role of contract manager to work alongside our other operations leaders. This is further strengthening oversight of our contractual responsibilities and how we evidence our impact to commissioners. It also means that our team leaders who directly manage our advocates can focus on service to our clients and staff development. We have

set a cap on the number of staff each team leader can manage to ensure they can provide this in-depth professional support.

The new Independent Advocacy Practice (IAP) qualification launched in January 2021, reflecting the latest developments in advocacy practice and an increasingly diverse and multi-skilled advocacy workforce. It gives our staff a sound grounding across advocacy roles and key legislation. VoiceAbility are committed to ensuring all staff are suitably qualified to provide high quality advocacy services. We offer a range of training in addition to the IAP.

This year we also:

- announced changes to our pay policy that mean that the more advocacy specialisms our staff are qualified in, the more they can see that reflected in their pay
- invested in a new e-learning platform that better meets our training needs
- established a health and wellbeing staff forum and carried out health and wellbeing checks for all staff
- became a certified Living Wage employer

## Creating change with individuals: future plans

As well as continuing our existing services for individuals we are mobilising a range of new contracts from April 2021, including a new contract for a range of advocacy types across Lincolnshire, NHS complaints advocacy across a range of London boroughs and a new children's advocacy contract in Bolton

We will continue to invest in operational improvement and in our people, in order to continue to provide the best possible quality of support. In the year ahead, these plans include:

- **Continuous quality improvement and strengthened quality assurance:** growing our new practice team with the appointment of a 'practice lead' to review and develop our advocacy standards, develop a peer-led service assessment process and continue to grow our communities of practice.
- **Staff skills, wellbeing, pay and recognition:** reduction in standard working hours to allow staff to have a one-hour lunch break with no reduction in pay; provision of extra holiday for long service; easier access to higher points on our pay scale through good performance; additional support for managers to effectively support and track staff performance; more opportunities for professional development of our front line staff.
- **Safeguarding:** running an internal research project to better understand how statutory advocacy is supporting people with Care Act Section 42 Safeguarding processes. We want to track how advocacy is helping to support the 'Making Safeguarding Personal' initiative. The findings will help us support our commissioners and Safeguarding Adults Boards to better understand the role of advocacy in this context.
- **Performance intelligence and learning from outcomes:** fully embedding our new outcomes framework and ensuring everyone in the organisation has access to the data they need to learn from the findings and develop our services based on what works and what could be better.
- **Remote advocacy:** returning to face-to-face support by default, but with remote advocacy continuing where preferred by the person and genuinely effective. We expect this will include flexible options for those requiring less intensive levels of NHS complaints advocacy support to receive this as soon as they get in touch, from qualified advocates sitting within our helpline team.



## 2. Creating change with groups and communities

Many of our Connections services enable groups of people to be involved in their communities, shaping services they need and making decisions in their own communities. This work promotes inclusion and social justice.

### **Supporting people with learning disabilities to shape their communities and local services**

We facilitated four groups for people with learning disabilities this year:

- Speak Out Council in Cambridgeshire and Peterborough
- Voices for All in Lincolnshire
- Hampshire's Learning Disability Partnership Board
- Busy People group in Southampton, who also participate in Southampton Learning Disability Partnership board



Most of the project leaders and participants have learning disabilities or are autistic and bring the benefit of their own experience to their role.

The groups ran consultations, drop-ins and surveys to gather views of local people with learning disabilities on a particular topic each quarter. Topics this year have included life in the pandemic and staying fit and healthy. They then help meetings between project participants and relevant local professionals, to ensure effective communication and to plan practical changes in response to the findings.

All our groups found ways to continue their work during the pandemic, holding their events and meetings online. This meant that many people involved in the projects who previously found Microsoft Teams inaccessible have improved or developed new skills in video calls, sharing presentations online and running online events on Microsoft Teams.

Particular successes this year:

- Thanks to the work of the Speak Out Council, Cambridgeshire County Council's 0-25 years team social workers now send out Easy Read letters to young people which describe their jobs and include their photos.
- We started facilitating the Hampshire and Southampton groups for the first time during this year. We have reinvigorated these groups by providing facilitation, mentoring and administrative support to the members. We are now conducting a full review of the Hampshire Learning Disability Board so that it works in the best way possible for the

future. This has involved creating Easy Read surveys and running 13 workshops to gather the views of people with learning disabilities and parent carers.

- In partnership with Active Lincolnshire, Voices for All facilitated and promoted a 13-week walking challenge encouraging people to move more, which has led to over 3 million steps taken.

“This has been life changing for me. I feel much healthier and walking makes me happy too” Amy Hodson, walking challenge participant

“The Walking Challenge has done exactly what we wanted to achieve, getting more people, more active, more often.” Ian Brown, Active Lincolnshire

The groups regularly create accessible resources for use in their area, and this year many of the resources were to help people with learning disabilities in the coronavirus pandemic:

- Active Voices supported Lincolnshire Public Health to produce an Easy Read leaflet on lateral flow tests.
- Our groups in Hampshire and Southampton came together with Southern Health NHS to co-produce a video explaining coronavirus and what happens when you go for vaccination.

“Thank you so much for all your support in making this happen. I couldn’t have done it without you and Busy People!” – Becky Sparks, Strategic Health Facilitation Team, Southern Health NHS Trust

### **Quality Checkers in Northamptonshire**

Our Quality Checkers in Northamptonshire changed from their usual work to help with the response to the pandemic. Instead of visiting local care services to check their quality, the Quality Checkers called local care services to check they had correct measures in place for coronavirus safety and to check that people with learning disabilities and autistic people in the services were still getting the annual health checks and dentist and eye checks they were entitled to during the pandemic.

“I still enjoy doing my job, making sure residents get the correct support so that they feel happy and safe” Paul C, Quality Checker

### **Influencing for easier access to mental health services in Camden**

As well as running our peer mentoring and peer coaching projects, our Camden team and volunteers have been working to shape changes in mental health provision in Camden, collaborating with other organisations to ensure that clients can get full range of support locally with a seamless referral route between each organisation for ease of access. For example, we:

- participated in co-production workshops in support of the implementation of the new Community Mental Health Framework for Adults – a new place-based model of delivering mental health services aligned to primary care networks
- helped to develop Camden Mental Health Resilience Network – collaboration between providers and commissioners of mental health services, ensuring that services are joined up and working together to offer a holistic ‘no wrong door’ approach focused on outcomes and solutions

## Change with groups and communities: future plans

As part of our 2019-2025 strategy, we will continue to diversify our Connections services. Our aim in this is to help more people to have their voices heard and to have choice, control and freedom in their lives. We are delighted to have already been awarded new group and community focused contracts to be implemented this year, including maintaining our services in Lincolnshire, and supporting young people in a number of residential schools to deliver change within their communities. We will invest in development activity to make sure that we're continuing to develop new Connections services which are fit for the future now that we're emerging from the pandemic.

We're also investing in our existing Connections services. We have appointed a Connections manager and a volunteer manager, who will begin work this year to develop the consistency of our Connections services and volunteering work, supporting our teams to learn from each other and embed shared best practice.

This year we have successfully run many of our existing Connections groups and meetings online and we expect to keep doing this in 2021, as well as resuming in-person sessions where it is safe to do so. We will also draw on the experience within our Connections services to help us embed more involvement and leadership of people with lived experience in all our services and our external facing communications and policy influencing.

Our investment in systems over the last year will also mean that in the year ahead we can better evidence the impact our individual advocacy work has on wider groups and communities, for example by identifying systemic or recurring issues and addressing them.

### 3. Creating change in advocacy practice, health and social care and society

#### Working in partnership for wider change

We are here to make sure that everyone has a voice when it matters most. We recognise that we will never achieve this alone. That's why we are truly committed to working co-operatively with other organisations so that we are all more effective. It's why we work hard to change national policies and practices so that there is greater support for, and fewer barriers to people's voices being heard and rights respected. We put time, effort and resources into working collectively and influencing policy and practice alongside the people who we support.

We extended the impact of this work significantly this year by bringing advocacy organisations to work together on issues which are of pressing concern to us as organisations and impact on the lives of the people we collectively support. We convened and facilitated a network of people in leadership positions in advocacy, initially to co-ordinate an effective response to the coronavirus pandemic. Twelve months later, this 'Advocacy Leaders Network' is now well-established, meeting regularly online to discuss and act on a range of issues, with almost 40 organisations taking part. It has fostered a culture of genuine support for one another, including by sharing insight, information, guidance, and advice in relation to the pandemic and a wide range of other issues. It has also paved the way for joint engagement with government and external bodies on key policy issues that will affect the people we support, such as the proposed reform of the Mental Health Act.

We have contributed resources and staff time across all levels of the organisation to support these partnership activities, including through our chief executive chairing the group and VoiceAbility providing policy, communications and administrative support to ensure the network functions effectively. We have publicised the work of the network so that new people and organisations join us and that external organisations know of our commitment to work together to benefit people who draw upon our services.

We also refocused our policy and public affairs work to ensure better integration across our external communications and policy work and have more impact through our influencing activities. We replaced our previous head of policy role with a new role, head of policy, public affairs and communications, that has strategic oversight of our external communications and influencing and directs our policy and public affairs work with support from the senior policy and public affairs officer.

We are confident that a commitment to joint working and continuous investment in our policy and public affairs work will ultimately drive-up quality and effectiveness of advocacy services nationally and strengthen people's voices and rights across the country.

#### **Protecting rights in the coronavirus pandemic**

To help health and social care professionals, other advocacy organisations and ultimately everyone who needs support to be heard, we took an early decision to publish essential guidance about advocacy during coronavirus on our website. We worked with the Advocacy Leaders Network to ensure there was clear information about people's rights and that advocacy referrals should continue. Between March 2020 and October 2020 there were over 8000 views of our coronavirus pages on our website which offered both resources we developed and those developed collaboratively as part of the Advocacy Leaders Network.

Our own guidance covered how to make decisions about when advocacy should continue in person with appropriate risk assessments, and how to deliver advocacy effectively at a distance. It also explained what the Coronavirus Act did and did not change in terms of people's rights to advocacy and social care

Alongside this, the rich range of resources developed collaboratively through the Advocacy Leaders Network included a 'mythbuster'; principles for providing advocacy coronavirus and beyond; and a report on what advocates across the sector had observed during the pandemic.

"It's been a breath of fresh air to work together for change, especially with COVID-19 and all the challenges it has brought. I was part of the group that developed the ['mythbuster'](#) about advocacy during coronavirus [[also available in Easy Read](#)]. There was lots of inaccurate information flying around about people's rights. We created the mythbuster to set the records straight about expected practice, and explain how to work effectively as an advocacy practitioner. Everyone has shared it with their networks and across their organisations." – Leanne Hignett, Service Delivery Director, Advocacy Focus

"Even before the pandemic, there were barriers to advocacy – people not understanding their rights to advocacy, or referrers not understanding their duty to refer. The Leaders network has really raised the profile of advocacy throughout the health and social care sector, and local communities. [The national advocacy survey report, 'Valuing Voices'](#) is a great example. Representatives from advocacy organisations across England and Wales, with support from NDTi, designed, created and shared the survey to gather advocates' experiences of providing advocacy during the pandemic. The 450 responses showed that people's human rights were not being consistently upheld. This evidence helped us all prepare for the second wave, and winter pressures. We also got [coverage of the survey report in the press](#), to influence the national conversation. – Lindsay Graham, Advocacy Director, People First.

We spoke out about the importance of fair and non-discriminatory access to healthcare during the pandemic. We also highlighted inappropriate use of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPRs) orders, providing our own template letters for challenging instances of this practice, and made these publicly available on our website to members of the Advocacy Leaders Network and beyond. Together, the Advocacy Leaders Network supported the CQC's rapid review into use of DNACPR, providing them with evidence. We [welcomed the recommendations](#) made by the CQC and emphasised that there is no place for blanket decisions about people's access to medical care or treatment.

In [our response](#) to the survey by the Chief Social Workers on Care Act Easements, we explained why we thought the easements should be withdrawn completely. We suggested an alternative approach to helping local authorities and people who use services to build resilience, plan and prepare. Our submission was strengthened by contributions and endorsements from many organisations represented in the Advocacy Leaders Network and others. The Care Act Easements were removed at the most recent review and update of the Coronavirus Act passed by parliament on 25 March 2021.



We also invested time in collaborating with the Association of Directors of Adult Social Services (ADASS) to help shape their recent paper on '[Advocacy during COVID-19 and beyond](#)'. We attended an online workshop together with some other members of the Advocacy Leaders Network, consulted the wider group and shared the content with them. We offered substantive feedback on the draft paper, most of which was reflected in the final published version. The paper provides background about advocacy and outlines 6 sets of actions which leaders, commissioners, and managers in local authorities can take to better use the potential of advocacy at this critical time and into the future.



In collaboration with fellow members of the Advocacy Leaders Network, we are continuing to work with partners across health and social care to ensure that guidance provided to practitioners and clinicians is effective, proportionate and legal throughout the pandemic.

### **Driving up advocacy standards nationally**

A working group of the Advocacy Leaders Network has been inputting to the review of the Quality Performance Mark, the national advocacy standard. Our Head of Practice has represented VoiceAbility on this group and we've been active in the discussions about quality advocacy and how best to identify and measure it. We've also supported discussions in the sector exploring principles around regulation, accreditation and setting standards for advocacy, as part of our drive to enhance the quality of our own services and share best practice across the sector. Our work to encourage safe face-to-face advocacy during the pandemic, for example by sharing our internal guidance and explaining external rules, has also contributed to maintaining quality in advocacy practice nationally.

### **Influencing the reform of the Mental Health Act**

In January 2021, the government published a [white paper](#) with their proposals to reform the Mental Health Act. We agree that the Mental Health Act needs changing. Reform has the potential to dramatically change the lives of those who experience mental ill health and spend time in hospital or on community treatment orders.

*"My experience was very harsh. I felt staff lacked empathy and so instead of being put at ease that I was being put in a 'place of safety', I was confused and scared at what was happening. I was not consulted on the procedures and process of being detained or made to feel less anxious." - Feedback we collected for the independent review of the Mental Health Act*

We have met regularly with the Department of Health and Social Care (DHSC) to help to shape the proposed reforms, in particular, to support policy discussions about enhancing and extending advocacy. We have also been active in several mental health networks to work with others to influence the vital reform of the Mental Health Act and share evidence and insight on advocacy with organisations who do not have expertise in this area.



We led work within the Advocacy Leaders Network to develop a joint [response](#) setting out what we think about the proposals to reform the Mental Health Act, which we submitted in May 2021. We make the case that advocacy should be available automatically for anyone who is in hospital because of mental ill health, and that there should be more powers for Mental Health Tribunals to make sure people get the support they need outside of hospital. We will continue to actively engage with DHSC as they draft a Bill to reform the Mental Health Act and will work with others across the health, social care, and rights sectors to make sure that reforms go far enough and make a difference to people's lives.



### **Liberty Protection Safeguards (LPS) and the Mental Capacity Act**

LPS is a new process for deciding whether a person is deprived of their liberty, currently due to be introduced in 2022. We had been calling on government not to make care home managers responsible for leading the LPS assessment process to inform decisions about whether a person is deprived of their liberty. We celebrated our success when the government announced that it had changed this proposal and that care home managers would no longer have this responsibility, as if implemented this would have been a backwards step in people's rights.

The latest [Impact Assessment](#) for the Mental Capacity Act, which was published in February 2021, is much improved and includes reference to insight which VoiceAbility shared in order to better reflect the reality of advocacy provision and workforce and training requirements that will be needed to support the implementation of LPS. We continue to work with the LPS policy team at DHSC to support their understanding of advocacy and are pushing for the Code of Practice to strengthen people's rights as much as possible.

In the Advocacy Leaders Network, we have started to prepare together for LPS through a working group. VoiceAbility will work across the advocacy sector to develop our response to the Code of Practice once it is published. We will continue to share our first-hand insight with policymakers and parliamentarians as the code goes through the consultation and parliamentary processes, pushing for people to be at the centre of LPS.

### **Shaping NICE advocacy guidelines**

VoiceAbility submitted a consultation response to NICE on its draft scope for the development of guidelines for 'advocacy services for adults with health and social care needs.' Our feedback was endorsed by 12 other organisations from the Advocacy Leaders Network. [NICE responded to our feedback](#) in their most recent update of the scope of the guidelines and incorporated many of our comments into the revised scope. Our chief executive, Jonathan Senker, has been appointed to the guideline committee.

### **Health inequalities**

Health inequality is a pressing issue for the people we work with. It's why we are part of the Health and Wellbeing Alliance, a partnership between voluntary sectors and the health

system which aims to provide a voice for all communities and improve their health and wellbeing and to influence DHSC and NHS England's work to address health inequality. We participate in the Alliance as part of the [Complex Needs Consortium](#), alongside the National Autistic Society (NAS) and Sense. Through the Alliance this year, we helped to shape the health system's response to the coronavirus pandemic. We considerably increased the scale and pace of this work due to the challenges the pandemic brought. The Health and Wellbeing Alliance's three-year programme came to an end in March 2021 and we have been selected to continue as a member of the Alliance in the new programme from May 2021.

Coronavirus has exposed health inequalities and made them worse, including for people with learning disabilities. In response to several reports on this inequality, Jonathan Senker set out some [concise and concrete actions](#) that would improve the situation, which were picked up by [The Guardian](#) as an opinion piece and featured on their home page.

Through the Health and Wellbeing Alliance we have also supported a project to form an advisory group of people with lived experience to sit on the Building the Right Support Delivery Board. Building the Right Support is the national plan, established in 2015, to make sure people with learning disabilities and autistic people are not left in hospitals when they would be better off living with support in the community.

We also produced, with input from Kate Mercer, a [paper](#) that sets out the critical ingredients for effective delivery and commissioning of advocacy for people with learning disabilities and autistic people who are subject to seclusion, segregation or restraint. We are sharing and developing learning from this within the Advocacy Leaders Network through a working group established to look solely at this issue.

### **NHS complaints advocacy**

Over summer 2020, we surveyed our advocates and people we've worked with on their experience of giving and getting support to make an NHS complaint. This first-hand insight helped to shape our submission to the Parliamentary Health Services Ombudsman's (PHSO) consultation on a new Complaint Standards Framework. We've been working in [partnership with PHSO](#) to create the framework, which was published in March 2021, and to define next steps on how it will be embedded across the NHS. This work has helped us to develop an even more effective, future-ready model for NHS complaints advocacy, which has helped us to win new contracts to provide the benefit of this model to more people.

### **Equity, diversity and inclusion**

In 2020 we started an equality, diversity and inclusion staff forum to help guide our actions as we seek to continually improve in these areas. We also increased diversity at the most senior level of our organisation, recruiting [four new trustees](#), Susan Douglas-Scott (chair), Izaro Arbelaiz, Mahua Nandi, and Anthony Osijo, who bring a range of diverse experience.

Within the Advocacy Leaders Network, we have helped to form a subgroup on equity, diversity and inclusion, chaired by our Head of Operations. In this group advocacy organisations to work together, share practical steps they are taking and hold each other to account on diversity and equity in their services and in their own organisations. Also as part of the Advocacy Leaders Network, we developed and published the sector's '[advocacy principles](#) for coronavirus and beyond' which included to take positive anti-discrimination action and work together to promote systemic change.

This year we will bring in external expertise and capacity to help us develop a clear plan to address systemic disparities within our own organisation and support the work of the Advocacy Leaders Network to address systemic disparities across the sector.

### **Other partnership activities**

In 2020-2021, we were also part of the following alliances and membership organisations:

- [National Voices](#)
- [Voluntary Organisations Disability Group \(VODG\)](#)
- [National Council of Voluntary Organisations \(NCVO\)](#)
- [Care and Support Alliance \(CSA\)](#)
- [Continuing Healthcare Alliance](#)
- [Association of Mental Health Providers \(AHMP\)](#)
- **Mental Health Alliance**

## **Change in advocacy practice, health and social care and society: Future plans**

Our policy priorities for the year ahead include:

- improving people's experiences when receiving care or treatment for mental ill health - pushing for effective reform of the Mental Health Act so that more of us get the support of an advocate when it matters most
- making sure that people are heard and their rights are respected by contributing to the code of practice and regulations for the Mental Capacity Act, ahead of the launch of LPS, and working with policy-makers and parliamentarians as these progress through parliament
- pushing for a people-centred vision for social care so that social care reform prioritises our rights to have choice and control over how we live our lives and fosters a system where we are all empowered to thrive as well as survive
- challenging health inequalities so that we all get the care and treatment we need to live healthy and fulfilled lives, especially if we are disabled, have a learning disability, or are autistic

We will also have three overarching priorities in all our work to change advocacy practice, health and social care and society. These are to:

1. continue to prioritise and invest in partnership working
2. put the voice of experience at the centre of the policy changes we want to see
3. play our part in promoting equality and equity

# Reference and administrative information

## Trustees

Susan Douglas-Scott – Chair / Investment Committee Member (*appointed 27 October 2020*)

Peter Letley – Chair / Investment Committee Member (*resigned 26 January 2021*)

Philip Tatt (*resigned 26 January 2021*)

Kate Markey - Audit & Risk Committee Member (*resigned 28 August 2020*)

Susan Brown – Safeguarding Governance Committee Chair

Andrew Weston – Safeguarding Governance Committee Member

Louisa Whait – Audit & Risk Committee Member

Matthew Smith – Audit & Risk Committee Member

James Alistair Schofield – Audit & Risk Committee Chair / Investment Committee Chair

Viral Shah – Audit & Risk Committee Member / Investment Committee Member

Gavin Sumner – Safeguarding Governance Committee Member

Izaro Arbelaiz-Teresa (*appointed 27 October 2020*)

Anthony Osijo – Audit & Risk Committee Member / Investment Committee Member (*appointed 27 October 2020*)

Mahua Nandi - Audit & Risk Committee Member (*appointed 27 October 2020*)

## Secretary

Richard Jones

## Chief Executive Officer

Jonathan Senker

Registered Office

The Old Granary - Westwick, Oakington

Cambridge CB24 3AR

Incorporated in United Kingdom, Company Number 03798884

Registered in England and Wales, Charity Number 1076630

Registered in Scotland, Charity Number SC050036

**Auditor**

Sayer Vincent LLP

Invicta House, 108-114 Golden Lane

London EC1Y 0TL

**Bankers**

National Westminster Bank Plc

23 Market Street

Cambridge CB2 3PA

**Solicitors**

Radar Limited

6 Beacon Way

Hull

HU3 4AE

Anthony Collins Solicitors LLP

134 Edmund Street

Birmingham

B3 2ES

# Structure, governance and management (including Strategic Report)

## **Governing document**

The organisation is a charitable company limited by guarantee, incorporated on 30th June 1999 and registered as a charity on 19th July 1999. The Company was established under a Memorandum of Association which established the objects and powers of the Company. It is governed by its Articles of Association which, following changes introduced by the Companies Act 2006, now also contain its objects and powers. In the event of the company being wound up members are required to contribute an amount not exceeding £1.

The financial statements comply with current statutory requirements, the memorandum and articles of association and the Statement of Recommended Practice - Accounting and Reporting by Charities (SORP) applicable to charities preparing their accounts in accordance with FRS 102. This trustees' annual report includes a directors' report as required by company law.

## **Appointment of Trustees**

As set out in the Articles of Association, members of the Board of Trustees must be appointed by an ordinary resolution passed at a properly convened meeting of the Trustees and must be appointed for a term of three years. On ceasing to be a Trustee a person may be reappointed provided that no one may serve as a Trustee for more than a maximum of three consecutive terms, after which they must cease to be a Trustee for at least 12 months before they are eligible to be re-appointed.

The Board members bring insight from their own lived experience of disability, understanding of the Charity's social mission, and business and commercial skills. The range of experience is kept under review and in the event of any shortfalls, new Trustees are sought to fill the gaps.

## **Trustee induction and training**

New Trustees undergo a period of induction to brief them on the values, direction and work of VoiceAbility, their legal obligations under charity and company law and good practice duties, the contents of the Articles of Association, the Board and decision-making processes, the business plan and recent financial performance of the Charity. During the induction they view our services and meet with key employees and other Trustees. Trustees are encouraged to participate in external and internally run training and development where this will facilitate the undertaking of their role.

## **Organisational structure**

The Board of Trustees administers the Charity. The Board meets once per quarter with additional meetings when required to deal with issues of strategy in more depth.

VoiceAbility also has within its constitution an Audit and Risk Committee (ARC). The ARC members meet once per quarter in advance of the Board meetings to review and discuss matters such as management and statutory accounts, risk and governance. In addition to ARC, there is an Investment Committee. The Investment Committee convenes twice a year. The purpose of the committee is to ensure that the Charity is investing funds in line with the



Investment Policy. There is also a Safeguarding Committee, the purpose of which is to ensure quality safeguarding practices and approaches are developed and implemented, and to support the Charity in discharging its statutory and good practice duties and responsibilities - as both an employer and a provider - in relation to safeguarding.

The Trustees have delegated the day to day responsibility for the provision of services to the Chief Executive Officer. The Chief Executive Officer is responsible for:

- recommending strategy to the Board
- management of the Charity's external profile and influencing work
- ensuring that the Charity delivers the services in line with its mission and requirements
- ensuring that key performance indicators are met across the range of social and business objectives

The Chief Executive Officer leads an Executive Leadership Team whose members are the executive managers of the Charity.

## **Risk management**

The principal risks and uncertainties facing the organisation are centred around five key areas:

1. **Impact** – the desired impact of activities is not delivered or cannot be adequately evidenced
2. **Financial sustainability** – our ability to continue to make an impact in the medium to long term is threatened
3. **Compliance** - the organisation fails to meet regulatory, legal or contract compliance requirements or expectations
4. **Reputation** – we do not respond effectively to any incident that could result in damage to VoiceAbility's reputation
5. **Safeguarding** – we fail to adequately protect staff, volunteers or vulnerable people from harm or abuse

The steps to manage these risks are set out below.

The Trustees are responsible for setting the tone and influencing the culture of risk management within VoiceAbility.

The Executive Leadership Team have established a risk register, identifying the types of risks faced and prioritising them in terms of potential impact and likelihood of occurrence. Having due regard to the strength of the current internal controls and procedures already in place, a series of mitigating actions have been identified to appropriately address these risks.

The Executive Leadership Team, the Audit and Risk Committee and the Board of Trustees periodically review the risks and the risk management strategies to ensure that they continue to meet the needs of the organisation.

## **Public benefit**

We have referred to the guidance in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives they have set.

## **Directors' liabilities**

There are no provisions relating specifically to Directors' liabilities to report.

There are no qualifying third-party indemnity provisions which are the direct responsibility of the Charity.

There are no qualifying pension scheme indemnity provisions, due to the charity operating a Defined Contribution scheme.

## **Fundraising**

We are not a fundraising charity, with our income deriving primarily from local government, NHS and central government contracts. We do not solicit donations but do receive them from time to time and do approach grant giving bodies. We are therefore registered with the fundraising regulator and follow their guidance. VoiceAbility does not use any professional fundraisers and no fundraising is undertaken on our behalf by third parties.

## **Disabled employees**

We recognise the importance and benefits of having disabled people involved in and leading the organisation's work at every level including in governance roles, as employees and as volunteers. In relation to employment, the expertise in various aspects of our work which disabled people bring is valued strongly. Disabled applicants who meet the minimum essential criteria for posts are guaranteed interviews and we encourage applicants to identify any adjustments which are needed to ensure that they can participate equally in selection processes.

Training has been provided to managers on equality and employment, including specifically on disability equality.

The organisation has a full policy on diversity and employment, which underlines our approach to exceed legal requirements in relation to diversity as we recognise the importance and value to the organisation and to people using our services of a workforce which is diverse in relation to all protected characteristics, including disability.

We are continuing to work to improve the experience of and contribution by all employees, including disabled employees. We have built on the guidance published in July 2016 and have been recognised as a Disability Confident employer.

We have paid posts which specifically require personal insights that come from having a learning disability, particularly Expert by Experience posts and our Speak Out Leaders. Additionally, we have roles of peer mentors and peer supporters which have provided work skills and therefore routes into employment for people who have used long-term mental health and substance use services.

## **Employee involvement**

VoiceAbility's Trustees and Directors recognise employee engagement to be one of the most powerful drivers of organisational performance and of our success in enabling people who use our services to achieve their outcomes. It is central to our strategy.

We use a range of approaches to promote effective employee involvement and engagement and make sure that colleagues throughout the organisation are well-informed. These include:

1. Cross sectional employee groups, who help to develop critical organisational policies and practices, ranging from our pay policy and salary benchmarking to our approach to learning and development. As part of VoiceAbility's strategy these groups are being formalised in the form of a Staff Forum.
2. Regular attendance of the Chief Executive and other members of the Executive Leadership Team at team meetings throughout the organisation, to discuss the organisation's direction and development and to seek, receive and act on feedback.
3. Weekly 'open phone' times publicised to all members of staff, at which the Chief Executive seeks and receives feedback and responds to issues of concern. An alternative of email contact at any time is also made available to all colleagues.
4. Regular internal communication updates and bulletins, including VoiceAbility News (a monthly e-update written by staff and distributed to all teams).
5. A well-maintained intranet site and on-line collaboration tools, including webinars and extensive use of Microsoft Teams.
6. Regular team and supervision meetings held throughout the organisation.
7. A Health, Safety and Wellbeing forum, formed in 2020. The purpose of the forum is to represent, discuss and review how we keep everyone physically safe and mentally healthy at work. The forum meets every six weeks. Their initiatives in 2020-21 included an additional half day's discretionary leave entitlement for all staff and a Wellbeing Activity Day, where staff were given the time to get together with their colleagues to focus on wellbeing and discuss how best to support one another.

### **Pay policy**

VoiceAbility operates an objective outcome pay policy. Staff are placed within bandings dependent on skillset and experience, and upon successful completion of agreed annual objectives, have the opportunity to progress in the banding by way of incremental 'spine points'. Regular supervisions and appraisals ensure that pay progression is measurable within a band, ensuring greater transparency and understanding of pay related decisions.

Although the Executive Leadership Team are covered by the banding pay, ultimately decisions regarding the remuneration of these roles, and that of the Chief Executive, are made by the Board.

# Financial review

## Overview

The Trustees are delighted that despite the challenges VoiceAbility has faced over the last financial year, the Charity delivered a surplus of £45,481. This is after designated investment expenditure of £385,036. The net gain of £205,363 on investments held as fixed assets, brought the overall closing surplus to £250,844, significantly better than budget.

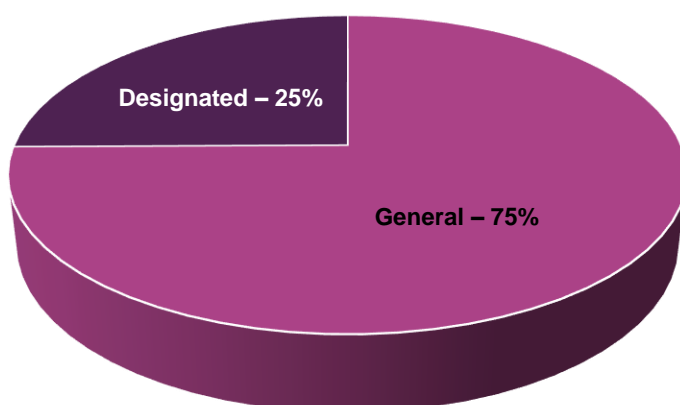
We generated a total income of £10,285,604. This is 16.4% higher than last year (2020 - £8,834,090).

Total expenditure of £10,240,123 is 15.0% higher than last year (2020 – £8,903,887), a lower percentage increase than income. Due to the restrictions brought about by coronavirus, we quickly adapted to new ways of delivering some of our services remotely. These changes resulted in a slightly lower net cost to deliver.

## Reserves

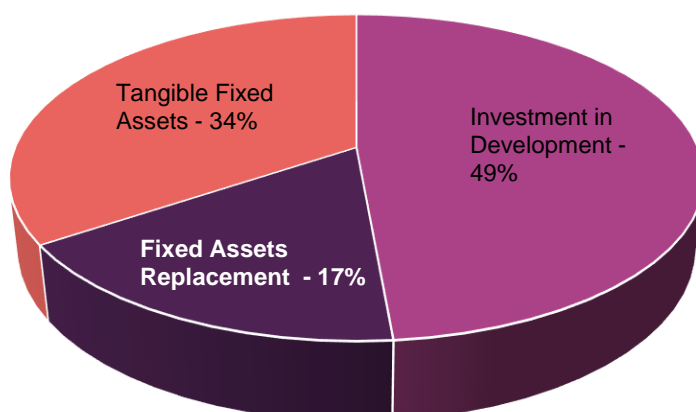
The reserves carried forward as at 31 March 2021 stand at £3,272,258:

### Total reserves as at 31 March



General	£2,449,111
Designated	£823,147
Restricted	nil
<b>Total</b>	<b>£3,272,258</b>

### Designated reserves breakdown as at 31 March



Investment in Development	£400,000
Fixed Assets Replacement	£140,000
Tangible Fixed Assets	£283,147
<b>Total</b>	<b>£823,147</b>

The Unrestricted Reserves are those funds that are available to be used on the charitable objects, to be spent as the Trustees see fit.

The Trustees hold Unrestricted Reserves as either General Reserves or Designated Reserves. General Reserves are there to support the day-to-day operations of the organisation and to ensure that VoiceAbility can meet its future financial obligations. Designated Reserves are held as unrestricted funds that have been earmarked for a particular purpose by the Trustees.

Funds designated to fulfil our **Investment in Development** now stand at £400,000. This is to fund a programme of changes, improvements and developments over the period 2020 to 2022.

The **Fixed Assets Replacement** designated fund, which is in place to ensure that VoiceAbility has fit for purpose equipment and systems on a long-term basis, has been re-assessed and now stands at £140,000. Laptops and mobile phone purchases are recorded against the designated fund and upon review of the Charity's equipment requirements, transfers then made from general funds to ensure the correct level of funds have been designated.

The remainder of £283,147 is the balance of the **Tangible Fixed Assets** which are not liquid and therefore removed from the undesignated, unrestricted reserves in the interest of prudence when calculating our reserve cover requirements.

VoiceAbility adopts a risk-based approach to determine the value of General Reserves necessary to meet its future financial obligations, taking into account the reliability of income streams and the extent to which expenditure is committed, as well as the major risks to which the charity is exposed.

VoiceAbility uses two approaches to inform decision-making over the value of General Reserves required in any one year. One places a financial value on facing the key unmitigated risks identified in the Risk Register; the other provides a finite time-based cover for the committed expenditure faced by the organisation.

The first approach used is to aggregate the assessed financial impact of the key unmitigated risks identified in the VoiceAbility Risk Register and assume that these risks occur either concurrently or sequentially over a timeframe that does not allow recovery between events. The quantification of those risks is assessed by the Executive Leadership Team and validated by the Audit and Risk Committee alongside the annual review of the Risk Register.

For the second approach, the Trustees require a minimum of 4 and a maximum of 6 months' worth of fixed costs cover to be held in General Reserves. The Trustees consider these periods a reasonable and realistic amount of time to curtail, change or serve notice on contractual agreements with suppliers or staff.

Fixed costs are defined in this context as those that VoiceAbility are legally obliged to pay for a period of time regardless of delivery levels and income streams. These costs comprise Influenceable Costs (Premises, Communications and Software, Insurances, and Contact Centre) and Support Function Costs. Due to the predominantly contract-based nature of the income streams, it is assumed that operational staff are subject to TUPE legislation and as such are not included in these calculations.

Utilising the outcomes of these two approaches, the Audit and Risk Committee will make recommendations to the Board of Trustees on the required value of the General Reserves for each financial year as part of the approval of the annual budget.

Employing the first method, the level of reserves required is £950,000.

As a cross check and employing the second method, to cover monthly fixed costs of £243,000 the Charity would look to hold between £972,000 and £1,458,000 (4-6 months) in undesignated, unrestricted reserves. Taking the undesignated, unrestricted reserves as at 31 March 2021, VoiceAbility are able to cover their monthly fixed costs for just over 10 months. The Trustees recognise that the current level of reserves is higher than the policy requirement and are continually looking at ways to appropriately further the objects of the Charity, using these excess reserves.

### **Investments and bank accounts**

VoiceAbility's Investment Committee manages its investment portfolio with the support of management company CCLA. At the end of 2019-20 CCLA's funds had been adversely impacted by the fall in investment markets but notably less than the overall market decrease. At the end of 2020-21, the fair value of the investment has grown materially. This reflects the composition of the CCLA portfolios and the emphasis on assets with sustainable underlying real returns and robust growth prospects independent of the general economic trend. As at 31 March 2021 £849,500 had been invested. Below shows the results of our investment over the last 6 years:

2015-16	£1,385
2016-17	£87,877
2017-18	£15,681
2018-19	£71,848
2019-20	(£32,497)
2020-21	£205,363
<b>Total</b>	<b>£349,657</b>

### **Events since the balance sheet date**

There are no significant post balance sheet events to note.

### **Going concern**

The Trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The Trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. Given the exceptional circumstances of the coronavirus crisis in 2020, the Trustees and the Executive Leadership Team have reviewed all budgets and expected income and expenditure projections and have concluded that, together with the reserves established to help in such circumstances, there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.



# Statement of Trustees' responsibilities

The trustees (who are also directors of VoiceAbility for the purposes of company law) are responsible for preparing the Trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company Law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period.

In preparing those financial statements, the Trustees are required to:

- a) select suitable accounting policies and apply them consistently
- b) observe the methods and principles in the Charities SORP
- c) make judgements and estimates that are reasonable and prudent
- d) prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue to operate
- e) state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements
- f) prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and group if group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

**Auditor**

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The Trustees' annual report which includes the strategic report along with the financial statements has been approved by the Trustees on:

\_\_\_\_\_ 27 July 2021 \_\_\_\_\_ and signed on their behalf by:

\_\_\_\_\_

**James Alistair Schofield – Audit & Risk Committee Chair**

# Independent Auditor's Report to the Members of VoiceAbility Advocacy

## Opinion

We have audited the financial statements of Voiceability Advocacy (the 'charitable company') for the year ended 31 March 2021 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2021 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended)

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Voiceability Advocacy's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

## Other Information

The other information comprises the information included in the trustees' annual report, including the strategic report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' annual report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' annual report, including the strategic report, has been prepared in accordance with applicable legal requirements.

## Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report, including the strategic report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

## Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable,

matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

## Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

## Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, and the audit and risk committee, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
  - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
  - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the

judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Use of our report

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Judith Miller (Senior statutory auditor)

20 August 2021

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006



## Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2021

	Note	General £	Designated £	Restricted £	2021 Total £	General £	Designated £	Restricted £	2020 Total £
<b>Income from:</b>									
Donations and legacies	2	4,938	–	–	<b>4,938</b>	5,214	–	–	5,214
Charitable activities	3	10,192,750	–	51,775	<b>10,244,525</b>	8,737,838	–	47,575	8,785,413
Investments		36,140	–	–	<b>36,140</b>	43,463	–	–	43,463
<b>Total income</b>		<b>10,233,829</b>	<b>–</b>	<b>51,775</b>	<b>10,285,604</b>	<b>8,786,515</b>	<b>–</b>	<b>47,575</b>	<b>8,834,090</b>
<b>Expenditure on:</b>									
Charitable activities	4a	9,803,311	385,036	51,775	<b>10,240,123</b>	8,458,416	397,896	47,575	8,903,887
<b>Total expenditure</b>	4	<b>9,803,311</b>	<b>385,036</b>	<b>51,775</b>	<b>10,240,123</b>	<b>8,458,416</b>	<b>397,896</b>	<b>47,575</b>	<b>8,903,887</b>
<b>Net income / (expenditure) before net gains / (losses) on investments</b>		<b>430,518</b>	<b>(385,036)</b>	<b>–</b>	<b>45,481</b>	<b>328,099</b>	<b>(397,896)</b>	<b>–</b>	<b>(69,797)</b>
Net gains / (losses) on investments		205,363	–	–	<b>205,363</b>	(32,497)	–	–	(32,497)
<b>Net income / (expenditure) for the year</b>	5	<b>635,881</b>	<b>(385,036)</b>	<b>–</b>	<b>250,844</b>	<b>295,602</b>	<b>(397,896)</b>	<b>–</b>	<b>(102,294)</b>
Transfers between funds		(163,184)	163,184	–	–	(467,896)	467,896	–	–
<b>Net movement in funds</b>		<b>472,697</b>	<b>(221,853)</b>	<b>–</b>	<b>250,844</b>	<b>(172,294)</b>	<b>70,000</b>	<b>–</b>	<b>(102,294)</b>
<b>Reconciliation of funds:</b>									
Total funds brought forward		1,976,414	1,045,000	–	<b>3,021,414</b>	2,148,708	975,000	–	3,123,708
<b>Total funds carried forward</b>		<b>2,449,111</b>	<b>823,147</b>	<b>–</b>	<b>3,272,258</b>	<b>1,976,414</b>	<b>1,045,000</b>	<b>–</b>	<b>3,021,414</b>

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 17a to the financial statements.

## Balance sheet

Company no. 03798884

As at 31 March 2021

	Note	2021 £	2020 £
<b>Fixed assets:</b>			
Tangible assets	10	283,147	352,747
Investments	11	1,199,156	993,794
		<u>1,482,303</u>	<u>1,346,541</u>
<b>Current assets:</b>			
Debtors	12	1,013,168	987,897
Cash at bank and in hand		1,334,492	1,631,536
		<u>2,347,660</u>	<u>2,619,433</u>
<b>Liabilities:</b>			
Creditors: amounts falling due within one year	13	(371,483)	(828,754)
		<u>1,976,178</u>	<u>1,790,679</u>
<b>Net current assets</b>			
		<u>3,458,481</u>	<u>3,137,220</u>
<b>Total assets less current liabilities</b>			
Provision for liabilities	15	(186,223)	(115,805)
		<u>3,272,258</u>	<u>3,021,414</u>
<b>Net assets</b>			
		<u>3,272,258</u>	<u>3,021,414</u>
<b>Funds:</b>	16a		
Restricted income funds		-	-
Unrestricted income funds:			
Designated funds		823,147	1,045,000
General funds		2,449,111	1,976,414
		<u>3,272,258</u>	<u>3,021,414</u>
<b>Total unrestricted funds</b>			
		<u>3,272,258</u>	<u>3,021,414</u>
<b>Total funds</b>		<u>3,272,258</u>	<u>3,021,414</u>

Approved by the trustees on

27 July 2021

and signed on their behalf by

James Alistair Schofield  
Trustee

Statement of cash flows

For the year ended 31 March 2021

	2021		2020	
	£	£	£	£
<b>Cash flows from operating activities</b>				
Net income / (expenditure) for the reporting period (as per the statement of financial activities)	45,481		(69,797)	
Depreciation charges	116,955		67,564	
(Gains)/losses on investments	–		–	
Dividends and interest from investments	(36,140)		(43,463)	
Increase/(decrease) in provisions	70,418		7,191	
(Increase)/decrease in debtors	(25,271)		75,720	
Increase/(decrease) in creditors	(457,272)		46,704	
<b>Net cash provided by / (used in) operating activities</b>		(285,829)		83,919
<b>Cash flows from investing activities:</b>				
Dividends and interest from investments	36,140		43,463	
Purchase of fixed assets	(47,356)		(249,406)	
<b>Net cash provided by / (used in) investing activities</b>		(11,215)		(205,943)
<b>Change in cash and cash equivalents in the year</b>		(297,044)		(122,024)
Cash and cash equivalents at the beginning of the year		1,631,536		1,753,559
<b>Cash and cash equivalents at the end of the year</b>		1,334,492		1,631,536

**1 Accounting policies**

**a) Statutory information**

VoiceAbility Advocacy is a charitable company limited by guarantee and is incorporated in England & Wales. The registered office address is The Old Granary, Westwick, Oakington, Cambridge, CB24 3AR.

**b) Basis of preparation**

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) – (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (September 2015) and the Companies Act 2006/Charities Act 2011.

The Charity has a subsidiary, Advocacy Experience Limited. The subsidiary is currently dormant and therefore consolidated financial statements have not been prepared.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

**c) Public benefit entity**

The charity meets the definition of a public benefit entity under FRS 102.

**d) Going concern**

The trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern.

The trustees have specifically considered the impact of covid-19 on the charity and do not consider there to be an material uncertainty as a result. Further discussion on the impact of and response to covid-19 by the charity can be found in the trustees' annual report.

**e) Income**

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

**f) Interest receivable**

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

**1 Accounting policies (continued)**

**g) Fund accounting**

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

**h) Expenditure and irrecoverable VAT**

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charity in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

Support and governance costs are re-allocated to charitable activities in full.

**i) Expenditure and irrecoverable VAT (continued)**

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

**j) Operating leases**

Rental charges are charged on a straight line basis over the term of the lease.

**k) Tangible fixed assets**

Items of equipment are capitalised where the purchase price exceeds £500 for an individual purchase. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- |  |                            |
|--|----------------------------|
| • Leasehold improvements                       | over the life of the lease |
| • Furniture, Computer, Telephones and Software | 10% – 33%                  |

**l) Listed investments**

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

**Investments in subsidiaries**

Investments in subsidiaries are at cost.

**m) Debtors**

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

**n) Cash at bank and in hand**

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

Notes to the financial statements

For the year ended 31 March 2021

1 Accounting policies (continued)

o) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

p) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

q) Pensions

After three months of employment, employees are auto enrolled in the group stakeholder pension scheme (Aviva), via a salary exchange method. Employees are required to opt out should they not wish to be enrolled. The charity contributes 5% of gross salary and employees make a minimum contribution of 3% of gross salary. Employees joining the stakeholder pension contract directly with the insurance company. In addition to its own contribution the charity acts as agent in collecting and paying over employee pension contributions.

2 Income from donations and legacies

	2021 Total £	2020 Total £
Donations (unrestricted)	4,938	5,214

3 Income from charitable activities

	Grants £	2021 Earned income contracts £	Total £	Grants £	2020 Earned income contracts £	Total £
Advocacy Services:						
London	–	1,380,239	1,380,239	–	1,469,951	1,469,951
North East	–	2,315,930	2,315,930	–	2,367,002	2,367,002
North West	–	1,440,905	1,440,905	–	1,325,550	1,325,550
Midlands & South East	31,775	5,038,557	5,070,332	32,575	3,569,411	3,601,986
	31,775	10,175,631	10,207,406	32,575	8,731,914	8,764,489
Support Services	20,000	17,120	37,120	15,000	5,924	20,924
Total income from charitable activities	51,775	10,192,750	10,244,525	47,575	8,737,838	8,785,413

All earned income is unrestricted and all grant income is restricted.



## 4a Analysis of expenditure (current year)

	Advocacy Services £	Strategic Investment costs	Governance costs £	Support costs £	2021 Total £	2020 Total £
Direct staff costs	6,252,050	–	–	–	6,252,050	5,050,765
Indirect staff costs	–	125,455	138	1,252,823	1,378,416	1,184,205
Total staff costs (note 6)	6,252,050	125,455	138	1,252,823	7,630,465	6,234,970
Sub contractor Costs	866,084	–	–	–	866,084	1,040,295
Recruitment, Training and Welfare	168,244	1,496	–	–	169,740	168,572
Travel & Subsistence	98,296	11	–	–	98,307	248,885
Rent & Rates	157,145	–	–	–	157,145	220,774
Professional	3,604	223,523	–	–	227,128	138,297
Other direct costs	729,855	34,551	–	–	764,407	476,363
Business Development	–	–	–	104,012	104,012	94,420
CEO and related expenses	–	–	–	11,674	11,674	19,377
Finance	–	–	–	92,984	92,984	80,495
Human resources	–	–	–	58,544	58,544	97,135
IT and Office Admin	–	–	–	15,294	15,294	56,191
Trustee and AGM costs	–	–	31,078	–	31,078	12,270
Audit and accountancy costs	–	–	13,260	–	13,260	15,841
	8,275,279	385,036	44,476	1,535,331	10,240,123	8,903,887
Support costs	1,535,331	–	–	(1,535,331)	–	–
Governance costs	44,476	–	(44,476)	–	–	–
Investment costs	385,036	(385,036)	–	–	–	–
<b>Total expenditure 2021</b>	<b>10,240,123</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>10,240,123</b>	<b>–</b>
Total expenditure 2020	8,903,887	–	–	–	–	8,903,887

## 4b Analysis of expenditure (prior year)

	Advocacy Services £	Strategic Investment costs £	Governance costs £	Support costs £	2020 Total £
Direct staff costs	5,050,765	–	–	–	5,050,765
Indirect staff costs	–	112,577	1,238	1,070,390	1,184,205
Total staff costs (note 7)	5,050,765	112,577	1,238	1,070,390	6,234,970
Sub contractor Costs	1,040,295	–	–	–	1,040,295
Recruitment, Training and Welfare	145,868	22,704	–	–	168,572
Travel & Subsistence	246,074	2,811	–	–	248,885
Rent & Rates	220,774	–	–	–	220,774
Professional	6,849	131,447	–	–	138,297
Other direct costs	415,570	60,793	–	–	476,363
Business Development	–	–	–	94,420	94,420
CEO and related expenses	–	–	–	19,377	19,377
Finance	–	–	–	80,495	80,495
Human resources	–	–	–	97,135	97,135
IT and Office Admin	–	–	–	56,191	56,191
Trustee and AGM costs	–	–	12,270	–	12,270
Audit and accountancy costs	–	–	15,841	–	15,841
	7,126,196	330,332	29,349	1,418,010	8,903,887
Support costs	1,418,010	–	–	(1,418,010)	–
Governance costs	29,349	–	(29,349)	–	–
Investment costs	330,332	(330,332)	–	–	–
Total expenditure 2020	8,903,887		–	–	8,903,887

## Notes to the financial statements

For the year ended 31 March 2021

**5 Net income / (expenditure) for the year**

This is stated after crediting / (charging):

	2021 £	2020 £
Depreciation	116,955	67,564
Operating lease rentals:		
Property	172,199	188,531
Auditor's remuneration (excluding VAT):		
Audit	11,000	10,750
Prior year (over)/ under accrual	-	1,000
Other services	-	-

**6 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel**

Staff costs were as follows:

	2021 £	2020 £
Salaries and wages	6,547,123	5,351,671
Redundancy and termination costs	9,921	64,777
Social security costs	505,596	404,782
Employer's contribution to defined contribution pension schemes	496,287	387,203
Other staff costs	71,539	26,538
	<b>7,630,465</b>	<b>6,234,970</b>

The redundancy and termination costs were accrued at the balance sheet date.

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2021 No.	2020 No.
£60,000 – £69,999	2	2
£70,000 – £79,999	1	1
£80,000 – £89,999	1	1

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £332,157 (2020: £326,022).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2020: £nil). No charity trustee received payment for professional or other services supplied to the charity (2020: £nil).

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £0 (2020: £1,765) incurred by 0 (2020: 3) members relating to attendance at meetings of the trustees.

## Notes to the financial statements

For the year ended 31 March 2021

**7 Staff numbers**

The average number of employees (head count based on number of staff employed) during the year was 310 (2020: 266) and based on full-time equivalent was 259 (2020: 215).

**8 Related party transactions**

There are no related party transactions to disclose for 2021 (2020: none).

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

**9 Taxation**

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

**10 Tangible fixed assets**

	Fixtures & Fittings £	Computer Equipment £	Telephones £	Software & Systems £	Total £
<b>Cost</b>					
At the start of the year	37,496	313,805	60,773	29,281	<b>441,355</b>
Additions in year	–	31,540	15,816	–	<b>47,356</b>
Disposals in year	(10,991)	(11,826)	–	–	<b>(22,817)</b>
At the end of the year	<b>26,505</b>	<b>333,519</b>	<b>76,589</b>	<b>29,281</b>	<b>465,894</b>
<b>Depreciation</b>					
At the start of the year	17,971	48,522	20,163	1,952	<b>88,608</b>
Charge for the year	13,040	69,339	28,720	5,856	<b>116,955</b>
Eliminated on disposal	(10,991)	(11,826)	–	–	<b>(22,817)</b>
At the end of the year	<b>20,020</b>	<b>106,035</b>	<b>48,883</b>	<b>7,808</b>	<b>182,747</b>
<b>Net book value</b>					
<b>At the end of the year</b>	<b>6,485</b>	<b>227,484</b>	<b>27,705</b>	<b>21,473</b>	<b>283,147</b>
At the start of the year	19,525	265,283	40,610	27,329	352,747

All of the above assets are used for charitable purposes.

## Notes to the financial statements

For the year ended 31 March 2021

**11 Investments held as fixed assets**

	2021 £	2020 £
Fair value at the start of the year	993,794	1,026,291
Additions at cost	–	–
Disposal proceeds	–	–
Net gain / (loss) on change in fair value	205,362	(32,497)
	<u>1,199,156</u>	<u>993,794</u>
Cash held by investment broker pending reinvestment	–	–
Fair value at the end of the year	<u>1,199,156</u>	<u>993,794</u>
	2021 £	2020 £
Investments comprise:		
COIF Charities Investment Fund	<u>1,199,156</u>	<u>993,794</u>

**12 Debtors**

	2021 £	2020 £
Trade debtors	584,584	416,321
Other debtors	41,758	17,234
Prepayments	215,322	285,809
Accrued income	171,504	268,534
	<u>1,013,168</u>	<u>987,897</u>

**13 Creditors: amounts falling due within one year**

	2021 £	2020 £
Trade creditors	126,658	451,357
Taxation and social security	129,512	110,382
Other creditors	70,497	65,637
Accruals	43,311	81,495
Deferred income (note 24)	1,506	119,883
	<u>371,483</u>	<u>828,754</u>

**14 Deferred income**

Deferred income comprises income invoiced in advance of work not undertaken by year end

	2021 £	2020 £
Balance at the beginning of the year	119,883	57,549
Amount released to income in the year	(119,883)	(57,549)
Amount deferred in the year	1,506	119,883
Balance at the end of the year	<u>1,506</u>	<u>119,883</u>

**15 Provisions for liabilities**

Provisions for liabilities comprises

	2021 £	2020 £
Balance at the beginning of the year	115,805	108,614
Amount released in the year	–	–
Increase in provision in the year	70,418	7,191
Balance at the end of the year	<u>186,223</u>	<u>115,805</u>
Dilapidations provision	11,500	4,250
Customer refund provision	136,241	69,890
Staffing provision	38,482	41,665
	<u>186,223</u>	<u>115,805</u>

**Dilapidations Provision**

To provide for the refurbishment of our Cambridge office at the end of our tenancy as required by our lease agreement. The likely cost of this is calculated and charged to projects as an additional accommodation cost on an annual basis.

**Customer Refund Provision**

£93,772 relates to two services regarding potential repayment due to under delivery. The remainder relates to duplicate receipts from four customers.

**Staffing Provision**

To provide for HR issues identified pre 31st March 2021.



**16a Analysis of net assets between funds (current year)**

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Tangible fixed assets	–	283,147	–	283,147
Investments	1,199,156	–	–	1,199,156
Net current assets	1,436,178	540,000	–	1,976,178
Provisions	(186,223)	–	–	(186,223)
<b>Net assets at 31 March 2021</b>	<b>2,449,111</b>	<b>823,147</b>	<b>–</b>	<b>3,272,258</b>

**16b Analysis of net assets between funds (prior year)**

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
* Tangible fixed assets	–	352,747	–	352,747
Investments	993,794	–	–	993,794
Net current assets	745,679	1,045,000	–	1,790,679
Provisions	(115,805)	–	–	(115,805)
<b>Net assets at 31 March 2020</b>	<b>1,623,668</b>	<b>1,397,746</b>	<b>–</b>	<b>3,021,414</b>

\* Prior year tangible fixed assets of £170,905 have been reclassified as designated funds.

## 17a Movements in funds (current year)

	At 1 April 2020 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2021 £
<b>Restricted funds:</b>					
* Department of Health (via National Autistic Society)	–	20,000	(20,000)	–	–
** Cambridgeshire County Council	–	1,775	(1,775)	–	–
*** NHS Nene and Corby CCG	–	30,000	(30,000)	–	–
<b>Total restricted funds</b>	–	51,775	(51,775)	–	–
<b>Unrestricted funds:</b>					
Designated funds:					
Investment in Development	695,000	–	(385,036)	90,036	400,000
Fixed Assets Replacement	350,000	–	–	(210,000)	140,000
Tangible Fixed Assets	–	–	–	283,147	283,147
<b>Total designated funds</b>	1,045,000	–	(385,036)	163,184	823,147
<b>General funds</b>	1,976,414	10,490,966	(9,855,086)	(163,184)	2,449,111
<b>Total unrestricted funds</b>	3,021,414	10,490,966	(10,240,123)	–	3,272,258
<b>Total funds</b>	3,021,414	10,542,741	(10,291,898)	–	3,272,258

\* Complex Needs Consortium Grant.

\*\* Cambridgeshire and Peterborough Police and Crime Commissioner's Youth and Community Fund. Grant for membership to the Safe Places National Network.

\*\*\* Furtherance of existing Quality Checker service that sees people with a learning disability employed to inspect local services and to provide advice on how they can better meet the needs of individuals with a learning disability.

**Investment in Development** has been reviewed and now stands at £400,000. This will fund VoiceAbility's Change Programme 5 year objectives as outlined in the annual report.

The **Fixed Assets Replacement** designated fund is to ensure that VoiceAbility has fit for purpose equipment and systems on a long term basis.

The **Tangible Fixed Assets** designated fund removes the non-cash element.

## 17b Movements in funds (prior year)

	At 1 April 2019 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2020 £
<b>Restricted funds:</b>					
* Department of Health (via National Autistic Society)	–	15,000	(15,000)	–	–
** Cambridgeshire County Council	–	2,575	(2,575)	–	–
*** NHS Nene and Corby CCG	–	30,000	(30,000)	–	–
<b>Total restricted funds</b>	<b>–</b>	<b>47,575</b>	<b>(47,575)</b>	<b>–</b>	<b>–</b>
<b>Unrestricted funds:</b>					
Designated funds:					
Investment in Development	975,000	–	(330,332)	50,332	695,000
Fixed Assets Replacement	–	–	(67,564)	417,564	350,000
<b>Total designated funds</b>	<b>975,000</b>	<b>–</b>	<b>(397,896)</b>	<b>467,896</b>	<b>1,045,000</b>
<b>General funds</b>	<b>2,148,708</b>	<b>8,801,593</b>	<b>(8,505,991)</b>	<b>(467,896)</b>	<b>1,976,414</b>
<b>Total unrestricted funds</b>	<b>3,123,708</b>	<b>8,801,593</b>	<b>(8,903,887)</b>	<b>–</b>	<b>3,021,414</b>
<b>Total funds</b>	<b>3,123,708</b>	<b>8,849,168</b>	<b>(8,951,462)</b>	<b>–</b>	<b>3,021,414</b>

\* Complex Needs Consortium Grant.

\*\* Cambridgeshire and Peterborough Police and Crime Commissioner's Youth and Community Fund. Grant for membership to the Safe Places National Network.

\*\*\* Furtherance of existing Quality Checker service that sees people with a learning disability employed to inspect local services and to provide advice on how they can better meet the needs of individuals with a learning disability.

Designated funds Change Programme **Investment in Development** has been reviewed and now stands at £695,000. This will fund VoiceAbility's Change Programme 5 year objectives as outlined in the annual report.

A **Fixed Assets Replacement** designated fund of £350,000 has been introduced to ensure that VoiceAbility has fit for purpose equipment and systems on a long term basis.

## 18 Operating lease commitments payable as a lessee

The group and charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Land and Buildings	
	2021 £	2020 £
Less than one year	98,120	162,278
One to five years	36,745	153,874
Over five years	–	–
	<b>134,865</b>	<b>316,152</b>