



Annual report of the CIO for year ending 31 March 2021

Generic Advocacy Service helping people with any disability including multiple disabilities locally



We are a free and independent service

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WHAT IS INDEPENDENT ADVOCACY?

At some point in our lives, most of us will need an Advocate. You may need help to make a difficult phone call, need someone who can write a letter, or someone to attend with you at a difficult meeting.

In many cases, the Advocate is a friend or family member, for others, it may be a nurse or social worker. **But what if you don't have any of these people to help?** Or the problem relates in some way to your family, G.P, or social worker? This is where independent Advocacy can help, an Advocate will support you to speak up for yourself as they are ONLY there for you and have no ties to other agencies or people in your life. An Advocate helps you to get the information you need to make real choices about your circumstances, supporting you to put your choices to others.

PCAS assists with:

- ❖ Safeguarding people who are vulnerable and discredited against or whom services find difficult to serve.
- ❖ Supporting disabled people at risk of losing their tenancy
- ❖ Empowering people who need a stronger voice by enabling them to express their own needs and make their own decisions.
- ❖ Enabling people to gain access to information, explore and understand their options, and to make their views and wishes known.
- ❖ Care issues, accommodation, financial management and paperwork
- ❖ Supporting at meetings and long term support in order to stay living in their own homes for longer.
- ❖ PCAS can speak on behalf of people who are unable to do so for themselves.
- ❖ PCAS helps people with Mental Health needs, something we have done for 26 years now.
- ❖ PCAS helps clients through Adult Safeguarding processes.
- ❖ Child Protection/child in need work.

It is important to recognise that an effective Advocate will use their knowledge, experience and skills to enable their client to have the best life possible. This might mean the Advocate telling the client about options that the client has never thought of themselves.

It is also an Advocates job to be realistic with their client, as not all things a client may want will be possible.

BACKGROUND TO PCAS AND WHAT WE DO

PCAS Advocacy Service was started in 1995 by Shropshire Disability Consortium to provide a community based independent advocacy service for people with ANY disability over the age of 18 in Shropshire, Telford and Wrekin.

PCAS was set up by disabled people who recognised a need for individuals to be supported to ensure their voice was heard. PCAS is committed to ensuring individuals are as involved as they can be in decisions that affect their lives. We aim to raise awareness of a person's rights and ensure they are safeguarded against in instances where people are unable to do so for themselves.

PCAS is a registered charity, to maintain its independence it is managed by a Board of Trustees, comprising of individuals who have an interest in and a commitment to the work PCAS does. The Board hold a strategic role, having responsibility to oversee effective governance by ensuring PCAS meets its legal and charitable obligations.

Our Mission Statement Is:

PCAS provides independent advocacy for adults with any disability, physical, sensory, learning or mental health. We aim to be the Service of Choice, to secure clients' rights, services, and to ensure they are listened to, empowered and treated with respect. We further aim to promote social inclusion, equality and social justice for all, irrespective of sexual orientation or ethnicity.

We Aim to:

Assist disabled persons primarily, but not exclusively, living or working within the Counties of Shropshire and Powys, through the provision of information and advocacy.

- ❖ Be recognised as the "Go to" service for Advocacy support
- ❖ Enable disabled people to make informed choices
- ❖ Promote independence and choice of disabled people through the provision of information
- ❖ Provide a service enabling the opportunity for people to take control of their own lives
- ❖ Challenge decisions made on behalf of people which they disagree with
- ❖ To listen to and engage with a client and actively involve them in any action PCAS assists with

We also have a set of priorities that we use to plan what we want to achieve every year.

This year we have continued to develop our service to meet the growing needs of local people who are requiring more long term assistance with their finances, enabling disabled people to stay living in their own homes for longer and those with Mental Health issues.

PCAS Website www.shropshirepcas.co.uk

Benefits of Advocacy

The benefits of advocacy are far reaching.

- ❖ Advocacy gives a vulnerable disabled person a voice when they feel no one is listening to them.
- ❖ They have someone who is independent from all the statutory services and is not controlled by government pressures to save money.
- ❖ Someone who will listen to the client, find out what the problems are, work with the client to sort out the problems.
- ❖ Building a good rapport with the client builds their self-esteem and confidence and can alleviate depression and anxiety, thus improving their mental health and wellbeing.
- ❖ Advocacy gives a person a better quality of life through simple little things for instance, reading their post and explaining the contents to someone who is dyslexic means the world to them.
- ❖ When someone is being abused they are in a really bad place. Very often they do not realise they are being abused until someone points out that it is wrong for someone to take your money and leave you without enough to pay your bills or buy food. Once the client has gone through the safeguarding process and realises they can have a good quality of life with the money they have coming in we see a totally different person, one who is now enjoying life because they can get out and go for a coffee or go shopping themselves. They now have a good quality of life, and with the safety net of having an advocate who they have built up a good working relationship they know where to go if they need help in the future.
- ❖ Very often the clients we help have no one else to help them. This means that the advocate is someone they can talk to about the worries, fears or problems they are having. This is far reaching because our advocate can discuss these worries, fears and problems and if we cannot help we always find someone who can. This circle of support helps the client move forward with their life.

WELCOME FROM THE CHAIR



Doreen Ellis

PCAS Chair

What a strange year it has been for us all! No holidays for any of us this year. All dressed up with no-where to go! I hope that we are now on the home straight.

Nevertheless, it has been a busy year for PCAS. I helped Alli and Simon move into their new premises in December. It has certainly been a move for the better. It is even warm enough for them to work without their coats! My husband, Patrick helped with some DIY jobs, putting up pictures and shelving. Alli has been busy adding lots of final additions and the office space is now looking great.

Trustee meetings have continued via Zoom. Although due to technical issues (**mainly me!**) I have attended some in **sound only!** Hopefully, the next meeting will be in person.

Unfortunately, our planned 25th Celebration is cancelled due to the Pandemic. In these uncertain times, it seems almost impossible to arrange another date. Anyone who has paid for a ticket and wishes to have their money back will be reimbursed as soon as we are able to meet.

Like many people, I have been sorting out cupboards, gardening and painting fencing panels. All exciting stuff! Oh, and of course Netflix. What would we have done without that?

Here's to a much better 2021 and a free and happy summer!

Doreen Ellis

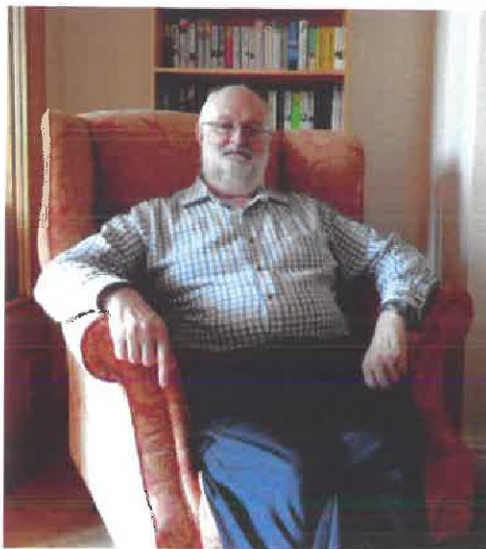


Clare Harris

Vice Chair

As vice chair, it is my pleasure to support and help Doreen (our chair) in any way I can to keep this most vital organisation running. With the support of fellow trustees who have a wide variety of skills to bring to this charity, we have a united positive attitude, which hopefully will go on for a long time to come.

My thanks must also go with Doreen's to thanking the whole team we have, because without their hard work and support we would not have been able to successfully remain open for business for more than 25 years.



Peter Quinn – Treasurer

I am a former Mental Health Nurse and Mental Health Nurse Services Manager with over 21 years' service in the NHS, before I had to retire with chronic health and disability problems. I have served on a NHS Ethics Committee and as a Community Health Council Member. I have also volunteered as a Trustee with Bromley Mind and other Mental Health Charities. I retired to Shropshire in 2004.

I have been a Trustee of PCAS since 2014 as the Treasurer. I bring extensive experience of Mental Health Issues and have insight into what it's like to live with a disability.

My main priority as a Trustee is to oversee financial matters and funding, ensuring our funds are used to good effect and managed in an appropriate manner, as well as supporting our staff to ensure our service remains robust.



Simon Harris - Trustee

Having been around PCAS in one form or another for the last 25+ years, either through family or becoming a trustee, it has been my great pleasure to help PCAS in any way I can. My primary role as a trustee is to look after the IT infrastructure, website and assist with branding and print when needed. 2021 sees the launch of PCAS into the world of social media, while it is a difficult journey, it is one I am happy to help to gain as much publicity as possible for this incredible charity.

The advocates, staff and volunteers at PCAS are all amazing people who give their all and constantly go beyond expectations, without them we would certainly not be where we are today, my heartfelt thanks go out to each and every one of them.

WELCOME FROM THE MANAGER – Simon Arthur



This is the first year report from me in our new Charitable Incorporated Organisation (CIO) status. Although we have changed our charitable status nothing else has changed. After 26 years we continue to do the same work as we were originally set up to do, namely helping the most vulnerable people with any disability to have a better quality of life.

Welcome to my report for the year 2020/21; Once again I will start by thanking the amazing team around me, workers and trustees who have put so much effort in this year, especially during what has been the biggest challenge to the world. Yes Coronavirus has tried to disrupt our society. New rules have come in, lockdowns in place, social isolation and peoples Mental Health has suffered greatly. Hopefully now the vaccine rollout is gathering pace we can all get back to some normality, although I think what we saw as normal will not be here for a few years yet.

As always we are so grateful to our funders who support our work and know what we achieve for the people we help. Thank you to: - Lloyds Bank Foundation, The Henry Smith Charity, Garfield Weston Foundation, Trusthouse Charitable Foundation, Select Healthcare, Severn Trent Community Fund, Postcode Neighbourhood Trust, Independent Age, The Albert Hunt Trust, The Edward Gostling Foundation and to our Private Donation funder and other donations received during this most difficult of years. Without all of your help we would not have been able to do the work we have this year. Thank you so very much.

The next 7 months leading up to the end of November 2021 is the most critical in our history, with most of our grant funding coming to an end. We need to secure funding of £180,000 just to be able to continue for another 12 months. We are looking at ways to become more sustainable in the years ahead, once we have survived our biggest challenge yet.

Over the last 26 years we have helped over 10,000 of the most vulnerable people in Shropshire and Telford. Through working with them and alongside them, ensuring they are listened too, they understand what they are being asked, helping through Child Protection, Adult Abuse, Social Care issues, helping with Mental Health needs, ensuring people with multiple disabilities and complex needs have the help and support they need to live a better quality of life.

This year has seen a big increase in referrals to help people going through Child Protection, Domestic Violence and Mental Health, another circumstance of Covid. Our waiting list has hit the highest number ever currently standing at 72 people waiting. When we tell referrers the timescale involved they ask us to put the person on the waiting list, as no one else does what we do.

There is very clearly a gap or lack of help out in the community for these complex time consuming issues. Coupled with our record over 26 years we are now the service of choice, because referrers know we help and we are there for the person for as long as it takes.

Helping clients to gain access to other services they need help from, is still the biggest challenge for our clients especially getting help they need with benefits. There is clearly a gap in the current services delivered in Shropshire and Telford.

As so many of the people we help and support cannot get to an office for an appointment, services do need to start thinking about addressing this. We will keep raising the issue through our networks, in the hope services think more about the most vulnerable and the effect on their benefits when no one is there to help fill in forms and do appeals and tribunals in a way that is so desperately needed.

During the pandemic we have had to change some of our working practices, to protect the vulnerable and people shielding. We moved to phoning our clients twice a week during the first lockdown, offering a listening ear, and helping with food and meal deliveries. We spoke to clients through windows where clients didn't have phones or struggled to use them. We tried to make sure we kept a watchful eye over our clients during this time. In August 2020 we started again picking up the pieces from the fallout of the first lockdown, but then the next lockdown came along. I think the second lockdown was so much harder for people than the first. Just when they thought things may be getting back to some normality they are put back into isolation and all that entails. Loneliness sets in, mental health suffers, and with so many statutory workers working from home, social care suffered. I lost count the number of times we have been contacted about vulnerable people needing help. I think these workers thought the voluntary sector will sort out the mess!!

Our workers are so passionate about helping and supporting their clients, but having to work remotely and through emails and phone calls with other services, sorting the issues out for our clients became so much more laboured.

This was a very difficult time for our dedicated workers, frustrating, worried about their clients, stressful, just some of the feelings our workers have encountered.

As constraints had to be bought in to protect our clients and workers from covid frustrations grew. We have managed this through keeping in contact with workers over good old Zoom and Microsoft Teams, doing supervision over the phone but nothing replaces face to face.

With so many other voluntary services virtually shutting down, the help available from other services was very limited, even now as we approach April 2021 many services are still dormant.

The clients we help need so much support from a huge range of other services in the community, especially Community Mental Health services, day services, meeting groups, doctors, carers, to name just a few but like so many others they are stretched to breaking point. They are referring clients to us to try and help, even though our waiting list this year has been the largest ever. This shows the ever growing need, going forward, and we can only hope that government supports and puts more funding into mental health services and community services, otherwise there will be

another pandemic to do with Mental Health, isolation and loneliness, and coping with the effects of it.

What we have found over the last 12 months is the enormous effect of the pandemic on our clients Mental Health. Their fears and anxieties have been exacerbated even further. People have lived in fear of going out even just to get food. It has clearly been a very difficult time for our clients. We will continue to offer as much help and support to our clients as they move forward, once covid restrictions start to be lifted. I do fear it will be many months if not years before people with disabilities come to terms with all the changes that have affected them during this pandemic.

Face to face contact with people is so very important. We have found this even more so over the last year. A phone call just does not help the person, they don't open up as much, we cannot see changes in their lifestyle, body language or facial expressions that show how the person is coping.

Our workers have found that since they have gradually started seeing clients more they found issues and problems that the client had not informed them about, meaning the advocate has had to start almost from the beginning. The pandemic has pushed so much help and support backwards. It will take some time for the country to recover. In the mean time we can only plod on and keep pushing for results to help our clients have a better quality of life.

During lockdown we once again went through the process of re-applying for our Advocacy Quality Performance Mark with NDTI. It was a strange experience having to do the majority digitally, but with hard work from all my amazing team we got through it and have been awarded the QPM for a further 3 years from June 2020.

In November 2020 we moved offices, one of the main reasons being the lack of any heating in our old office. We also wanted to be more accessible to our potential client base, so we moved into town (Oswestry) into a ground floor office suite, with heating and parking on site.

We have also started on the long journey of building our social media presence through Facebook, Twitter and Linked-in. This will help us going forward to raise the profile of PCAS, let more people know what Advocacy is and how we can help, it will hopefully also attract attention from possible funders, donations and sponsorship.

This change is so important for us, as we try and survive as a charity. Having negotiated the pandemic we do not want to be a victim of it. Looking at ways of becoming more sustainable over the coming years is a must. This will be so difficult for smaller charities like ours. We plough so much of the funding we secure into frontline help and support, helping vulnerable people feel they are being listened too and someone cares about them. Funders, fundraisers and sponsors need to refocus on community services like ours who know the people we help so well, know what really affects their day to day living and all the hurdles they have to get over just to have some sort of quality of life.

Simon Arthur



Allisone Arthur

Evaluation Administrator

I've been with PCAS since 2007. I originally came from Exeter in Devon, moving to Shropshire in 1988. I have a daughter, son-in-law and a 10-year-old grandson with Autism and Learning Disabilities who I look after most weekends whilst mum works. Whilst in lockdown my daughter was nursing Covid patients & teaching my grandson 5 days a week. I am immensely proud of her commitment & resilience.

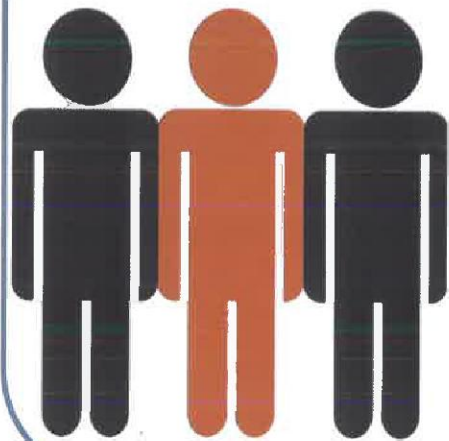
This has been a very difficult year for everyone & especially for a small charity like ours. Our manager has been hard pressed searching for funding to cover PPE & as other services closed or were not accessible to our clients, getting them the help they so badly needed became nigh on impossible. We are lucky to have a manager as dedicated to our charity as he is.

I totally enjoy the challenges brought by our small charity, there is always something new to aim for such as the need to encapsulate statistics in a new way for our funders. I love the variety and "free hand" of organising my own workload. We are a "Team" at PCAS, which includes the Manager, all the Advocates and the support from our invaluable Trustees. As a small team, we are all dedicated and enthusiastic.

I do all the evaluation encapsulation, from building bespoke databases, financial sheets and building graphs from feedback forms. I provide all the statistics for reporting to our funders, each, requiring information in a different format. I also deal with all the Advocates paperwork, inputting data, timesheets etc. This past year, I have looked at all our recording mechanisms and have streamlined where I can.

We have a new Web Site which better reflects the work we do. It is crisp and informative. We have a "Donate" button, which we hope will enable us to raise some much needed funds. Now for the first time, we have people with the skills badly needed and they are a true asset to our Charity. It is wonderful to have a website for all of us to be proud of.

I have designed and compiled this "AGM" report, so I hope you enjoy reading how busy we have been, and the benefits to those we help.

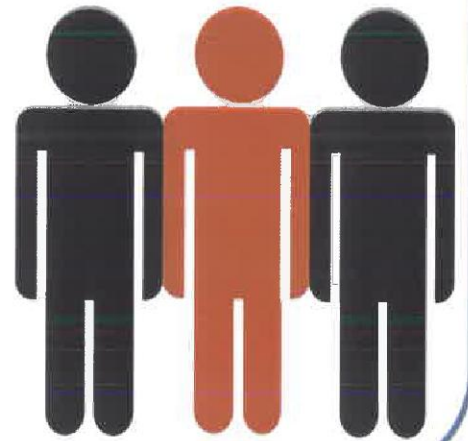


IN THIS FINANCIAL YEAR

2020 – 2021

PCAS HAS HELPED

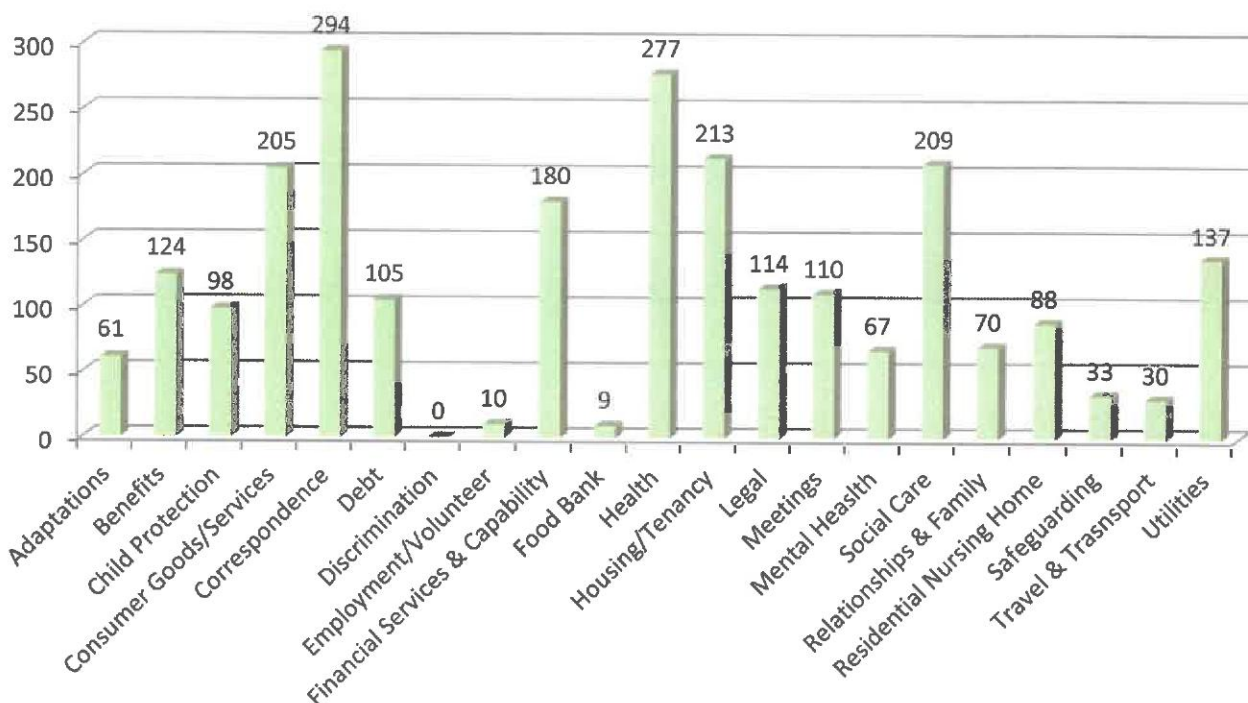
352 PEOPLE



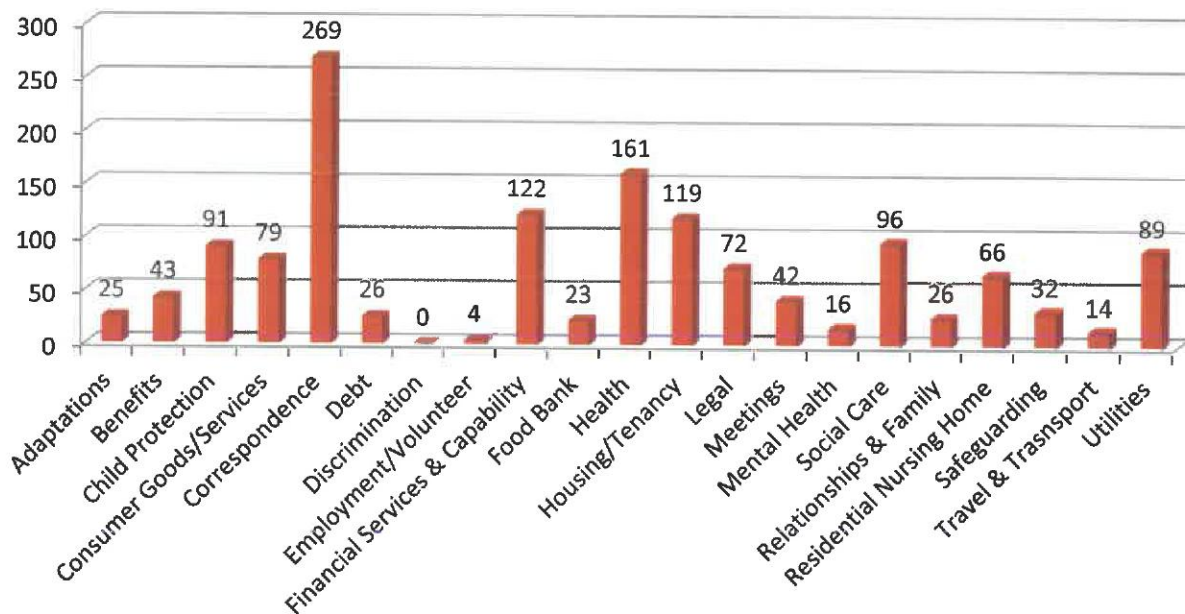
Over this 12 month period, PCAS has helped clients with a whopping 2434 client issues, slightly less than last year due to Covid 19 & not being able to visit clients as we normally would.

Dividing the amount of issues (2434) by the amount of clients helped (352) gives an average of each client having over 7 issues that clients have needed help with. That's without the 1466 other services we have accessed on client's behalf to assist them further.

Client Issues April 2020 - March 2021 Total Issues 2434 Average 7 Issues per client



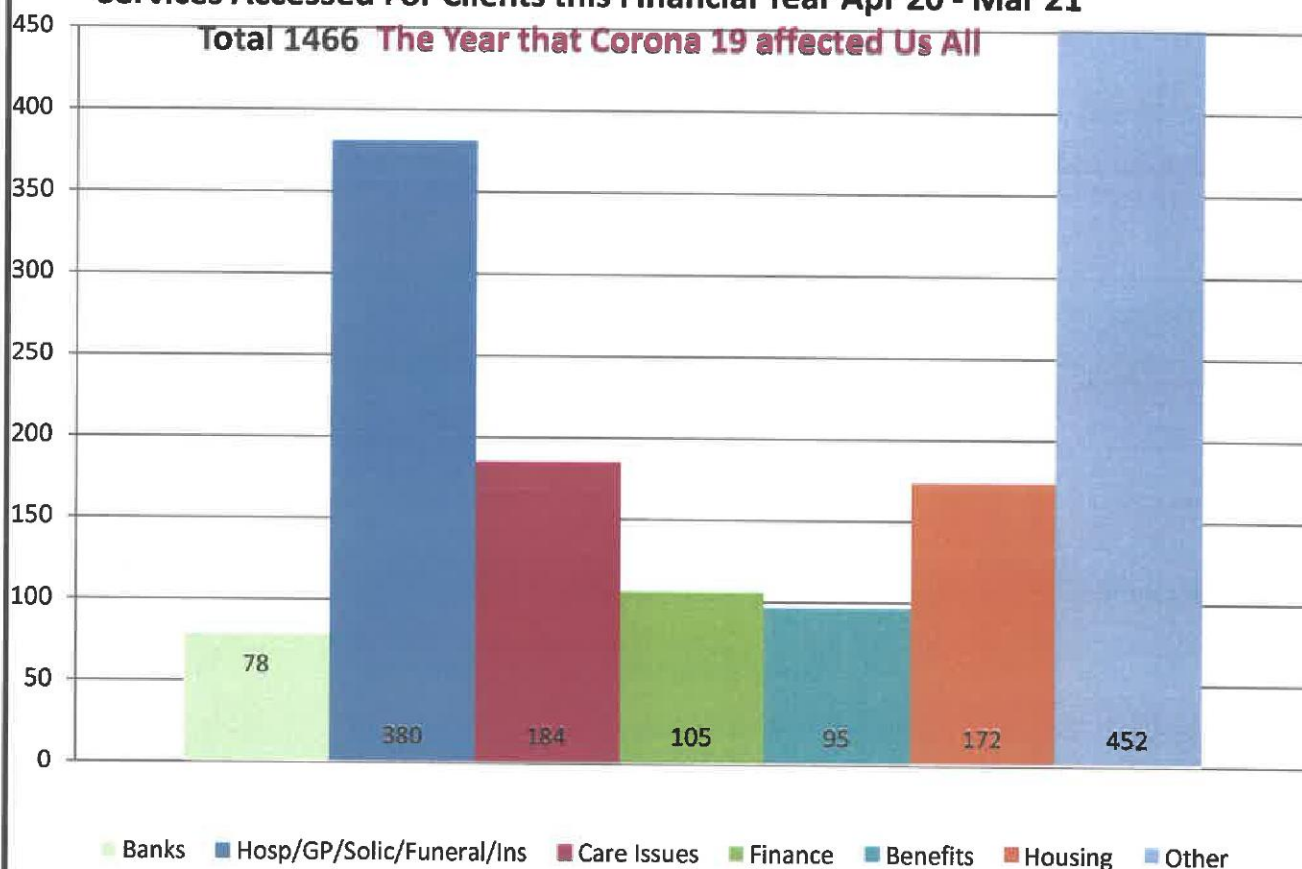
Positive Client Outcomes Apr 20 - Mar 21 Total 1415 Average 4 per client

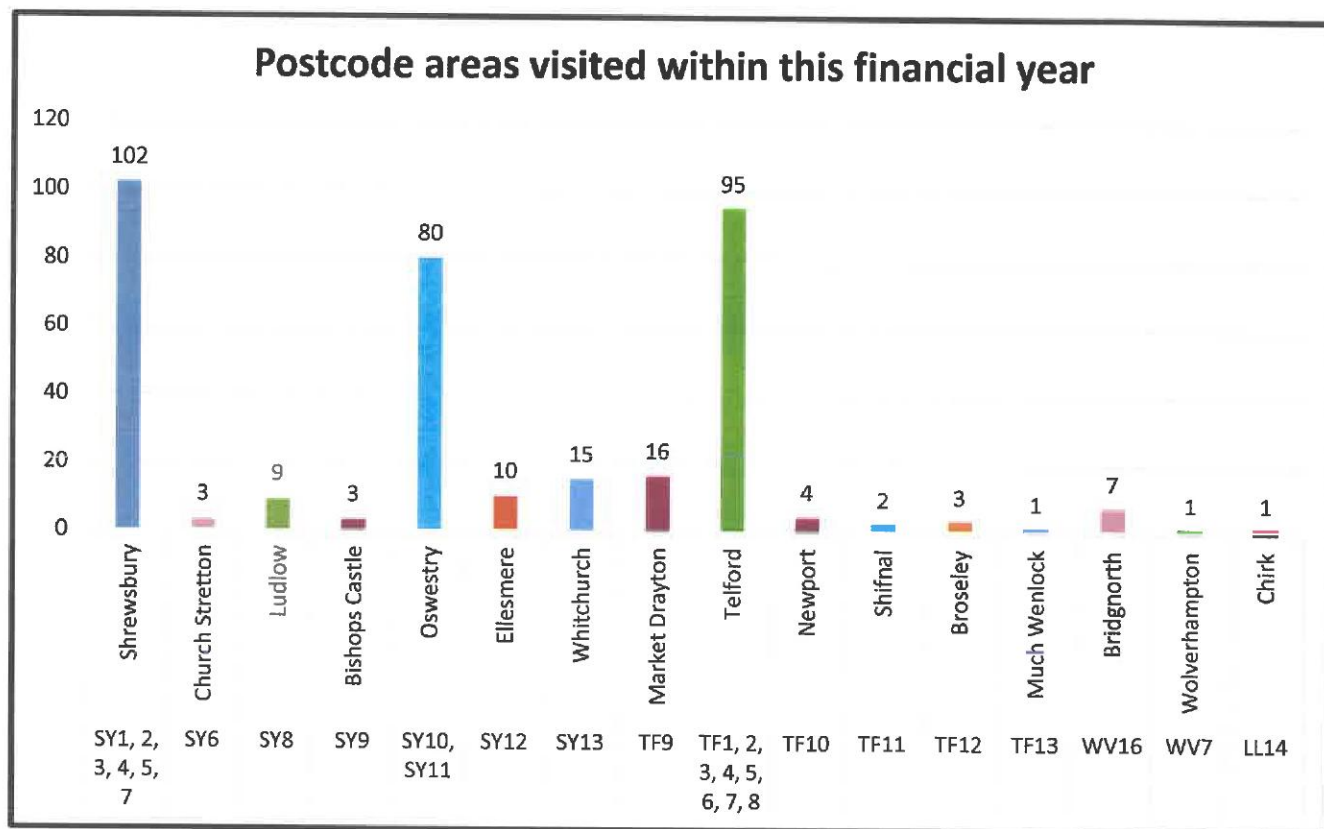


Clients often require many other services to put their life back on track, an average of 4 other services per client this year. Our Advocates are very skilled and persistent at getting other services to help their clients. The Below graph shows which areas clients need assistance from other services in more detail.

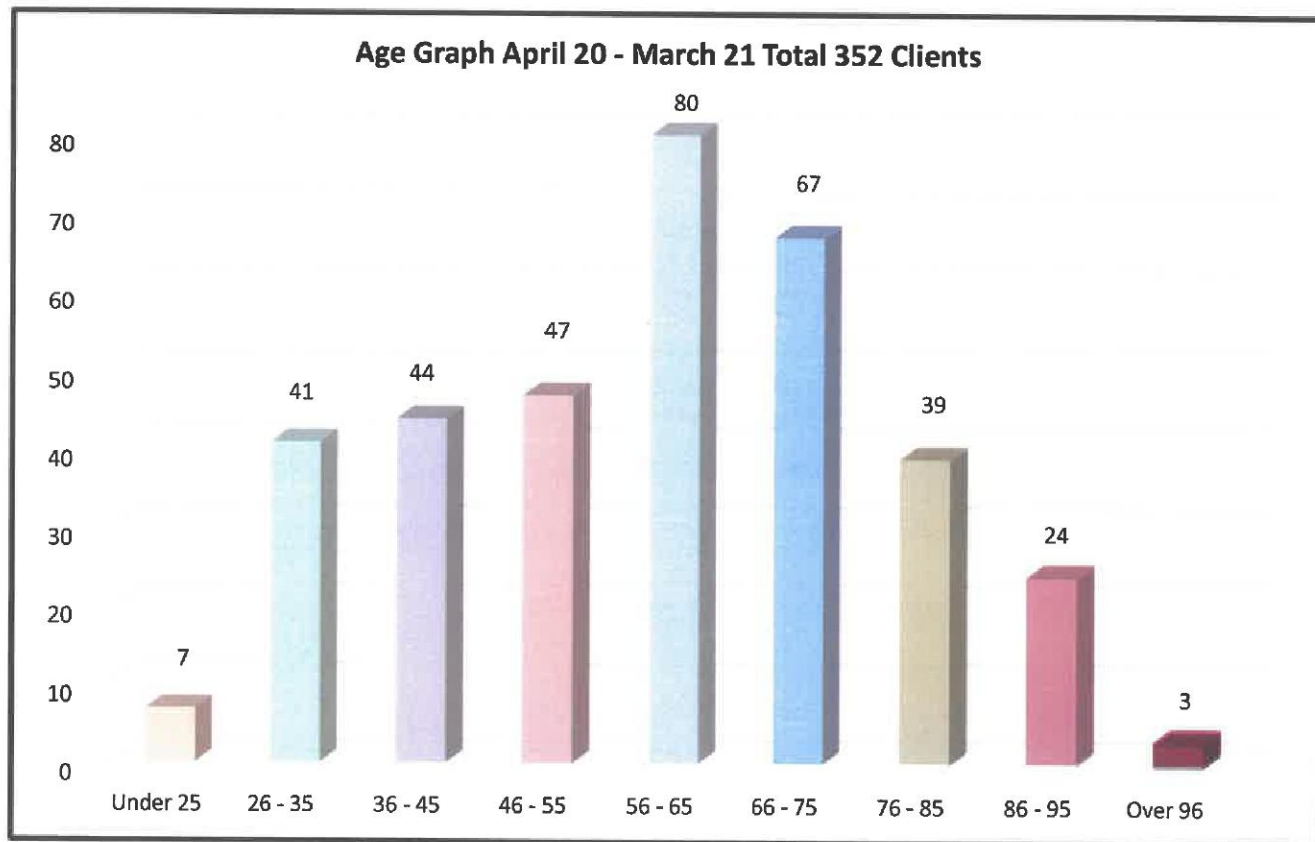
Services Accessed For Clients this Financial Year Apr 20 - Mar 21

Total 1466 The Year that Corona 19 affected Us All

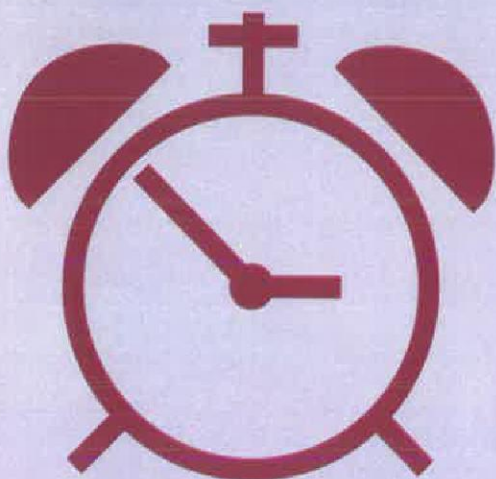




The above chart shows the areas in which we have visited our clients this financial year.



9,285 STAFF HOURS



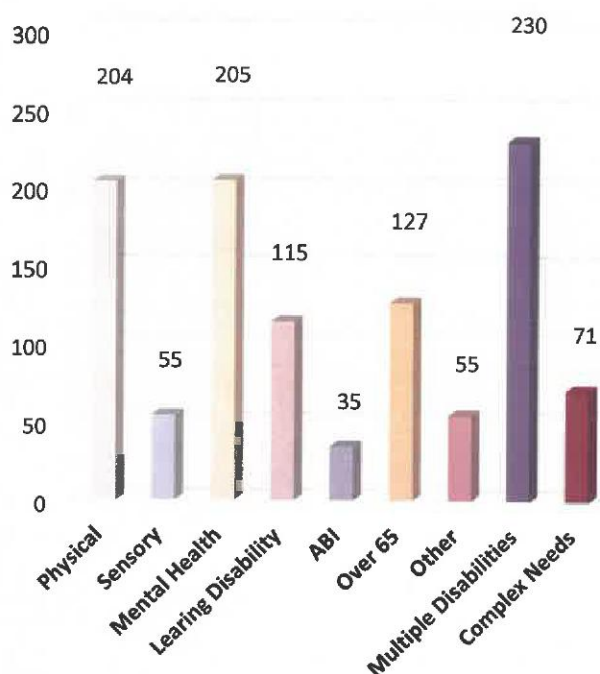
**SUPPORTING
PEOPLE WITH
DISABILITIES**

**We have made 994
individual visits to
clients – Remarkable as
we've been in lockdown**



**Covering the whole
of Shropshire,
Telford & Wrekin**

Disabilities 2020 - 2021
Total 1097, Average of 3.1
disabilities for each client



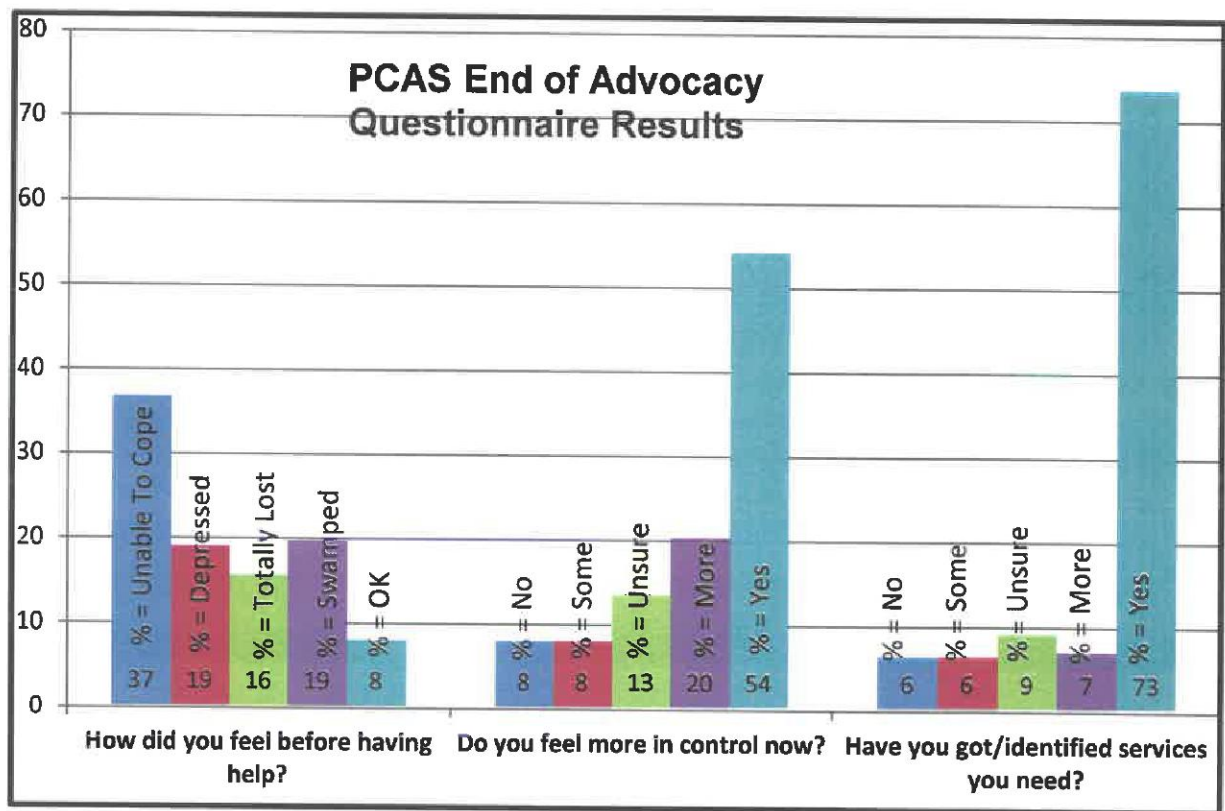
WE SPENT

£11.01

(£1.56 more than last year)



**PER PERSON PER
WEEK
IN SHROPSHIRE**



Our dedicated Advocacy staff



Lynne Davis, Jackie Copson, Simon Arthur, Glenda Crawshaw, Maura Atterbury,
Wendy Timmis & Ann Shaw

The Effect of Covid on myself & my clients - Glenda Crawshaw, Assistant Manager

Well, what a strange time we are going through. We have never seen anything like this before, and hopefully never see it again.

It has been an extremely difficult time throughout Covid for both us as Advocates and more importantly, our clients. The thought of losing loved ones for us all has been unbearable at times, especially when we have close family members working for the NHS, putting themselves at risk as part of their job.

As Advocates, we have been trying to keep in touch with our clients, throughout Covid, as best we can, however, due to some client's disabilities, this has proved difficult if not impossible for some – in these cases, other ways of ensuring they are still kept in touch with were attempted, such as sending messages with family or care agencies.

Clients who we have managed to keep in touch with, have asked that question of us “when are you coming back?”, numerous times over the past twelve months, to which we had no clear answer. Reassurance given in bucket-loads that eventually things will get back to some normality in time. Numbers given out for crisis lines to mental health charities and anything we could think of to make things a little easier for our clients.

I think one of the most difficult issues it has raised for myself, is the obvious inequality that Covid has highlighted, such as clients who prefer face to face visits were not offered an alternative, or if they do, they offer ‘Zoom’ or ‘MS Teams’ meetings online, when clients don’t even have the technology to take part. Over aggressive companies taking clients to Court or involving debt collection agencies when our clients cannot pay their bills due to lack of our service.

We are all really looking forward to getting back to some normality, and seeing our clients again, admittedly with some trepidation, as we are not sure what problems we are going to have to sort, but with time, determination and patience, we will get our clients back on track and hopefully say goodbye to Covid.

The Effect of Covid on myself & my clients – Jackie Copson, Advocate

A stranger year has never been known, but what could be considered to have been positive?
During periods where restrictions meant no face to face visits and meetings, I have:

- Taken advantage of as many learning opportunities as possible, undertaking on-line learning courses and successfully completed the City & Guilds Level 3 Certificate in Independent Advocacy.
- Embraced technology to participate in remote meetings by Zoom and Microsoft Teams, thus upskilling myself and surprising myself! Also supported some clients to participate in those meetings.
- Maintained contact with clients as much as possible by ‘phone and managed to still achieve outcomes and objectives for clients through good communication with other agencies and services involved in supporting clients.
- Thanks to Simon, Advocates had very timely access to Covid-19 vaccination.

What could be considered to have been not so positive?

- Knowing that for many clients, telephone contact is no substitute whatsoever for face to face meetings.
- Feeling inadequate and frustrated at not being able to see clients face to face and so be able to progress work on issues affecting them.
- Sometimes taking the brunt of clients' frustration and distress during telephone calls.
- Hearing the frustration, distress and feelings of despair in colleagues from other services that we work alongside.

And during brief times when face to face meetings were possible

- Seeing clients so happy to see me again.
- Being able to tackle pressing issues for clients by working with them again and not remotely from them.
- Seeing colleagues at team meetings.
- Feeling a sense of achievement again, all with the challenge of trying to communicate wearing PPE, a mask and glasses steaming up!

2021 will be better.

The Effect of Covid on myself & my clients – Maura Atterbury, Advocate

Throughout this last year although I fully understand the difficulties and why various decisions have been made, I have found it really frustrating that I have not been able to have that face-to-face contact with the clients I support.

The main reason for this is that I am fully aware that some of my client(s) only see me and without my support they have become anxious and there has most definitely been a significant impact on their mental health and wellbeing. Some clients are completely isolated and do not have care, family or friends to support them, therefore are totally alone without any support whatsoever.

Offering that friendly face and a chat whilst completing their paperwork or making phone calls for them makes all the difference to them and is very satisfying for me.

For some of my client(s) who have literacy difficulties/visual impairment I am aware that post/correspondence is going unanswered and although I have tried various ways of trying to understand what has been sent to them, I guess I will just need to address on my return to them when we are given the go ahead.

In some of these cases, I was aware due to their age etc., that they would have been notified of their entitlement to a COVID19 vaccine. I contacted the Onsite Scheme Manager and asked whether she could check whether the client had received a letter from the NHS – the answer was yes (but nothing had been done) I contacted the client to enquire as to whether she would like to vaccine to which she stated she had not received blood results and yes she would have the vaccine. I contacted her GP and the vaccine was administered 4 days later (home vaccine as client was 90 and physically unable to go out). Another client I arranged his appointment jointly working with Wrekin Housing Group who will support him on 05-03-2021 at his GP surgery.

The impact COVID19 has had on me? Not having structure to my day and a routine to follow has been difficult knowing that my clients are not being supported in the usual way. I miss seeing my children and grand-children but try to remain positive knowing that to-date we as a family have been extremely fortunate not to have been severely affected by COVID19.

The Effect of Covid on myself & my clients – Ann Shaw, Advocate

Those with learning disabilities have not really understood why I cannot visit and are unable to keep in touch by telephone. I have tried to maintain contact with the majority of clients, but there is only so much you can say without repeating yourself every week. The first question is always “When are you coming to see me?”. I have supported clients as much as possible, making telephone calls on their behalf.

However, the regular issue is that you are not with the client and they cannot give authority for you to speak on their behalf. This has been the most difficult problem to overcome. This is particularly true of T&W Council and DWP. It has been so frustrating.

This year presented a case that has challenged me professionally, when a client was arrested for rape of his wife (who was also a client). The decision about who to support was one that has given me sleepless nights. However, with support from Simon, my manager, I believe I made the right decision to support the accused party, who had no other form of support.

The Effect of Covid on myself & my clients – Wendy Timmis, Advocate

The effect of a pandemic on my clients and myself over the last 12 months has been mixed. For some clients who are normally confined to their own surroundings and have always had help in place, their lives remained unchanged somewhat with exception of carers or support staff wearing PPE or working slightly different shifts.

Some of my more able mobile clients had their access to shopping and days out curtailed and had to make do with limited contact with others with suspension of social groups they attended and relying on food deliveries. Their access to regular appointments for ongoing medical help was also suspended unless very urgent. This has impacted on their mental health.

In the first lockdown, when many services were suspended, decisions on benefits, care and housing were unavailable. This had an enormous impact on clients as they had no-one to turn to. Then, when things opened up more during the second and third lockdowns, client's problems escalated but without the full access to support agencies like CAB, DWP Visiting, Age UK. These organisation's face to face services were suspended which meant having to try and help client's make contact by telephone or online platforms like “teams”. Making a telephone call to my clients was difficult in that I knew I was not getting the whole picture of their situations. Many clients do not have access to the internet or know how to use it even if they did, so that was a huge challenge. It felt like I was trying to work without the full picture of my client's lives.

As a service, we normally offer face to face contact in a client's own home, I have found it difficult not being able to do this. Not being able to visit clients who are in care homes has also been difficult especially if they have dementia or memory problems. The relationship developed previously will have broken down and need rebuilding. You don't always gain the full picture of a client's issue if you can't read their letter or see the full extent of their problem in situ and are relying on the information from a phone call. It has meant asking clients more probing questions in some situations and seeking information from others. Some clients have been able to use technology to send me photos of their letters or emails which has been a great help.

Despite these problems there have been some good outcomes for clients and they remain grateful for my support and I have felt good to be able to help them even if only in small ways. Like everyone else I am glad to still be here to do my job and thankful for the support of PCAS to keep me safe.

The Effect of Covid on myself & my clients – Lynne Davis, Advocate

During lockdown it has been very difficult to support my clients in the way I would want to and to a standard I feel they deserve. Keeping in regular contact with them by phone has brought it home to me just how important face to face visits are to all of them. Without exception, they are all finding lockdown difficult, as the various issues they have, cannot be dealt with anywhere near as quickly or efficiently due to professionals not visiting, many services being temporarily put on hold and clients feeling lonely and isolated.

Even the most straightforward support such as opening and explaining post to clients cannot take place, and important correspondence is not dealt with as promptly as it should be. Also, situations and issues will be missed, as clients will often not mention them on the phone and will only open up during a visit or I will pick up on something when I visit that they need support with which is impossible to do during a phone call.

Clients have expressed feelings of loneliness and isolation and also frustration that they have been unable to access planned support of various sorts that cannot go ahead at the moment due to lockdown.

On a personal level I have found lockdown difficult from a work point of view as I am so limited in the contact I can have with clients. I have also missed face to face contact with my colleagues. It has highlighted to me how important Team Meetings and supervision actually are for the support available from everyone. Although this is available by phone or email this cannot replace face to face contact.

See you soon!

Advocates Case Studies

Initials & number	LD 1224
Gender	FEMALE
Age	40
Disability	STROKE, APHASIA
Length of time from identifying issue to outcome	ONGOING
The issue	
CLIENT HAD A STROKE AT AGE OF 39, HAD 4 CHILDREN. THE ELDEST CHILD APPLIED FOR A SPECIAL GUARDIANSHIP ORDER FOR THEIR SIBLINGS, WHICH MY CLIENT STRONGLY OBJECTED TO.	
The steps taken to address the issue	
BUILT UP TRUST WITH MY CLIENT, ASKED THEM WHAT THEY WANTED SUPPORT WITH, HOW TO ACCESS A SOLICITOR – THIS PROVED VERY DIFFICULT, AS SHE DID NOT QUALIFY FOR LEGAL AID, HOWEVER, I PERSEVERED, AND SUGGESTED SHE APPLY UNDER 'EXCEPTIONAL CIRCUMSTANCES' - WHICH WAS APPROVED. SUPPORTED CLIENT THROUGH THE COURT PROCESS, CAPACITY ASSESSMENTS, READING AND UNDERSTANDING CORRESPONDENCE, SUPPORTING EMOTIONAL WELLBEING THROUGHOUT THE CASE.	
The outcome	
CLIENT LOST THE CASE IN COURT, ELDEST SIBLING GRANTED SPECIAL GUARDIANSHIP ORDER, HOWEVER, VISITATION RIGHTS WERE ORDERED BY JUDGE. CLIENT VERY DISAPPOINTED AND UPSET.	
The challenges and how they were met	
CHALLENGES WERE MANY – CLIENT HAS SIGNIFICANT COMMUNICATION ISSUES POST STROKE, HAS APHASIA, WHICH IS A CONDITION THAT CAN RESULT FROM ANY SORT OF BRAIN INJURY. IT CAN AFFECT SPEAKING, UNDERSTANDING, READING AND WRITING. SHE FOUND IT VERY DIFFICULT TO READ COMPLEX SENTENCES AND OFTEN MIXED UP MEANINGS. IT WAS IMPERATIVE TO USE COMMUNICATION THAT WAS INDIVIDUAL TO THE CLIENT, AS DIRECTED BY THE SPEECH AND LANGUAGE THERAPIST INVOLVED. CLIENT'S LOW MOOD WAS ALSO A CHALLENGE, POST-STROKE CLIENT WAS VERY EMOTIONAL, WHICH CAN BE COMMON, THIS WAS CLOSELY MONITORED BY HER TEAM AT CAREHOME.	
Conclusion	
STILL ONGOING, CLIENT IS IMMINENTLY MOVING FROM CARE HOME BACK INTO INDEPENDENT LIVING, WHICH WE HAVE BEEN FIGHTING FOR OVER 18 MONTHS. CLIENT IS EXTREMELY EXCITED TO START OVER AGAIN IN A SUITABLE PROPERTY, HOPING TO HAVE HER CHILDREN OVER TO VISIT REGULARLY, WHOM SHE HAS MISSED TERRIBLY. AS AN ADVOCATE, THIS HAS BEEN A DIFFICULT CASE, AS WE DID NOT GET THE DESIRED OUTCOME, HOWEVER, WE TRIED OUR BEST, AND WILL GO FORWARD NOW WITH SUPPORTING MY CLIENT IN HER NEW HOME.	

Initials & number	KP 1305
Gender	MALE
Age	32
Disability	BRAIN INJURY AND LD
Length of time from identifying issue to outcome	ONGOING
The issue	
CLIENT WANTED TO CHALLENGE SPECIAL GUARDIANSHIP ORDER MADE BY HIS SON'S GRANDPARENTS FOR HIS SON	
The steps taken to address the issue	
<p>BUILT UP TRUST WITH MY CLIENT. RECOGNISED A SUITABLE WAY TO COMMUNICATE WITH CLIENT. HE HAS A LEARNING DISABILITY AND ADHD AND HAS A MANIC COMMUNICATION STYLE.</p> <p>CLIENT CLEARLY NEEDED SPECIALIST ADVICE FROM A SOLICITOR, SUPPORTED TO LOOK FOR A SUITABLE SOLICITOR WHO COULD PROVIDE LEGAL AID FOR THE CASE. UNFORTUNATELY, HE DID NOT QUALIFY FOR LEGAL AID, EVEN UNDER EXCEPTIONAL CIRCUMSTANCES.</p> <p>FOUND A FREE SERVICE TO ACCESS LEGAL ADVICE. SUPPORTED CLIENT TO ENSURE HE REPLIED TO COURT IN APPROPRIATE WAY, WITH CORRECT REFERENCE NUMBERS, DATES ETC.</p>	
The outcome	
STILL ONGOING, COURT CASE ADJOURNED 3 TIMES	
The challenges and how they were met	
<p>CHALLENGES WERE WORKING WITH CLIENT WHO NEEDED LEGAL ADVICE, BUT DID NOT QUALIFY, ISSUE AROUND COMMUNICATION ISSUES, KEEPING CLIENT'S TEMPER UNDER CONTROL, KNOWING WHEN TO GIVE CLIENT A BREAK, KEEPING CLIENT ON TRACK WITH THE CASE, REMINDING CLIENT THAT I WAS ON HIS SIDE, INABILITY TO VISIT DURING COVID UNLESS ABSOLUTELY ESSENTIAL – TRYING TO SPEAK ON PHONE INSTEAD, WHICH WAS NOT THE PREFERRED COMMUNICATION METHOD.</p>	
Conclusion	
NONE AS YET, ONGOING	

Initials & number	RC 548/16
Gender	Male
Age	62
Disability	Parkinson's, Bi-polar Disorder, Dyslexia
Length of time from identifying issue to outcome	4 months – still ongoing
The issue	
<p>My client was accused of rape by his wife. He was arrested and bailed with conditions not to approach her or go to the area of the address she lived at. After his release, he was allocated a social worker who found him a temporary room in a hostel. Due to his medical conditions, this was not appropriate for his needs. I worked with Social Services to get him the equipment he required to allow him to be comfortable at the hostel. We also arranged for a care package to help the client with his daily medication. The client had no clothes or food, few toiletries and his bank account had been frozen. This was because his wife had also accused him of fraud and had made a report to Action Fraud. I was able to retrieve essential clothing and toiletries from his previous address and together we visited his bank to try and release funds. They agreed to this.</p> <p>I started the process of getting my client rehoused. Fortunately, a bungalow was available. Then his wife was also allocated another property and moved out of the marital home. Talks began between Wrekin Housing Trust, myself and the client's solicitor to vary the bail conditions and to confirm that my client posed no risk to anyone in the area. This request to return home was accepted.</p>	
The steps taken to address the issue	
<p>After his arrest, the police would not allow me to see my client. It was a few days before I was able to track him down through Social Services. Physically and mentally he was very low. Occupational Therapy were able to provide items such as a shower chair, adjustable table and a mechanism to raise his pillows. We arranged for a temporary care package to be put in place to help with his medication. I supported him access his clothes, toiletries and his bank account. I helped him put in applications to Homes Direct and Wrekin Housing Group for suitable more permanent accommodation. I have also supported him to access the CMHT and his other medical specialists via telephone calls. His medication has been adjusted and he has been provided with an electronic pill dispenser to help him schedule and take his pills.</p> <p>On the occasions when he has been required to answer bail at the police station, I have supported him to ensure that he understand the process. He has now been released pending investigations. He was offered a bungalow by Wrekin Housing Trust, but as his wife had moved out of the marital home, he asked to return there. After some work with WHT and the police this was agreed. He is now back in his old home, where no care is required and is coming to terms with life as it is now.</p>	
The outcome	
<p>The client is back in his own home, with all the adjustments he needs. His mental health is improving, but he is realistic about what might happen if the case comes to court. He knows that I will be able to support him to help him navigate any future process.</p>	
The challenges and how they were met	
<p>Before the events leading to my client's arrest, I was working with both him and his wife. After the accusations, I was unable to support both. Given that his wife was getting support from the police and many other agencies, together with close family and friends, I made the decision to work with the husband. It was particularly difficult coming to that conclusion.</p> <p>My client has almost had to start from scratch again, setting up utilities etc. in his sole name. This has now all been completed. He is still accessing CMHT and I support him during these lengthy phone calls.</p>	
Conclusion	
<p>At the moment, the police have released my client pending investigations and are not in a position to charge my client with anything. His life is back more or less on an even keel. We are waiting to hear what will happen.</p>	

Initials & number	CC
Gender	Female
Age	31 years
Disability	Learning Disability
Length of time from identifying issue to outcome	Work ongoing
The issue	
<p>Client was referred to PCAS for support with issues in her life that were being affected by her learning disability (accessing local services, management of finances, understanding correspondence etc.)</p> <p>During this time the focus changed to support for the client with a child protection processes regarding two children under 5 years of age and an unborn baby, the two children were placed on a child protection plan and there were separate proceedings for the unborn baby. In due course, the Local Authority issued a letter before proceedings.</p>	
The steps taken to address the issue	
<p>The first and most important step was to explain to the client the gravity of the situation and to help the client to access legal advice and representation, I contacted a firm of Solicitors on her behalf, who I believed would be best placed to advise and represent her and an appointment was duly organised.</p> <p>The Local Authority was recommending to the Family Court that the children be removed from the client's care and following the first Family Court hearing, the two children were removed to a foster placement.</p> <p>The new born baby was also removed to a foster placement soon after birth.</p> <p>The ongoing work was focused on supporting my client at legal meetings and child protection meetings, to help her to participate as fully as possible and to ensure that her views and thoughts were known and recorded.</p> <p>It was also necessary for me to make a challenge on the client's behalf under the Human Rights Act, about one decision made by the Local Authority. The challenge was upheld and the Local Authority had to change the stance that was being taken over one aspect of the interaction between client and her newborn baby.</p>	
The outcome	
<p>The client is currently awaiting the outcome of final resolution Family Court hearings which are scheduled to be heard in the coming months.</p> <p>My work continues in helping client to prepare for and participate in meetings, understand the purpose of the meetings and then afterwards to understand what has been said and of course, to make sure her views are heard. Work also includes liaison with client's legal team and children's services.</p>	
The challenges and how they were met	
<p>The main challenge was helping the client to understand complex information and then to retain that information, this required giving the same information many times and finding ways to rephrase information to help client understand.</p> <p>Covid-19 restrictions have had and continue to have a huge impact, with meetings being held remotely and client having to adapt which was very difficult for her though she engaged really well and participated in all meetings.</p>	
Conclusion	
This case is ongoing and therefore support for the client is ongoing	

Initials & number	FR 1033
Gender	Male
Age	84
Disability	Dementia
Length of time from identifying issue to outcome	February 2020 to Sept 2020
The issue	
<p>My client who had the onset of dementia, was starting to suffer other health issues and had taken a few falls in his own home. He had care calls a few times per day plus help from neighbours and a good friend but the falls were a cause for concern and he needed treatment for an infection.</p> <p>About this time, his family members whom he had been estranged from arrived to see him and tried to take over his affairs, wanting to know all about his finances and asking for the deeds of his property. They also wanted to set up themselves as his Power of Attorney. My client had not seen these family members for some years and had told his neighbour that he had told them to stay away years before. This was of concern to me as I knew my client had capital and owned his property. The family members were also making accusations that my client had been defrauded by his friend but I knew this was not the case as I had been brought in by Shropshire Council Safeguarding team to help my client keep track of his bills and paperwork.</p>	
The steps taken to address the issue	
<p>My client was taken to hospital to sort out his leg infection but just before this I met with the client and his Community social worker to ask him if he wanted his family involved in his finances and he said no. I contacted the safeguarding team to advise them of the situation and potential for possible financial abuse. My client was allocated a safeguarding social worker to look into the matter and gather information and take statements from my client, the care company, his neighbours, his friend and his social worker. He also met with my client to determine his capacity to understand and manage his own financial affairs.</p>	
The outcome	
<p>The safeguarding social worker determined that my client did not have the capacity to understand and manage his own financial affairs. Despite, protestations from his family members, the social worker was able to inform their solicitor that power of attorney action could not go ahead without my client having psychological evaluation . He also confirmed on evidence of my client`s previous wishes that the best course of action for my client was for the Shropshire Council Client Property Team to apply to be Deputy for my Clients affairs going forward. My client had been resident in a nursing home following discharge from hospital and is making good progress.</p>	
The challenges and how they were met	
<p>The accusations from my client`s family were quite nasty and were distressing for my client too. He is quite strong willed despite his dementia and had chosen to live in his own home as he wanted. They had just arrived on the scene and were trying to take over his affairs, despite having made no effort for several years to see or help him. Ironically, when my client was going to be admitted to hospital, his heating had stopped working, due to an electrical power surge fault in the local area. The power company had agreed to fix my client`s heating for free as they had accepted liability however the family cancelled the action without consulting my client. This was just at the start of the first Covid lockdown period so as my client has remained in hospital and nursing care it still remains unresolved until the Deputyship is approved.</p>	
Conclusion	
<p>My client still has his assets and finances and is being cared for safely without fear of financial deprivation.</p>	

Initials & number	AM 1024
Gender	Male
Age	77
Disability	Multiple Sclerosis/ Alcohol addiction
Length of time from identifying issue to outcome	March 2020 to Dec 2020
The issue	
<p>Client lives in supported living accommodation since being diagnosed with MS following a hospital admission. Client lives on his pensions and has 5 care visits per day. The local council finance team were putting him under pressure to claim all appropriate benefits. When he initially moved in the warden of the accommodation project tried to help client claim Attendance Allowance but this was turned down. After 6 months I supported client to have another go at claiming. I got him a new application form to apply but I needed, then, to find him some support to make the claim.</p>	
The steps taken to address the issue	
<p>As this coincided with the start of the first Covid lockdown I was unable to go and see my client or help him get an appointment at the nearest CAB office. Also Benefit Visiting Officers were not going out to visit face to face.</p> <p>I therefore waited till the lockdown was lifted. I was then able to visit my client and arranged to help him complete the application whilst having the support of the Benefit Adviser on the telephone that my client and I could hear by putting my phone on loudspeaker. My client cannot write because of his MS but he could understand and answer the questions with support from the Benefit officer. I could transcribe his answers to his form and send it off for him.</p>	
The outcome	
<p>The client was awarded higher rate attendance allowance which means he has to make a contribution to his care to the local council but it means he gets more associated benefits such as council tax support, pension credit and housing benefits. This means he is better off overall.</p>	
The challenges and how they were met	
<p>The lack of face to face support from other agencies such as CAB and the Benefits Agency has been very difficult and puts pressure on myself and my colleagues as we try to find alternative solutions.</p> <p>By having the benefit officer available on the end of the phone was better than my client having to wait even longer.</p>	
Conclusion	
<p>Client now has all appropriate financial support in place to meet his needs. He just needs support from me to action his post from time to time and any issues that crop up.</p>	

Initials & number	CA 1050, PA 1049 (Partners/Parents)
Gender	Female Male
Age	39 30
Disability	Literacy difficulties, ADHD
Length of time from identifying issue to outcome	Approx. 3 Months
The issue	
<p>Clients son requires additional 1:1 support at school due to educational needs/behaviours. Assessed as being approximately 4 years educationally behind his peers. Prior to COVID19 family were known & supported, monitored by Child Protection/Safeguarding Team this ended in Dec 2020 leaving a piece of work supporting Mum and Dad who have literacy difficulties in completing a EHC Needs Assessment form to enable ongoing support for their son going into Year 5.</p>	
The steps taken to address the issue	
<p>Contact the SENCO Officer at the child's school and arrange for EHC Form to be emailed to me to complete with parents.</p> <p>Arrange with parents when was best to contact them to discuss, suggested that they have a pen and paper to hand and when I go through the questions they could write them down (with prompts) and given time to think about the questions. I arranged to contact them back the following day to go through what their answers were. I also provided them with the Local Authority Educational website that provides pictorial information on the questions/answers that some people had previously given.</p>	
The outcome	
<p>Contact clients the following day as arranged and we discussed what information they wanted me to document. Throughout our conversation we discussed various scenarios (enabling them to understand the questions)</p> <p>Example first question: -</p> <ul style="list-style-type: none"> Please provide a description of your child – Response initially given he has light brown hair and is approx.? tall, blue eyes etc., etc., <p>I explained that the information required would be: -</p> <p>Explanation –What does (?) enjoy Who is important to him What are his strengths and weaknesses? (what does he find easy and what does he find difficult) Does he have friends and mix easily Can he complete personal care or does he require assistance/encouragement? Behaviour at home and general wellbeing i.e. is he healthy and happy</p> <p>I needed to explain various words throughout the document as it was evident that the parents did not fully understand what they meant. Words like Aspirations, Achievements. The form was completed and emailed to SENCO Officer to be passed for consideration by the Local Educational Department.</p>	
The challenges and how they were met	
<ul style="list-style-type: none"> Difficulty contacting Parents – left various voicemails explaining urgency for them to contact me Writing in the parent's words without changing into my own words 	
Conclusion	
<p>EHC Needs Assessment submitted 25-02-2021. Case to remain open until outcome has been received.</p>	

Initials & number	NC 1142
Gender	Male
Age	37
Disability	Downs Syndrome
Length of time from identifying issue to outcome	18 Months
The issue	
<p>Client currently has a tenancy based in Telford – this provision is for people with care and support needs and aimed at the Learning Disability client group. As part of the tenancy you sign to accept the onsite care and support.</p> <p>Some concerns as to the level of care/support provided, capability issues of staff, no support plan adhered to, mouldy food being left in oven and fridge, not supporting or adhering to food intolerances and dietary needs, total care hours not being provided and no structure.</p> <p>More recently client was admitted and had a weeklong stay in hospital after contracting COVID19 despite information being provided by the client's mother on the high risk of people with Downs Syndrome being more susceptible to catching COVID19.</p>	
The steps taken to address the issue	
<p>Numerous meetings carried out over the period of time of my involvement with a few changes in Social Workers, Team leaders and senior support staff resulting in me sending my concerns via email to the social worker asking that she forward to T & W commissioning I also raised concerns around other residents that may not feel able to speak out or have support to do this? – response -commissioning did not feel it was a commissioning issue. The client was becoming increasingly anxious as he was not receiving his hours. When I checked the records in between being in and out of lockdown it was apparent that his support plan was not being adhered to. I discussed this with the client and his mother it was agreed that his mother would lodge a formal complaint against the provider, I also supported with this complaint.</p> <p>In the meantime, since client's discharge from hospital he has remained living at her mother's until these issues or alternative accommodation has been arranged.</p>	
The outcome	
<p>Meeting via Microsoft Teams to discuss the main areas of concern and from this the provider will complete their investigations and a meeting will be arranged at a later date.</p>	
The challenges and how they were met	
<ul style="list-style-type: none"> Explaining to the client that what's happening to him i.e., not having correct hours of support etc., was not their fault Offer client reassurance to enable him to be more vocal and if he feels something is not right or care/attitude of carers is not right to let someone know Providing Social Services with constant emails and telephone calls raising concern to ensure they took appropriate action. Client wishes to have his own space but until these issues are addressed or alternative accommodation is found – we are unsure how long this will take. 	
Conclusion	
<p>Formal complaint lodged with provider. Zoom meeting completed to discuss issues. Provider to investigate and a further meeting to be held to discuss outcome. Service Delivery manager and commissioning are also on board from the local authority as they acknowledged they have more than one funded resident at this particular establishment.</p>	

Initials & number	RC 1089
Gender	Female
Age	84
Disability	Mental Health & Physical disabilities
Length of time from identifying issue to outcome	Approximately 7 months (affected by Covid-19) & some aspects of work are ongoing.
The issue	
<p>Client residing in residential home, the place was organised in first instance by ICS Social Worker and client was self-funding her accommodation & care.</p> <p>It became apparent when looking at client's bank statements with her that she was rapidly running out of funds and she would not be able to sustain the self- funding.</p> <p>Client strongly wishing to remain living at current residential home.</p>	
The steps taken to address the issue	
<p>Discussed with client & explained that now was the time to be asking for assistance from the Local Authority to help with her care costs and that this would mean the involvement of Adult Social care social workers and finance teams, client agreed.</p> <ul style="list-style-type: none"> • Notified First Point of Contact to alert Adult Social care. • Completed financial assessment form re client's finances to be sent to Local Authority (had to include here a property that client believed was entirely owned by her). • Supported client with meetings with social workers to discuss her wishes & options, client opted to enter in to a deferred payment option to cover her care and accommodation using the property which she believed she owned, property is currently unoccupied). • Supported client to set up home insurance for the empty property which is a condition of the deferred payment arrangement. • Notified by Social worker dealing with client's case that this as all now in the hands of Local Authority Legal Team & Financial Team to progress, client happy with this arrangement. • In the meantime, funding secured for client to remain living at residential home per her wishes. 	
The outcome	
<p>Some months later, the client was notified in writing that she owed a large sum of money to the Local Authority for her care, this was a shock to the client and information about this was passed to me by the Home manager. Further investigation by me revealed that Local Authority was not able to proceed with plans to go ahead with deferred payment because of issues with the property i.e. lack of absolute proof that client owns the property. This will require intervention of a solicitor and in depth discussion with the client to ensure that she understands and is fully aware of what is happening, but apparently no one from adult social care or Local Authority is willing to do this.</p> <p>Arrangements made with home manager to have telephone conversation with client to explain everything to her and to help her pay care contributions in the meantime while waiting to seek legal advice. This was arranged & had to be postponed because client unwell.</p>	
The challenges and how they were met	
<ul style="list-style-type: none"> • Changes in social workers added to delays • Covid-19 restrictions caused communication difficulties, this was overcome by one face to face meeting in PPE & outside when restrictions lifted in summer and then by having telephone conversations with client, where client was supported by home manager because of hearing impairment. 	
Conclusion	
<p>This is ongoing and is now dependent on client's health and the ability of myself as Independent Advocate to visit the care home to see the client face to face to ensure she is fully aware of the situation and to support her in moving forward with addressing the issues</p>	

Initials & number	AW 1251
Gender	Male
Age	41
Disability	Mental Health Issues
Length of time from identifying issue to outcome	Outcome not yet achieved
The issue	
<p>Client had a very traumatic childhood, was a crack cocaine & heroin addict. He still uses cannabis & feels proud that he's managed to come off hard drugs. Has severe anger management issues & requested help from the Mental Health Team but refuses to join in group work saying he needs one to one sessions. His request is due to intolerance of other people & listening to their issues is not good for him. He is also very un-PC in his terminology of others & swears a lot. This gets him into trouble & he's been banned from the local bus which causes problems as he lives in a rural area. He's also been banned from several supermarkets.</p> <p>He's trying very hard to carry out improvements to his flat & is good working with his hands. This is restricted by limited finances & more severely by pain he suffers from an old injury to his arm & hand. He thinks doctor has made a referral for further investigation into this issue. He would, in the future like to look at finding employment but it would have to be a job working outside & using his hands. He used to be a chef but does not wish to go back to this kind of job as he feels it would be too stressful.</p> <p>He's come off his medication as it was affecting his stomach and making it difficult to eat & says he feels better for doing this. He gets very frustrated when he is told he is not co-operating with Mental Health Team suggestions & feels he is not being listened to.</p> <p>He does not like people at all & hates anyone coming into his home. He has isolated himself a lot from society as he feels being around people will just get him into trouble & is happy in his own home.</p> <p>He has some debts which he has only just opened up to me about & has been in contact with Citizens Advice.</p> <p>Client feels he is very 'damaged' & nobody has offered him any support from when he was discharged from care as a teenager up until now.</p>	
The steps taken to address the issue	
<p>It has taken a while to build up client's trust & he is more responsive on some visits than others. I have liaised with his Social Worker and her colleague from NHS who will chase up GP to check client has been referred regarding problems with his arm and hand. I have given client details of new scheme from Enable & spoken to SW who is going to make a referral to them directly. I have, on client's behalf, stressed that he cannot work in group sessions and had it confirmed that his anger management issues will be dealt with on a one to one basis but there is a waiting list for this support. As this client can cook I have encouraged him to do 'batch cooking' so that if he is not having a good day there is always a meal ready for him to access. I have encouraged him with the improvements he is carrying out to his flat as this seems to improve his mental health when he achieves success. I have now offered support with sorting out his debts.</p>	
The outcome	
<p>Client is moving forward but it will be a slow road & he may have setbacks. He has deleted all his phone contacts for people who can supply him with drugs and ended a lot of 'friendships' with people involved in that world & realizes he does not want to go back to that way of life.</p> <p>After being the black sheep of the family he now does have some contact with them but this is mainly by text messages and occasional phone calls.</p>	
The challenges and how they were met	
<p>The challenges are ongoing but building up a relationship with this client has been critical. He says he is happy working with me & contacts me to support him at meetings with his SW. He needs a service that can work with him over a long period of time. Challenges have been to look deeper than the initial impression he gives of being an aggressive, un-co-operative person & to actually listen to what he wants from life and help him to achieve this.</p>	
Conclusion	
<p>With the right support to live life the way he wants to (which by his own admission would be fairly isolated), I feel this client's mental health could improve dramatically and in the future he could find some sort of employment that would suit him, building his self-esteem.</p>	

Initials & number	MJ - 1268
Gender	Female
Age	89
Disability	Dementia and frail following a fall
Length of time from identifying issue to outcome	8 Months
The issue	
<p>This client has one daughter from whom she's estranged. Daughter moved her mother into a warden controlled apartment & she has not seen her since & refuses to speak to her mother on the phone. Referral came from SCC allocated Social Worker. It stated that client had dementia but had capacity to manage her finances. She owed SCC several thousand pounds due to non- payment of invoices for care through an agency. Client had been deemed self-funding. Social Worker had helped client to set up Direct Debits to pay her rent and council tax. Referral was to support client to pay this debt.</p> <p>On visiting client, it was very obvious that she had no understanding of her finances at all & she informed me she used to have lots of money in a second bank account but had no idea where that money had gone as she had lost the bank card for this account. On looking at her bank statements she was overdrawn on her current account and had just over £25,000 in her second account but could not access it without a card.</p> <p>Actions of SW in setting up DD for client but not checking any of her other finances caused financial chaos. She was not receiving Attendance Allowance & after two months of funding her own care she would have fallen below the self-funding limit & qualified for care to be paid in full by SCC. Care agency used her bank card to do shopping for her & this had been declined so the carer had paid for the shopping on her behalf. Client had no idea of any of these issues and thought her care was free anyway.</p>	
The steps taken to address the issue	
<p>I contacted newly appointed SW to say she needed to reassess client urgently and make a referral to Client Property. It was also arranged that she got food from Food Bank as she was unable to access money in her second bank account. I visited her again and suggested we contact her bank & get the large amount in her 2nd bank account transferred into her current account & close the 2nd bank account. This would alleviate her immediate financial difficulties & enable her to pay for daily living expenses. She thought this would be a good idea so we phoned the bank & got this done.</p> <p>I also spoke to SW and Client Property to point out that the £12,600 pounds they were chasing her for in unpaid care invoices was totally incorrect and that when they took control of her finances they needed to start again from March 2020 when they first put care in place.</p>	
The outcome	
<p>SC Client Property now applying to Court to take over her finances & are applying for Attendance Allowance to maximise her income. I will remain her advocate to ensure her voice is heard regarding how her care is managed, she is listened to regarding where she would like to live (she hates the flat she lives in), being able to attend lunch club or Day Centre and having her hair done, all when Covid restrictions are eased.</p>	
The challenges and how they were met	
<p>It was very difficult trying to provide support to this client without upsetting her as she is in complete denial regarding her dementia. I had to be very careful how I phrased things when speaking with her.</p> <p>I speak with the Care Agency on a regular basis for updates on any issues that are distressing client until I can visit her again. They are very helpful.</p> <p>Working with Social Workers who have no idea as to how the financial system around care provision works is challenging as you are giving them information that they should already know.</p>	
Conclusion	
<p>Financial issues are now sorted as Client Property are managing them. Advocate still required to ensure client's issues are taken into consideration and she can access social activities which she is really missing due to Covid restrictions.</p>	

Initials & number	CG 1005
Gender	Female
Age	80
Disability	Alzheimer's
Length of time from identifying issue to outcome	3 years
The issue	
<p>Client lived alone in her own home. It was clear that she was losing capacity quickly. Working with her doctor and Adult Social Services, a place was found for her in a local Care Home. Her immediate family wanted nothing to do with her or her financial affairs. She had a solicitor, who was also unwilling to take on appointee-ship. Her case was made more difficult due to an impending Polish court case. She was being pursued from invoices that needed to be paid on a flat that she part-owned in Poland. All paperwork was being received in Polish.</p> <p>It was essential that a means be found to allow the client access to her money and to oversee the sale of her home, which was needed to pay her care bills.</p>	
The steps taken to address the issue	
<p>Originally, I had attempted to contact the client's son and daughter to ask them to accept responsibility for their mother. The son declined and put this in writing to the solicitor. The daughter refused to answer any of my or the solicitor's communications. After 18 months, the solicitor confirmed that they would not be taking on appointee-ship for my client.</p> <p>This left one option which was to ask Shropshire Council Client Property Services to take over the client's financial affairs. It took a whole year of badgering the Council and several on site meetings at the client's bungalow, which was falling into disrepair due to damp. Finally in January this year, I received confirmation that they have now accepted my client and they have also taken on the Polish court case.</p>	
The outcome	
<p>The client has someone to look after her finances. She does not have the capacity or capability to do this herself.</p>	
The challenges and how they were met	
<p>Dealing with the client's family was extremely frustrating, and the solicitor was also obstructive. It was necessary to contact them on weekly basis to badger them until I finally got some form of response. Working with Client Property Services was always going to be protracted issue. Constant pressure was required, which eventually led to them accepting responsibility for my client.</p>	
Conclusion	
<p>The client is safe in her residential home and her finances are being looked after professionally</p>	

Structure, Governance and Management

Governing Document

The charity is controlled by its governing document, a foundation model constitution for a CIO.

The charity did not become active until 1 June 2020, the date from which the CIO took over the activities, assets and commitments of its antecedent charity, Shropshire Peer Counselling and Advocacy (registered charity number 1102986).

PCAS (Shropshire Peer Counselling and Advocacy Service) covers the whole of Shropshire, Telford & Wrekin and is a registered charity (number 1187362)

PCAS supports any person aged 18 or over with ANY disability or multiple disabilities.

There is no charge to our clients for our service, which is something we feel very strongly about. Our clients are often the most vulnerable in society, many having multiple disabilities and who do not fit into the remit of other services.

Recruitment and Appointment of New Trustees

Prospective trustees come from all walks of life. If you feel you would be interested in becoming a Trustee, please contact the PCAS office on 01691 658008. An informal chat about what we do is the first step, then you would fill in an application form if you are still interested. From there, you would meet a couple of Trustees, and the current board would then vote on your prospective application.

The Board of Trustees meet bi-monthly and at other times deemed necessary. Trustees serve as volunteers and receive no payment for their work/time. They are from a variety of backgrounds and bring varied skills and experience to the Board. We currently have 2 clients, people with disabilities themselves and those with a professional background. The Trustees have the ultimate responsibility for directing the affairs of the Charity and ensuring that it is solvent, well run and meets the charitable outcomes. Day to day operational decisions are taken by the PCAS Manager and staff of the organisation, within the delegated authority conferred by the Board.

Risk Assessment

The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure controls are in place to provide reasonable assurance against fraud and error, this has been done.

Public Benefit

The Trustees have taken due regard of the Charity Commission's guidance on public benefit when planning the activities for the year.

Trustees

Chair
Vice Chair
Treasurer
Trustee
Trustee
Trustee
Trustee

Doreen Ellis
Clare Harris
Peter Quinn
Judith Webster
Russell Jones
Simon Harris
Deborah Campbell

Staff - PCAS

PCAS Manager/Advocate
Assistant Manager/Shropshire Advocate
Shropshire Advocate
Shropshire Advocate
Shropshire Advocate
T & W Advocate
T & W Advocate
Evaluation Administrator
Volunteer

Simon Arthur
Glenda Crawshaw
Wendy Timmis
Jackie Copson
Lynne Davis
Ann Shaw
Maura Atterbury
Allisone Arthur
Paul Newman

Professional Advisors

Bank

Unity Trust Bank

Building Society

The West Bromwich

Independent Examiners

AZETS Audit Services Limited
5-7 Beatrice Street, Oswestry, Shropshire, SY11 1QE
01691 661144

Financial Review

Reserves Policy

The free reserves of the charity were £55,558 at the year end and the Trustees consider this amount to be sufficient for their immediate operating requirements. Included in the £55,558 is £30,000 which has been designated for operating costs should funding cease to allow the charity to continue to function whilst further funding is applied for.

Principal Funding Sources

The charity has been funded by various grants this year from:

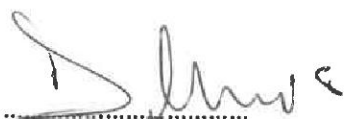
The Henry Smith Charity	Postcode Neighbourhood Trust
Private Donation	Independent Age
Lloyds Bank Foundation	The Albert Hunt Trust
Garfield Weston Foundation	The Edward Gostling Foundation
Trusthouse Charitable Foundation	
Select Healthcare	
Severn Trent Community Fund	

The above funders and supporters are the backbone of our charity and without their generous funding we would not be able to provide the service we do.

Future Developments

We continuously strive to develop our services in order to meet the need of our clients. Funding is always an issue. However, we endeavour to be proactive as we fight for the rights of our vulnerable client group.

On behalf of the board of trustees



Mrs D. Ellis

Chair

Dated: 8th June 2021

Our Contact Details:-

PCAS (Shropshire Peer Counselling & Advocacy Service)

Suite 1

The Willow Tree

Willow Street

Oswestry

SY11 1AJ

Telephone: 01691 658008

Web Site: www.shropshirepcas.co.uk

Email: simon@shropshirepcas.co.uk (PCAS Manager)

alli@shropshirepcas.co.uk (Evaluation Administrator)

Independent Examiner's Report to the Trustees of
Shropshire Peer Counselling & Advocacy Service
For the year ended 31st March 2021

I report to the trustees on my examination of the financial statements of Shropshire Peer Counselling and Advocacy Service (the charity) for the year ended 31 March 2021.

Responsibilities and basis of report

As the trustees of the charity you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011 (the 2011 Act).

I report in respect of my examination of the charity's financial statements carried out under section 145 of the 2011 Act. In carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

Your attention is drawn to the fact that the charity has prepared financial statements in accordance with Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) in preference to the Accounting and Reporting by Charities: Statement of Recommended Practice issued on 1 April 2005 which is referred to in the extant regulations but has now been withdrawn.

I understand that this has been done in order for the financial statements to provide a true and fair view in accordance with GAAP effective for reporting periods beginning on or after 1 January 2015.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. Accounting records were not kept in respect of the charity as required by section 130 of the 2011 Act; or
2. The financial statements do not accord with those records; or
3. The financial statements do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (accounts and Reports) Regulations 2008 other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the financial statements to be reached.



J M Ollier FCA
Azets Audit Services Limited
5-7 Beatrice Street
Oswestry
SY11 1QE

Dated: 8th June 2021

Shropshire Peer Counselling & Advocacy Service
Statement of Financial Activities
for the year ended 31st March 2021

	Notes	Unrestricted funds £	Restricted funds £	Total 2021 £
Donations and legacies	3	4,017	-	4,017
Charitable activities	4	2,150	168,248	170,398
Investments		192		192
Other income	5	2,925		2,925
Transfer of funds from antecedent	6	52,891	14,375	67,266
Total incoming resources		62,175	182,623	244,798
Resources expended				
Charitable activities	7	6,263	145,785	152,048
Other	10	-	5,000	5,000
Total resources expended		6,263	150,785	157,048
Net incoming resources before transfers		55,912	31,838	87,750
Gross transfers between funds		-	-	
Net income for the year/ Net movement in funds		55,912	31,838	87,750
Fund balances at 31 March 2021		55,912	31,838	87,750

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

Shropshire Peer Counselling & Advocacy Service
Balance Sheet
At 31st March 2021

	Notes	Unrestricted £	Restricted £	2021 Total £
Fixed assets				
Tangible assets	12	354	-	354
Current assets				
Debtors		-	-	-
Cash at bank and in hand		55,558	171,388	226,946
Creditors: amounts falling due within one year	13	-	(139,550)	(139,550)
Net current assets		55,558	31,838	87,396
Total assets less current liabilities		55,912	31,838	87,750
Income funds				
Restricted funds	14			31,838
Designated funds				30,000
Unrestricted funds				25,912
				87,750

The accounts were approved by the Trustees on 8th June 2021


Mrs Doreen Ellis – Chair

Shropshire Peer Counselling & Advocacy Service
Notes to the Financial Statements
for the Year Ended 31st March 2021

1 Accounting policies

Shropshire Peer Counselling & Advocacy is controlled by its governing document, a foundation model constitution for a CIO.

1.1 Accounting convention

The financial statements have been prepared in accordance with the Charities Act 2011 and "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 2019)". The charity is a Public Benefit Entity as defined by FRS 102.

The charity has taken advantage of the provisions in the SORP for charities applying FRS 102 Update Bulletin 1 not to prepare a Statement of Cashflows.

The accounts have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a true and fair view. This departure has involved following the Statement of Recommended Practice for charities applying FRS 102 rather than the version of the Statement of Recommended Practice which is referred to in the Regulations but which has since been withdrawn.

The accounts are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The accounts have been prepared under the historical cost convention, modified to include the revaluation of freehold properties and to include investment properties and certain financial instruments at fair value. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the accounts, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees' continue to adopt the going concern basis of accounting in preparing the accounts.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives unless the funds have been designated for other purposes.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the accounts.

Endowment funds are subject to specific conditions by donors that the capital must be maintained by the charity.

Shropshire Peer Counselling & Advocacy Service
Notes to the Financial Statements
for the Year Ended 31st March 2021

1.4 Incoming resources

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known and the receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

Turnover is measured at the fair value of the consideration received or receivable and represents amounts receivable for goods and services provided in the normal course of business, net of discounts, VAT and other sales related taxes.

1.5 Resources expended

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following basis:

Fixtures, fittings and equipment	25% on a reducing balance
----------------------------------	---------------------------

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset and is recognised in net income/(expenditure) for the year.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

Recoverable amount is the higher of fair value less costs to sell and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

If the recoverable amount of an asset is estimated to be less than the carrying amount, the carrying amount of the asset is reduced to its recoverable amount. An impairment loss is recognised immediately in income/(expenditure) for the year, unless the relevant asset is carried at a revalued amount, in which case the impairment loss is treated as a revaluation decrease.

Recognised impairment losses are reversed if, and only if, the reasons for the impairment loss have ceased to apply. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset in previous years. A reversal of an impairment loss is recognised immediately, unless the relevant asset is carried in at a revalued amount, in which case the reversal of the impairment loss is treated as a revaluation increase.

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, Other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

Basic financial assets, which include debtors and cash and bank balances, are initially recognised at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Shropshire Peer Counselling & Advocacy Service
Notes to the Financial Statements
for the Year Ended 31st March 2021

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future receipts discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

1.9 Employee benefits

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.10 Leases

Rentals payable under operating leases, including any lease incentives received, are charged to income on a straight line basis over the term of the relevant lease.

1.11 Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Designated funds can only be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

1.12 Hire purchase and leasing commitments

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the period of the lease.

1.13 Deferred income

Deferred income is released to the Statement of Financial Activities in the period that the income relates to.

Shropshire Peer Counselling & Advocacy Service
Notes to the Financial Statements
for the Year Ended 31st March 2021

2 Critical accounting estimates and judgements

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

3 Donations and legacies

2021

£

Donations and gifts

4,017

4 Charitable activities

2021

£

Services provided under grants

167,415

Services provided under contract

2,983

170,398

Analysis by fund:

Unrestricted funds

2,150

Restricted funds

168,248

170,398

5 Other Income

2021

Job Retention Scheme

2,925

6 Transfer of funds from antecedent

2021

Fixed assets at net book value

565

Cash

182,447

Current liabilities

(115,746)

67,266

Shropshire Peer Counselling & Advocacy Service
Notes to the Financial Statements
for the Year Ended 31st March 2021

7 Charitable activities

**Counselling
& Advocacy
Services
2021
£**

Staff costs	139,163
Depreciation and impairment	210
Rent	5,861
Insurance	451
Telephone	3,948
Postage and stationery	1,633
Sundry	671
Repairs and renewals	76
Subscriptions	35
	<u>152,048</u>
Analysis by fund	
Unrestricted	6,263
Restricted	<u>145,785</u>
	<u>152,048</u>

8 Trustees

There were no trustees' remuneration or other benefits for the year ended 31 March 2021.

Trustees' expenses

During the year there were no expenses reimbursed to trustees.

9 Employees

Employment Costs

**2021
£**

Wages and salaries	117,029
Social security	4,938
	<u>121,967</u>

Shropshire Peer Counselling & Advocacy Service
Notes to the Financial Statements
for the Year Ended 31st March 2021

9 Employees

Continued...

Number of employees

The average monthly number of employees during the year was:

	2021 Number
Advocacy work	7
Administration	<u>1</u>
	<u>8</u>

There were no employees who received total employee benefits (excluding employer pension costs) of more than £60,000.

There were no employees whose annual remuneration was £60,000 or more.

10 Other expenses

	2021 £
Accountancy	<u>5,000</u>
	<u>5,000</u>

11 Taxation

The charity is exempt from tax on its charitable activities.

12 Tangible fixed assets

	Fixtures, fittings & Equipment £
Cost	
At 31 May 2020	-
Additions	564
At 31 March 2021	<u>564</u>
Depreciation	
At 31 May 2020	-
Depreciation charge for the year	210
At 31 March 2021	<u>354</u>
Carrying amount	
At 31 March 2021	<u>354</u>
At 31 May 2020	<u>-</u>

Shropshire Peer Counselling & Advocacy Service
Notes to the Financial Statements
for the Year Ended 31st March 2021

13	Creditors: amounts falling due within one year	2021
		£
	Other creditors	320
	Accruals	2,240
	Deferred income	136,990
		<u>139,550</u>

14 Movement in funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

	Movement in funds				Balance at 31
	Transfer from antecedent	Incoming resources	Resources Expended	Transfers between	March 2021
	£	£	£	£	£
Garfield Weston	1,157	12,500	(7,605)	-	6,052
Lloyds	1,044	20,165	(20,058)	-	1,151
Shropshire	12,109	-	(-)	-	12,109
Henry Smith	2,186	23,750	(23,014)	-	2,922
Private grant	(2,890)	83,333	(76,661)	-	3,782
Others	769	28,500	(23,447)	-	5,822
Restricted funds	<u>14,375</u>	<u>168,248</u>	<u>(150,785)</u>	<u>-</u>	<u>31,838</u>

All restricted funds for the year are to be used on the advocacy project.

15 Designated fund

Funds held in the designated fund are held to ensure that the charity has an amount of money available to it should funding cease to enable it to continue operating for a short period whilst further funds are sought.

16 Related party transactions

There were no disclosable related party transactions for the year.

17 Charity reconstruction

During the year, the Trustees of Shropshire Peer Counselling and Advocacy Service (Charity registration 1102986) dissolved the charity and transferred the funds and activities of the charity to Shropshire Peer Counselling and Advocacy Service CIO (Charity registration 1187362). The transfer of assets and activity occurred on 31 May 2020.

Independent Examiners

A resolution will be proposed at the Annual General Meeting that **AZETS** Audit Services Limited be re-appointed as independent examiners for the ensuing year.

Trustees' Responsibilities

Charity law requires the Trustees to prepare Financial Statements for each financial year, which give a true and fair view of our Registered Charity, as at the Balance Sheet date and of its incoming resources and applications, including income and expenditure for the financial year. In preparing these Financial Statements, the Trustees should follow best practice and:

- ❖ Select suitable accounting policies and then apply them consistently
- ❖ Make judgements and estimates that are reasonable and prudent
- ❖ State whether applicable accounting standards and statements of recommended practice have been followed subject to any departures disclosed and explained in the Financial Statements; and

The Trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the Registered Charity and to enable them to ensure that the Financial Statements comply with the Registered Charities Act of 2011. They are also responsible for safeguarding the assets of the Registered Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Statement of Disclosure

So far as the Trustees are aware, there is not any relevant accounting information of which the charities examiners are unaware. Additionally the Trustees have taken all steps that they ought to have taken as Trustees in order to make themselves aware of any relevant accounting information and to establish that the Charity's examiners are aware of said information.

This Annual Report was designed and compiled by Allisone Arthur

Thank You to all our funders and donors

Private Donation

Lloyds Bank Foundation

The Henry Smith Charity

Garfield Weston Foundation

Trusthouse Charitable Foundation

Select Healthcare

Severn Trent Community fund

Postcode Neighbourhood Trust

Independent Age

The Albert Hunt Trust

The Edward Gostling Foundation

Other Donations