



## Annual report of the CIO for year ending 31 March 2023

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

Help you make informed choices

We offer long-term help and support

Help to manage your money

Support you in meetings

Support you to find information

We come to you

Help access other services you need



**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 28 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 Advocacy and information.

- ❖ 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.

**PCAS Website** [www.shropshirepcas.co.uk](http://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 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.

## Our Trustees



Peter Quinn - CHAIR



Clare Harris – Vice  
CHAIR



Doreen Ellis - TREASURER



Russ Jones - TRUSTEE



Neil Pulker - TRUSTEE



Ben Payne - TRUSTEE



Jacob Ayre - TRUSTEE





## Welcome from the Manager – Simon Arthur

Hi everyone we are approaching our 28<sup>th</sup> Birthday on 1<sup>st</sup> April 2023, in fact by the time you read this we will be halfway to 29. No mean feat for a small charity like ours, especially given all the hurdles we have had to get over somehow over the years. For instance, breaking away from the Shropshire Disability Consortium (SDC) in 2004 and taking the leap into the unknown by setting up as a registered charity, we had to do this otherwise we would have closed down like SDC, and the work we do, was and still is, so very important for vulnerable disabled people living in Shropshire and Telford. Without all the support from our funders who recognise how important what we do is, we would have struggled to stay open for this long. I and all the staff and Trustees of PCAS thank all our funders past and present for your continuing support in making PCAS the success it is. 28 years later and here we are, PCAS started in 1995 in our first year we helped 30 people, this year we have helped 325. From small acorns great Oak trees grow, this is what has happened for us.

We have helped 325 people this year, a lower number than last year's 368, but with more long term help needed and more difficult cases coming through to us; for instance, Adult Safeguarding, Child Protection and Financial management (helping to ensure the person can stay living in their own home) with help paying bills setting up direct debits, making sure people do pay bills, this keeps them out of debt and in a tenancy. We have helped these clients with 5004 issues that are affecting their lives, this is an increase in issues from the previous year of 436, working out at an average of 15 issues per person, this is again an increase from an average of 12 issues per person last year.

I guess this has something to do with recovering from the pandemic and this year the cost of living crisis, putting even more pressure on our client groups, who are constantly fighting to keep their heads above water.

After 28 years we continue to have the same goal we were originally set up for in 1995. Namely helping the most vulnerable people in our society, who have any disability, to have a better quality of life, with the help and support they need.

Once again I need to thank the amazing team we have at PCAS our team of amazing workers and trustees, have put so much time and effort in this year, as many of them have for many years now, so we can help people as best we can.

People's Mental Health has suffered greatly; over the last 3 years we have noticed a big increase in referrals coming into us that are mentioning the client has Mental Health needs. It is good that this is coming more to the forefront of people's minds, because good mental health helps with all the issues people have in their lives.

As always we are so grateful to our amazing funders who support the work we do, and know what we achieve for the people we help. A huge thank you to: - The National Lottery Community Fund (Reaching Communities), The Henry Smith Charity, Nationwide Community Grants, Wynn Foundation, Baron Davenports, Tesco Community Grants, Select Healthcare and Neighbourly. Alongside other donations received this year, without all of your help, we would not have been able to do the amazing amount of work we have this year, Thank you so very much.

Over the last 28 years we have helped over **10,800** of the most vulnerable people in Shropshire and Telford to enjoy a better quality of life through working with them and alongside them, ensuring they are listened too. They understand what they are being asked, helping them through Child Protection procedures, Adult Abuse cases, Social Care issues, helping with Mental Health needs, ensuring people with multiple disabilities and complex care needs have the help and support they need to live a better quality of life.

Again this year has seen the continuing effects and fallout from the pandemic, with home working seemingly becoming more prevalent this is having an effect on referrals coming in to our service, because people that need our help, want face to face contact (see graph on following pages where 98% want face to face contact), not over the internet or through zoom or Microsoft teams, where is the personal touch there? Our clients know they are treated as individuals, listened to and valued.

Referrals have continued to grow for help through Child Protection issues, with Managing finances and budgeting and help and support for people with Mental Health needs have grown.

We continue to have a waiting list, indeed in April 2022 we had to close for new referrals as our waiting list had grown so much to over 70 people waiting for our help. Our Trustees have now set a limit of 30 before we close to any more referrals coming in, this may change over the coming year, because we are so unique in the work we do, and how we get other help and support the person needs (our workers are like a dog with a bone) they will not let go until the help is put in place and the person is getting services they need.

There is very clearly a huge gap in services and lack of help out in the community for these complex needs, and the time consuming issues, that people have.

Our work frees up valuable time for Social Care Practitioners who have huge case-loads to cope with themselves, indeed since the year 2000, referrals from Social Care Practitioners have risen from 28% then, to now being over 90% of all referrals made into our service. This clearly shows the pressure on Social Care certainly in Shropshire, I am sure it is the same around the country.

Helping our clients get services delivered in a way they can actually access is still a massive challenge, as so many of the people we help cannot get out to an office appointment, they are not digital savvy so are being "digitally excluded" (a new buzz word this year).

Although our client groups have been struggling with accessing services digitally for many years, it has now come to the front of people's thinking and planning for going forward. Watch out robots and AI are coming. Our clients really struggle with welfare benefit problems or issues to do with



managing their own money. The services being funded for benefit and money help, do need to start thinking about this, and getting out to see these people to be fully inclusive.

We will keep raising the issue through our networks and contacts in the hope one day services will have the necessary funding and workers, to help the most vulnerable who need delivery to change.

Face to face contact with people is so very important for all of us, not just our client groups, but these very people struggle to get help they desperately need because they are being pushed into online and digital that in the main, they have no idea of.

In reality many of our clients cannot use computers and access benefits online, putting them at such a disadvantage when things go wrong or they have to try and respond to requests for information, or to bid on a property. This is just not right people should have services delivered how they need them.

We have started building our social media presence through Facebook, Twitter and Linked-in. Thank you to Kim Gilmour, Simon Harris and Shrewsbury Morris Dancers for helping us build this presence, and the workers for supplying material to use.

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, time will tell.

As with all things, time spent on this does eat into time we could spend helping clients, and that will always take priority especially with the need increasing year on year.

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.

**Below I have included some examples of referrals we have received during this year: -**

**We** have a patient with multiple health issues seeking an advocate to attend medical appointments with them. They lived abroad for a long time and due to this they sometimes find it hard to digest information, although they are an English speaker.

*“Could you please let me know if this is something you are able to offer, or if not, could you recommend another service locally that may be able to assist?”*

**Mr.....** requires on-going advocacy support to keep accurate details of the hours, duration and dates that the Personal Assistant visits which is needed for the financial team within the adult social care team, without this on-going support Mr..... may not be able to receive the personal assistant support that he requires to remain independent.

**My son ....**, aged 38, lives with me. My wife passed away in March this year, and I promised I would take care of him. He suffers from epilepsy, and takes appropriate medication. I am now 66, and my demise gets ever closer. I have registered him with Home Point, and have undertaken a care needs assessment on his behalf. He has been talking for some time about getting a flat, but I worry that he is not 'worldly wise', and has been taken advantage of in the past (financially). He works, but has no idea of utilities, Council Tax, etc. I would like to get him to a place of relative safety where there is someone who can watch over him. He does have some money, but his job for 15 years (McDonalds) does not pay particularly well. I hope there's something you can do to help?

I am seeking help with dealing with financial matters, such as claiming Universal Support and my mortgage. I have recently been diagnosed with ADHD, depression and anxiety and my doctor has been notified of this.

I am not very good at asking for help, but I am struggling to get by (I am self-employed) and while I have tried to use the online benefits calculator, I'm not sure if I'm doing it right as I find numbers and filling such forms in so stressful that I avoid it.

I was advised by my assessor to make an appointment with my surgery to discuss my situation, as I am isolated in a rural area, without transport and spend almost all of my time on my own; I have few friends in Shropshire and no family to speak of, certainly not anyone I can ask for help in any matters.

#### In Temporary Accommodation no address.

... has been supported by care agency for the past 6 months, however this support is due to end next week – she still requires some on-going support. .... is still in temporary accommodation and requires support to secure accommodation – she has a login for home-point and is bidding on properties but has no prior knowledge of housing services and requires support to navigate this when she gets a property. .... needs further support around confidence building, motivation and resilience. Requires support to increase social network and support in the community so that she is not struggling alone. She has issues with mobility and mental health/ low mood

#### Male age 34

... requires your service to manage and understand the documentation from various meetings and professionals. .... child is in Local Authority care and in Court proceedings. In addition, .... has his own needs from being treated as a slave for two years, whilst working on a farm four years ago, and being the victim of Modern Slavery. .... was also hit with a hammer on his head and received only treatment for the injuries but no further support.

#### Female aged 30

.... requires an advocate. .... has a significant mental health difficulty. She is currently diagnosed with Persistent delusional disorder which means she struggles to hold a conversation. Struggles understanding documents and processes. ... child is currently placed within Local authority foster placement. She is currently in a relationship with the father of her child who also has his needs. .... has no accommodation of her own in case her relationship breaks down she would struggle with housing .... has to attend Family time in Shropshire to maintain her relationship with her child however the last time that she left her current temporary accommodation she ended up living between her mothers in ..... and her friend's homes.... described travelling on public transport difficult and with your support she would have guidance around this and an outlet to discuss her difficulties.

#### Female aged 23

I am the social worker for ..... her infant, who was removed from her care shortly after his birth due to safeguarding issues. .... is seeking to have her son returned to her care and will need support in the court arena as she has trouble understanding the written documents, retaining information and understanding the outcomes of meetings/assessments. I would like an advocate for ... to assist her with the above.

#### Male aged 20

... needs help in all involvement with care proceedings to do with the local authority. This may include attending meetings. Understanding paperwork filling in paper work

**Below are abstracts from 2 referrals received during the last year, from Adult Safeguarding. These give an idea of the complexity of issues we help with: -**

**1.** She had a very turbulent upbringing, witnessing domestic abuse and substance misuse within the home. Many of her behaviours are learnt behaviours.

She is living in a supported living placement at the moment in..., although we are currently trying to find a new placement for her that is geared more towards mental health as opposed to learning disability.

Parents have a big influence over her, will tell her she doesn't need to listen to her social workers.

That she should ask us for her money back (Client Property have deputyship for finances).

Concerns around online social media use, giving out the address online. Sending nude pictures to random men she's met online. Having sex with random males etc. New MCA being completed around this at the moment.

Lacks capacity regarding her care and support needs / accommodation.

**2.** Current safeguarding concerns regarding parents domestic abuse / coercion/ control towards ..... following disclosures last week.

..... does not have a phone, parents have taken them off her. They have advised her that she has mental health problems, that she has a care plan so cannot do anything without their input because she will get into trouble. .... was not known to us until last week so has no care plan.

..... attends ..... College and has an EHCP. Although the EHCP states she has moderate learning difficulties and special needs associated with Social and Emotional Mental Health Problems.

.....(Safeguarding) and I dispute this. It is said by others that in meetings with her parents she will sit and not speak for fear of getting into trouble. How-ever in a meeting with ASC and ASG, ..... was vocal about what was happening in her life right now.

Current needs at the moment relate to lack of life experience due to control of parents, believing that she has all of these things wrong with her and she doesn't.

..... ran away over the weekend following an incident with her father. She is now living at her boyfriend's parent's house in..... No access to money, phone etc. Contact is going through boyfriend .....and Safeguarding lead at College.

I hope you have found some interesting and thought provoking information in my report, as ever if on reading our annual report you think "I would like to help" come and join us in our quest to make life easier and better for vulnerable people (they may be living next door?).



## **Allisone Arthur**

### **Evaluation Manager**

I've been with PCAS since 2007. I originally came from Exeter in Devon, moving to Shropshire in 1988. I have a grandson with Autism who is 12, attends a special school and know he will need a service like ours one day. I hate to think there may not be any help for him by the time he needs some.

This has been a very difficult year again for everyone & especially for a small charity like ours. Our manager has been hard pressed securing funding and at one point we were on the brink of closing. Since Covid other services closed or were not accessible to our clients, getting them the help they so badly need is sometimes nigh on impossible as many services are STILL working from home. We are lucky to have a manager & advocates who are absolutely dedicated to our charity & helping the most vulnerable of people, often going over and above to do the very best for their client's.

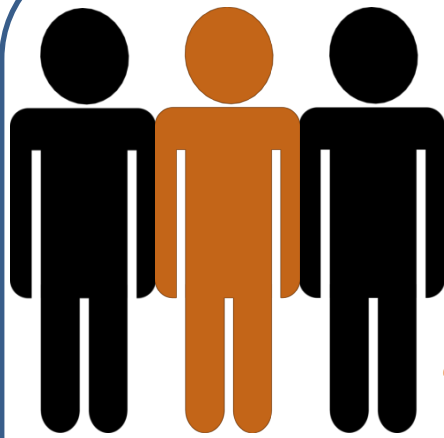
I totally enjoy the challenges brought by our small charity, there is always something new to aim for such as the need to encapsulate statistics in a new way for our funders. I love the variety and "free hand" of organising my own workload. We are a "Team" at PCAS, which includes the Manager, all the 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 bespoke 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, there have been changes to our recording mechanisms and I have streamlined things where I can, adding lots more calculations to my excel sheets.

Take a look at our 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

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, which of course is the most important thing.

It is so great to work for an organisation that values all the staff and we are a fantastic supportive team, who always help each other if needed and we listen to each other, gaining lots of knowledge along the way. I have great respect for our advocates who do an amazing job.

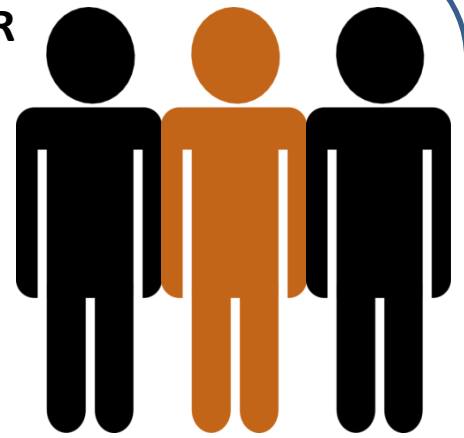


IN THIS FINANCIAL YEAR  
2022 – 2023

PCAS HAS HELPED

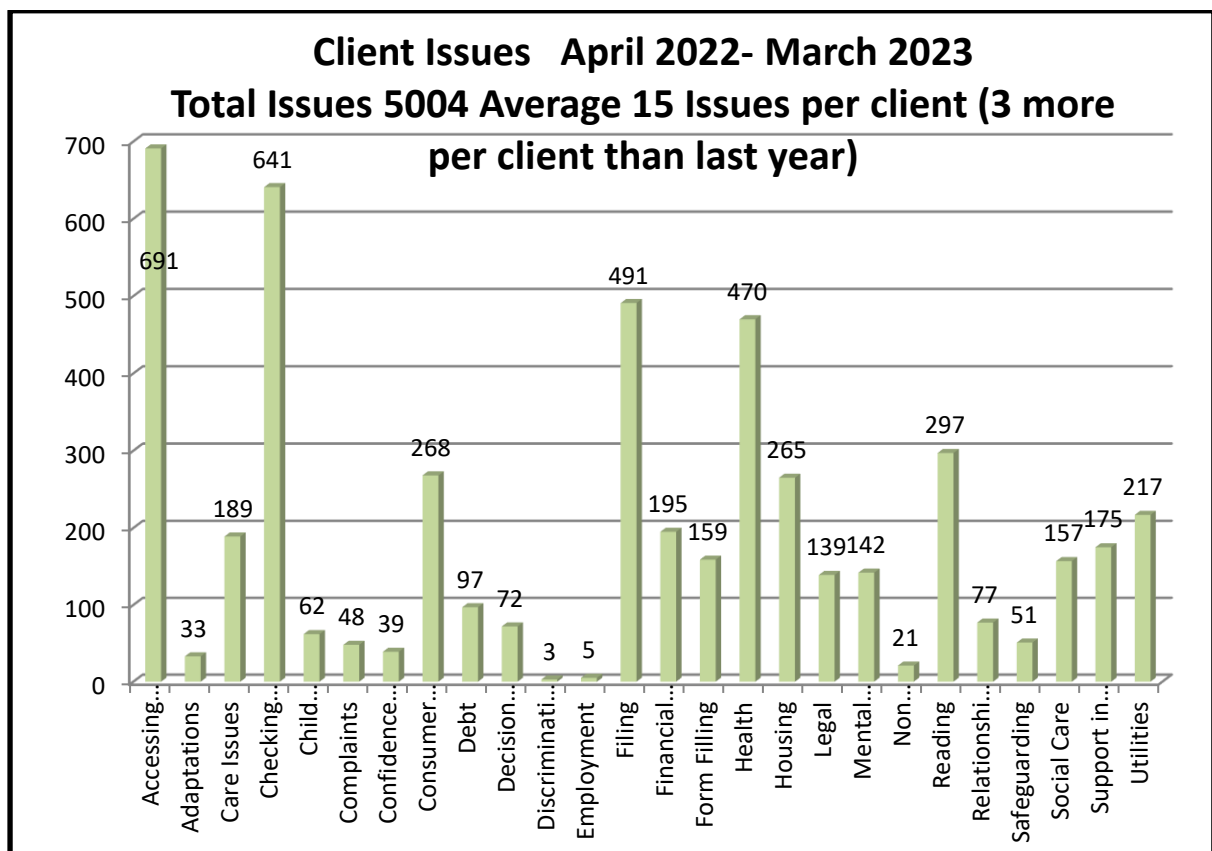
325 PEOPLE

43 less than last year as we  
offer long term help and have  
many difficult long term cases

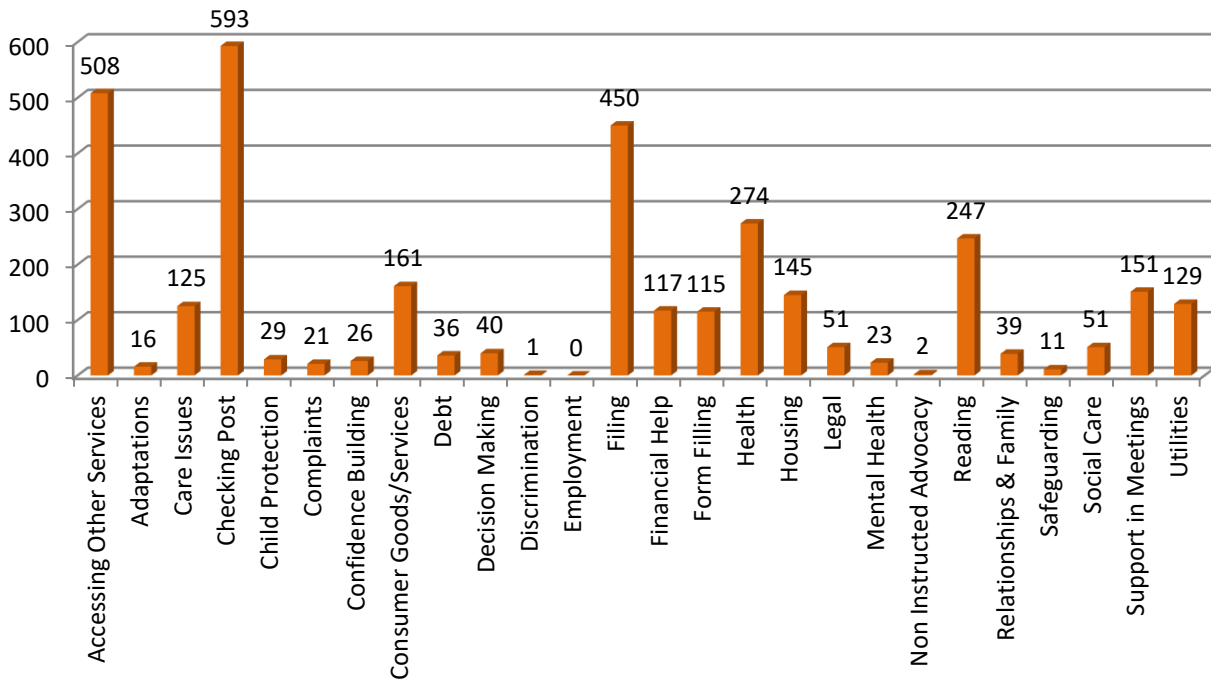


Over this financial year, PCAS has helped clients with a whopping **5004** client issues (4568 last year), so 436 more this year, which shows the complexity of cases that we have currently. This just shows how hard our advocates are working and just how much support our clients need from us and how very difficult their issues are. One wonders who else could have given them that much support.

Dividing the amount of issues (5004) by the amount of clients helped (325) gives an average of each client having **over 15 issues** each client needed help with. That's without the 2034 other services (50 more than last year) we have accessed on client's behalf to assist clients further.

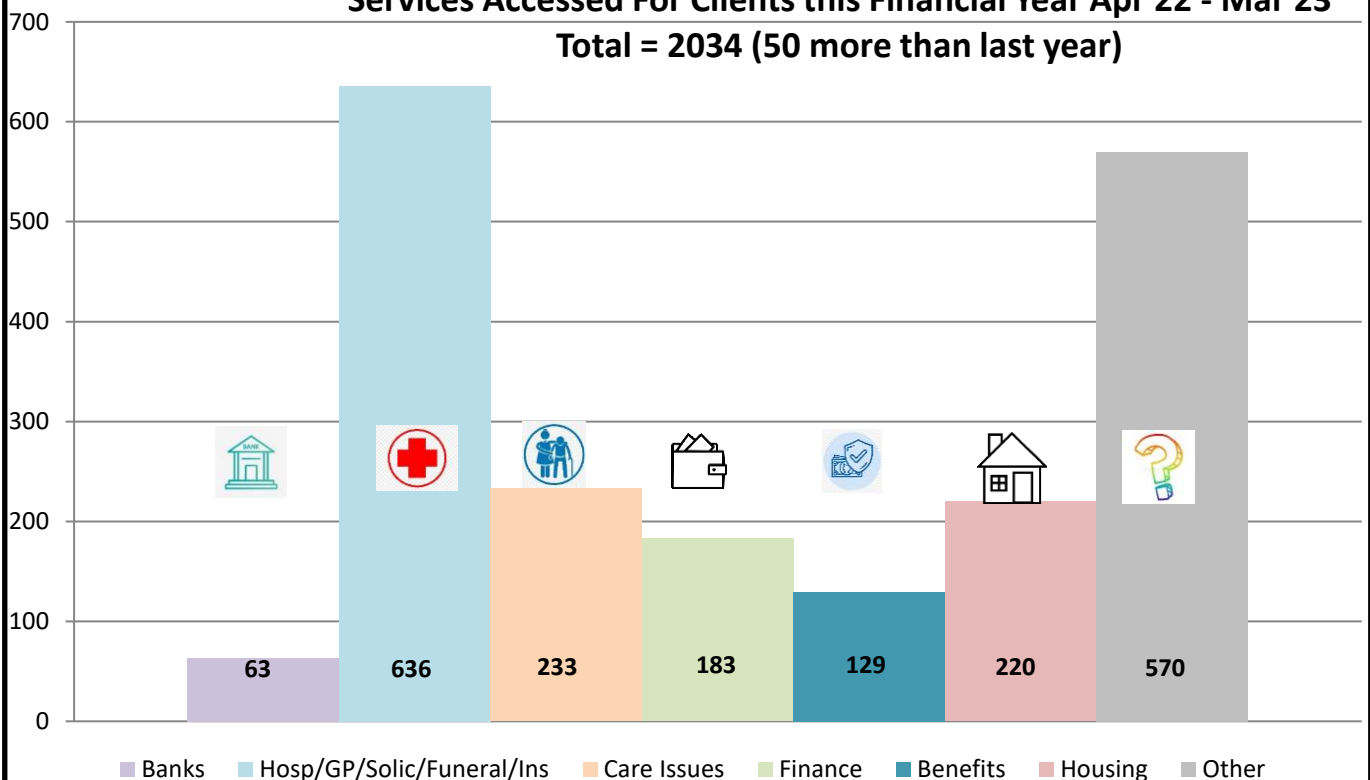


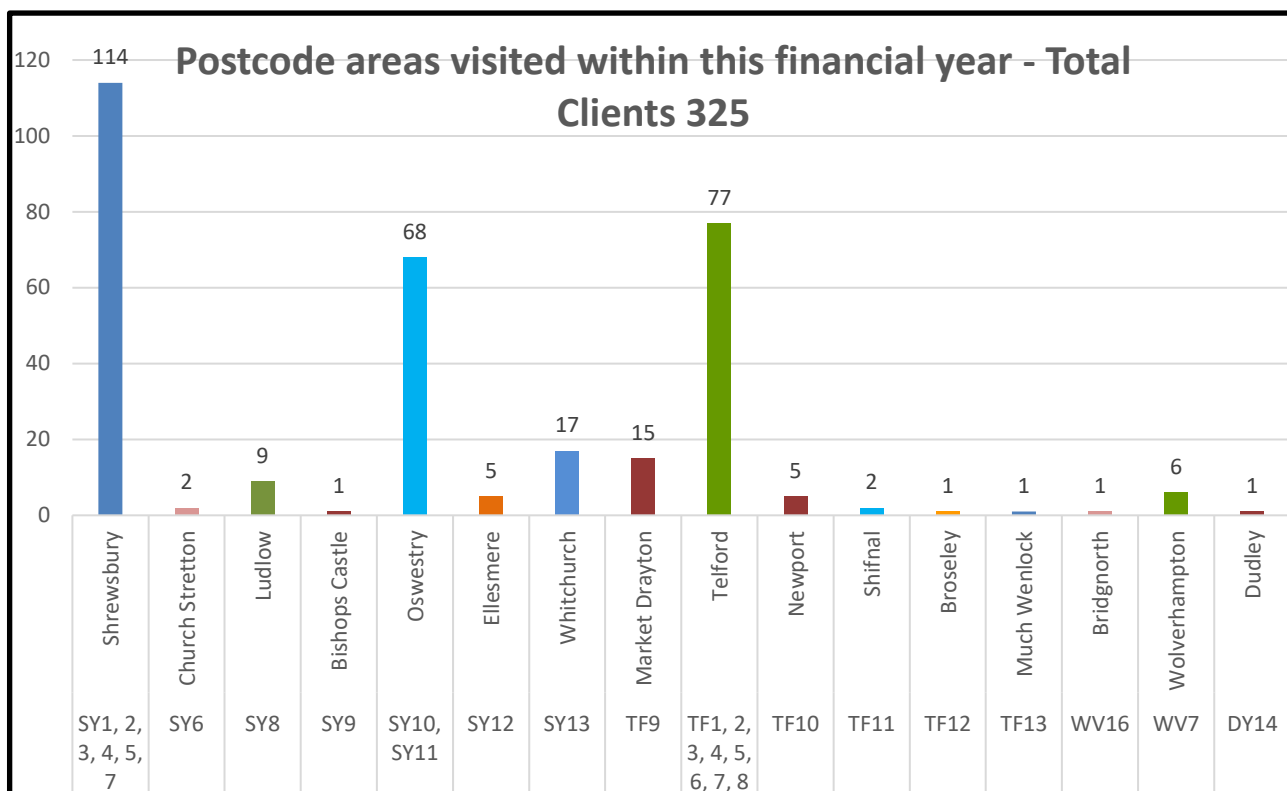
**Positive Client Outcomes Apr 2022 - Mar 2023**  
**Total 3361 Average 10 per client (2 more per client than last year)**



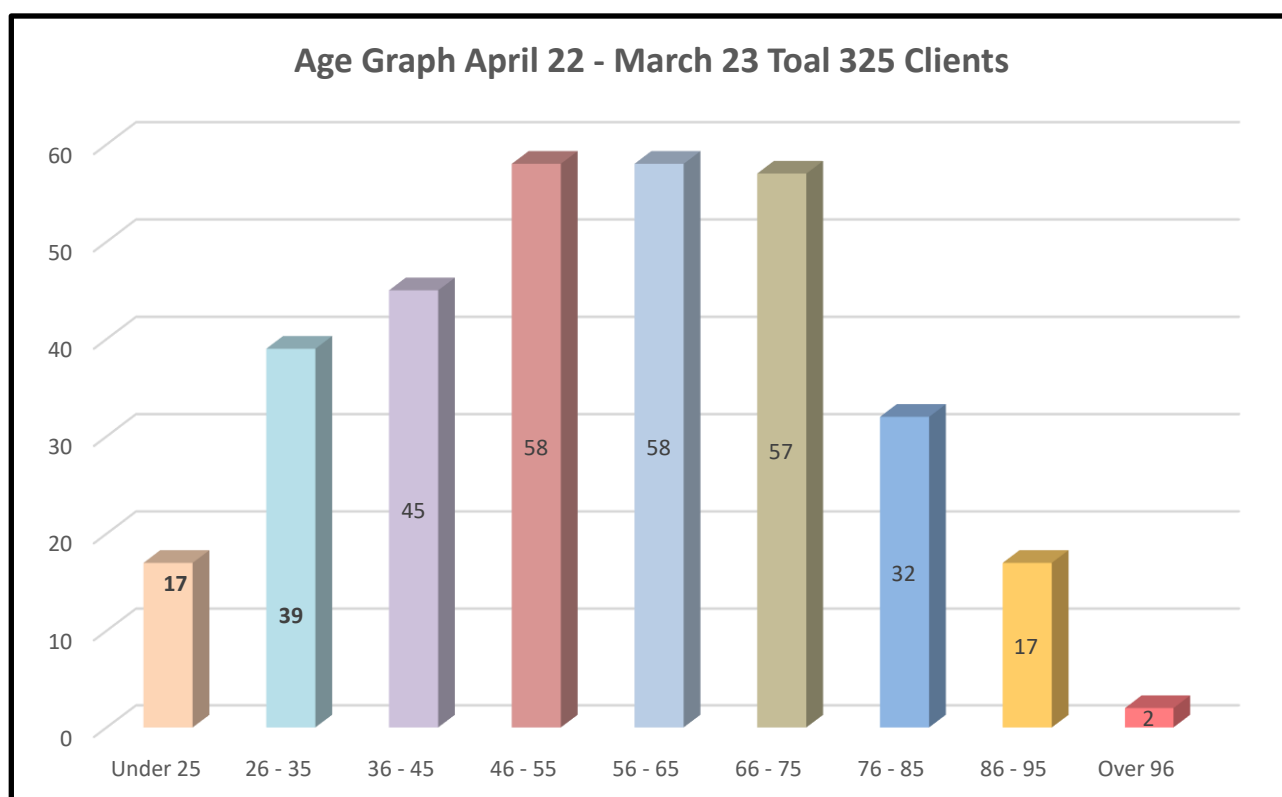
Clients often require many other services to put their life back on track, an average of 6 other services per client this year. Our Advocates are very skilled and persistent at getting other services to help their clients. There is a vast problem trying to access other services for clients, in that many are still working from home, or have closed down, or at capacity.

**Services Accessed For Clients this Financial Year Apr 22 - Mar 23**  
**Total = 2034 (50 more than last year)**





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





**10,556 STAFF HOURS**



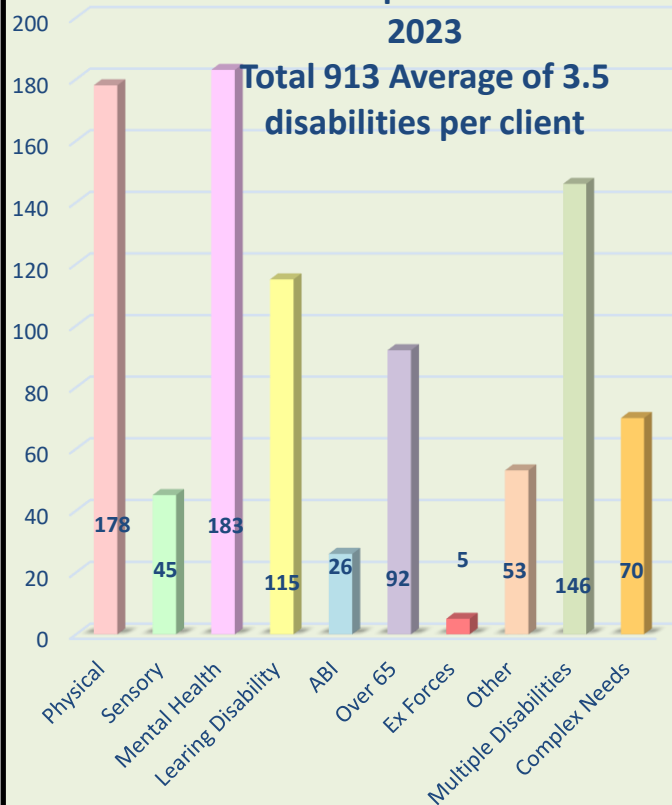
**SUPPORTING  
PEOPLE WITH  
DISABILITIES**

**We have made 1963  
individual visits to  
clients – 104 MORE  
than last year!**



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

**Disabilities April 2022 to March  
2023**



**WE SPENT**

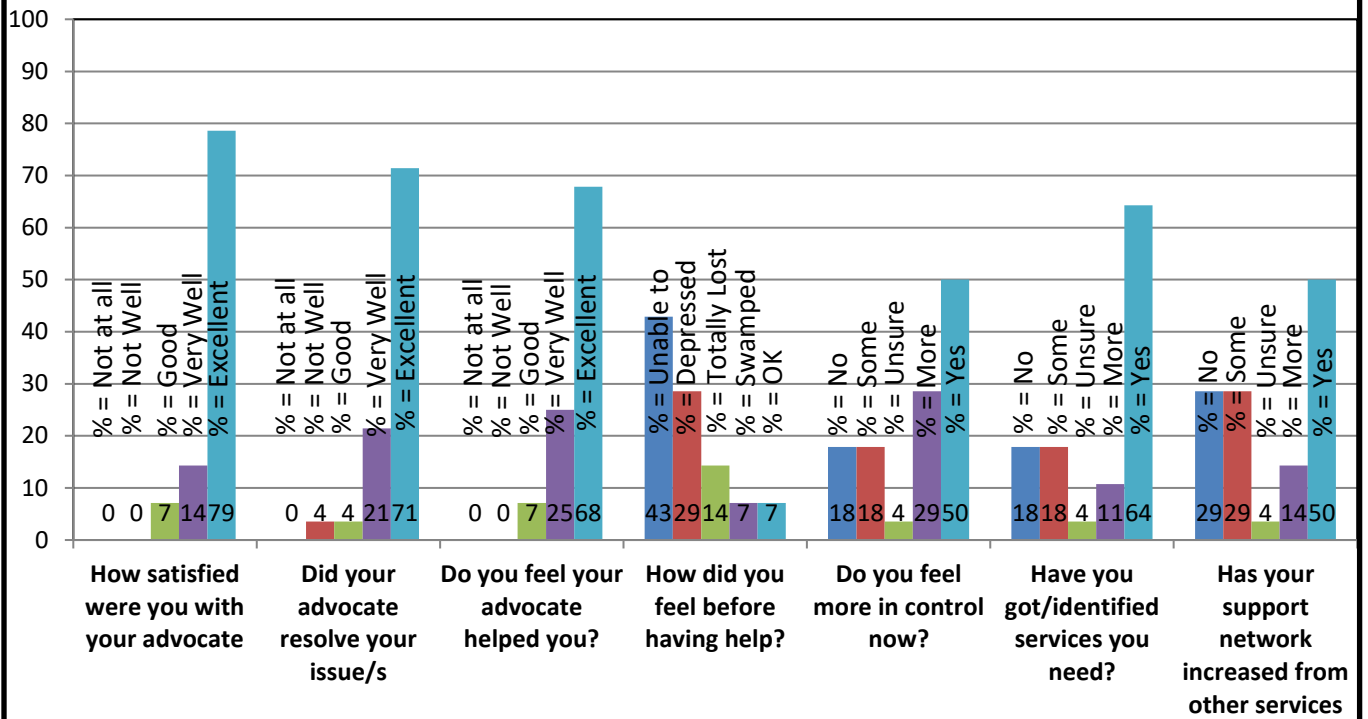
**£12.24**

**(£1.90 more than last year)**



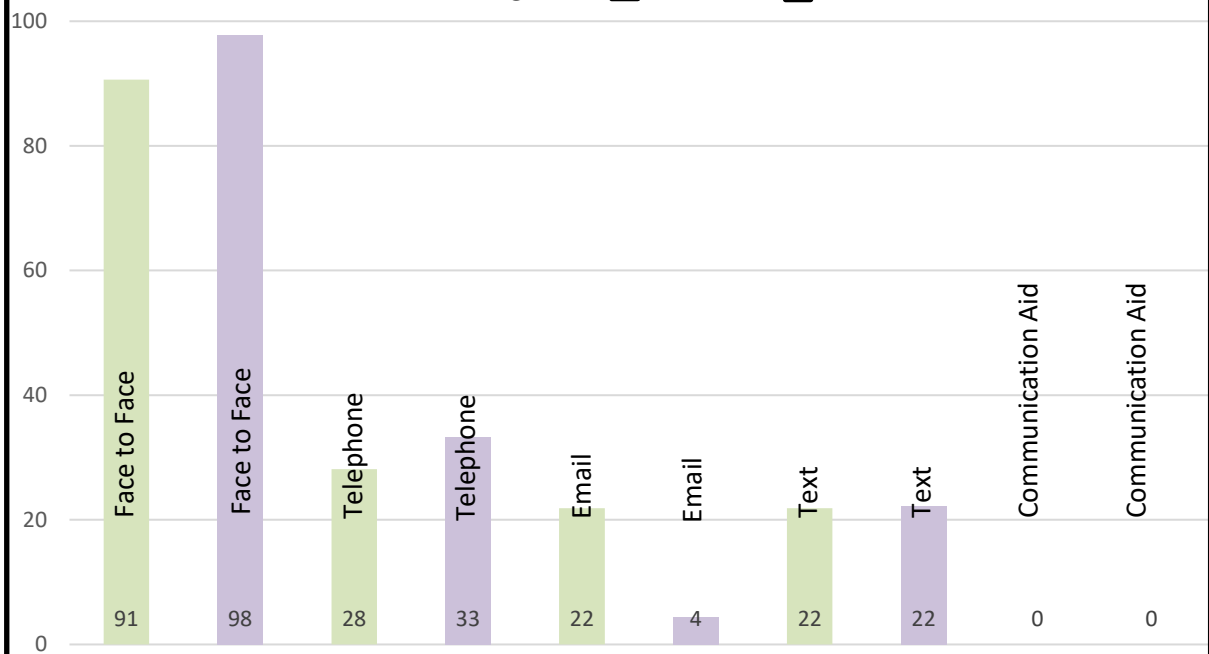
**PER PERSON PER  
WEEK  
IN SHROPSHIRE**

## PCAS Advocacy Satisfaction Data Graph



## How do our clients best communicate

START █ END █



## **SATISFACTION QUESTIONNAIRE COMMENTS**

**1412** - Supported through police investigation. I would not have been able to carry on with my allegation if not supported by PCAS

**1400** - PCAS gave me the courage to do more for myself, before I was confused & left lost

**1202** - I was in a really bad place, but with PCAS help I feel much better & know I can reach out to them in the future if I need too.

**1283** - I felt as if someone was listening to the needs I needed help with, in confidence without judgement & someone I could trust, & I don't find trusting or asking for help easy. I would probably have had a breakdown or be in prison without PCAS.

**1401** - I now have control of my benefits and finances. I have made an application to remain in the UK indefinitely. My finances & benefits would still be under the control of a family member as well as the timing of my application to stay in the UK without PCAS.

**1089** - I have sold my property to help fund my care in a setting where I am happy & wish to remain. I now have contributions for care from the local authority & I have no debt. I would not have been able to reach this position without help from my Advocate.

**1246** - From PCAS I have someone who will support me when I don't understand things & support me at medical appointments. I now have my continence & contraception issues sorted. I would have had more issues on top of my mental health issues without PCAS & life would be more difficult.

**1172** – I am more confident & my affairs are in better order. My mental health would be worse without PCAS help.

**1071** – I am not worried as much as I was as I now have someone I trust that I can turn to for support. Without PCAS I would be in a mess.

**1272** – I am able to manage a direct payment & I have got control of my bank accounts & debt. Without PCAS, my care package would have collapsed & my financial issues would not be sorted.

**1429** – I now know what will happen with adaptations to my home as I had help with the forms. The forms to apply for help for adaptations for my wheelchair would not have been completed & progress would not have been made. Thank you PCAS for all your help.

**1420** – I was guided through the child protection process. Without PCAS I would not have had anyone on my side.

**988** – My finances are now safeguarded from my son. Shropshire County Council has taken control of managing my finances. Without PCAS, my son may have continued to manipulate me to give him money.

**1275** – Client does not have capacity to make decisions about future move of accommodation – Best interests decision for client to stay at Woodlands near her family.

**1341** – I can now manage formal child protection meetings on my own without support. I am very grateful for the help; without you I wouldn't have been able to cope with the meetings & wouldn't have participated as I did before PCAS help.

**480** – My Advocate has supported me to get PIP & to move to more suitable accommodation. I would not be able to cope financially & I would still be living in an upstairs flat that was getting too much for me.

**1387** – My PIP is now paid directly to me instead of an appointee. Before help from my Advocate, I would have to account to my family for my spending.

**1289** – PCAS helped me with paperwork & court processes. I would have been absolutely lost & wouldn't have known what to do with my Advocate.

**1317** – I have applied for Severn Trent Trust Fund help & assistance from my Advocate, debt written off & water charges manageable now. Without help, I would have got into deeper debt & wouldn't have known what to do. Thank you, you have been brilliant.

#### **EMAIL Support for PCAS**

Hi Simon! I hope you are doing well 😊

Thank you so much, this is really kind and thoughtful to tell me you appreciate what we do as a collective to assist and benefit your clients.

I must say, after all my years in case management, I am slowly starting to feel tired and sad over the last couple of weeks with the press/ public. My heart goes out to these children and the life they must have lived. Truly unimaginable.

Social workers try their hardest, we don't come into this job to 'fail' anyone. We couldn't do what we do without other services just like yours Simon, so thank you. Let's all stick together; we will get through this. Thank you so much again for your lovely words  
Children's Social Worker

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Good morning Simon,

Thank you for your encouraging message. It has been very hard times for all of us and I would like to reciprocate and say thank you to all at PCAS for supporting us and our clients throughout these times also!

I was going to get in touch with you about the possibility of spending some time with one of your advocates in the new year. I am starting my final year of a social work degree (I've come a long way since Graceland's!) and from January to July, I am on my last placement and we have been advised to seek shadowing opportunities.

One of the areas I identified as having interest in, was advocacy and although, I have referred for an advocate and have an idea of what their role is, I have never directly witnessed their visits or how they support the individuals specifically to make decisions relating to their health and well-being. Would this be a possibility, if the advocate agrees and the clients agree for me to tag along please?  
Kind regards

Adult Social Worker

## Our dedicated Advocacy staff



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

### **Glenda Crawshaw, Assistant Manager – The Challenges of Independent Advocacy**

As I write this today, it is a beautifully sunny day in June. I have just returned from visiting a 96 year old client which I have recently signed up to our service – and I am so glad that they had heard about PCAS, as they were struggling to find a service to support them.

This is no surprise to us at PCAS, as we are increasingly finding that services are stretched in most areas, and is very frustrating for both us and our clients. Phone calls to energy providers, benefit departments, and the local authority to name a few, can take up a huge amount of our time – indeed I often resort to email, as this can be a more efficient way to get results, but is not always the way the client wants to deal with things. Some like to discuss their issue with a chat.

This past year has seen some very sad losses of long-standing clients I have had for over 10 years, but also some very good positive outcomes for some clients – moving properties, which has greatly improved their mental health, challenging waiting times for medical appointments, and lots of phone calls with energy providers who have been quite unscrupulous through this energy hike recently.

We carry on doing what we do here at PCAS with care, passion and dogged determination to ensure disabled peoples' voices are heard, and as always it is a pleasure to get some positive results for our clients.

## **Jackie Copson, Advocate - Being an independent Advocate in 2023**

As Independent Advocates we have a number of policy documents that inform and provide a framework for our day to day work.

These include The Advocacy Charter, The Advocacy code of practice and a concise list of what an Advocate does do and does not do – The Advocacy Role.

In this short piece I wish to look at two areas covered in those documents.

***“Advocates do not replace social workers, nurses or care workers, or make up for gaps in services that should be provided” (The Advocacy Role).***

***“Advocates should be clear about the nature and extent of their role.***

***They should understand the boundaries of their own advocacy role and non-advocacy roles” (Advocacy code of practice Section 1: clarity of purpose).***

I have reflected on these statements a great deal over the past year as I have needed to support clients with issues that would not normally be included in my role, for instance where I have prepared food and drinks for a client who struggled to do it themselves and was already frail and ill and had no care package in place because their care package had fallen through and social workers were struggling to find a new care provider.

Or I have helped a client to make space for a hospital bed by moving and emptying many packing boxes stored in the bedroom as the client had recently moved to the area and because they couldn't do so for themselves because of disability, and there quite simply isn't anyone else to do it and no agency that provides such help.

Or I have supported a client with taking medication because their health was deteriorating due to lack of an appropriate care package and not having had their medication, again because social workers were struggling to find and procure a care package for the client.

These 'struggles' to put services/care packages in place for clients can take weeks.

So have I crossed boundaries, have I made up for gaps in services that should be provided?

Yes, I probably have at times but we are dealing with human beings and we can't just do nothing as the standards we walk past without question are the standards we accept.

It is now so difficult to get services for clients without long waiting times i.e. care needs assessments by adult social care practitioners, community dental services for disabled clients who are housebound, domiciliary care packages etc.

The Advocate can be the one consistent person in someone's life and we continue to make a difference by being always mindful of the extent and nature of our role but most of all by responding to human need especially when no one else is doing so.

### **Maura Atterbury, Advocate – A day in my role as Independent Advocate**

Since COVID19 I have seen a real change in the demands on our services as advocates, this may be due to organisations working from home, the demands on Social Services and our NHS?

The main difficulty is trying to contact people as I have found I can be on the phone for long period of time only to have the call terminated, this is very infuriating as the client does usually need to be present before "The organisation" will speak to you. Due to the demands on Social Services and our NHS I have also found that I am going above and beyond.

Recently I was supporting a 92-year-old who appeared to be in a significant amount of pain. I was aware the District Nurses had been involved and therefore I contacted them only to be advised "Well if she's in pain contact the GP we are only out to weigh her" I explained that I believed she has a pressure sore of some description and noticed she was also in receipt of a new pressure cushion? I asked who could have issued that only to be told Oh we issued it and cream. I was quite direct and asked that they visit ASAP and if they had been out last week I am well aware the client would have informed them of her pain and why had they not contacted the GP? They attended the following day and are now actively involved for pressure care.

Client moved into supported living, the initial assessment was completed by the social worker however when the client was accepted by the housing provider the social worker took a step back. Without family members to support them, it was me who had to move her, hang curtains and put lamp shades up, make bed, empty boxes etc., etc.,

Arrange for medication prescribed by the specialist Nurse to be ordered and delivered to the client as the pharmacies were out of stock. This took me several visits to 2 pharmacies to resolve. We now have measures in place with the specialist Nurse to prescribe 1 month prior to medication running out.

With the above in mind I know I continue to be committed in the capacity of a PCAS Advocate to support people within our community whilst having a real feeling of self-worth and purpose but above all knowing I make a difference to someone's life on a regular basis.



### **Wendy Timmis, Advocate – Being an Independent Advocate in 2023**

Following on from the years affected by covid, being an Advocate has not got any easier. Whilst, as an advocate I strived to maintain our personal contact with my clients throughout this time, many other agencies have reduced their service or changed their contact to telephone contact only instead of face to face. These agencies have been slow to return to face to face contact. Staffing levels may also have impacted this as well as the increase in demand for services.

The cost of living crisis has also affected many of my clients and meant the quest to find extra financial support has had an impact on time spent with my clients for other matters. Attempting to get hold of someone's utility provider is lengthy and whilst some negotiation on cost does occur it can still leave some clients with a hefty increase out of their already stretched income. I have also found that it is extremely difficult to make contact with any of the DWP departments by phone for a general enquiry for a client as their call centres seem to be under extreme call pressure. It can be very frustrating to get through, start your conversation and then be cut off.

Another frustration has been the reduction of Social Worker provision in Shropshire. This has had a pretty detrimental effect on those of my clients who are involved in Child Protection cases. One poor client has not had contact with her children regularly because she has had at least 4 Social Worker changes over the last 12 months and is now having to await the allocation of a new one.

Changes to the banking world have also impacted clients who do not have access to the internet or struggle with telephone banking. Their local branch has gone so they have to travel over 15 miles to get to a bank if they can. This makes straightforward matters time consuming and also takes up valuable client time when it could be used for their other issues.

Despite all these difficulties I continue to be amazed at the resilience of my clients who seem to accept these constraints and still remain somewhat positive. They remain appreciative of any support they receive from me and any other body I can engage for them. I have also been known to step outside of my remit to help them when no other option is available such as taking someone's garden rubbish to the tip for them which resulted in seeing a mouse in my car when I got to the refuse centre.

### **Lynne Davis, Advocate – My Role As An Independent Advocate**

This year has been very challenging due to the pressures other services are under which is having a detrimental effect on many clients. This is particularly obvious within Shropshire Council Community Services where they are closing cases down and making a referral to PCAS for advocacy support. On meeting with these clients it is often so obvious that their social care needs are not being met and there are so many issues that need resolving that should have been picked up by other professionals.

I recently received a referral from a local church charity who were concerned about a gentleman they had been trying to help with debt issues. Despite this gentleman receiving a care package under Section 117 of the mental health act and having a mental health Social Worker and a newly appointed Social Work Practitioner from Adult Services who have both visited him recently, I could not believe the unaddressed issues I discovered when I met with him at his home. He lives in a bungalow with level access shower facilities in the bathroom. The shower area is completely unusable as it is being used as a storage area for all sorts of things which need to be put in his shed. He is unable to do this himself due to his physical disabilities and explained that he has only been able to wash with a flannel for the last two years. Neither the care agency providing support or any of the Social Care Practitioners who have visited him have attempted to resolve this issue. He also has frequent falls and has no personal alarm. He tells me that all the professionals involved have said he should be wearing one but nobody has attempted to make a referral for him to be provided with this piece of equipment. I have now made this referral and am in the process of dealing with his showering issue.

I have also had to refer him to a local foodbank as he had no food in the house and no money to purchase any. I went shopping for him to buy him the basics and he is now in receipt of food parcels. It has become obvious from talking him through his financial situation that he has been financially abused/coerced by family members. After explaining to him how this was happening he has stopped giving them money.

All these issues were picked up after two visits from me. I cannot understand how professionals could or would ignore this gentleman's plight. Some of these issues may not strictly be in the remit of an 'Independent Advocate' but nobody else is stepping in to help.

This is just one example of the kinds of scenario I am coming across when meeting new clients. So many vulnerable people are being ignored and let down for many different reasons. I hope my role as someone's Independent Advocate can help them obtain the services and support they are entitled to, and doing so will enable them to improve their independence and ability to have some choices in how they live their lives.

### **Ann Shaw, Advocate – The Challenges of Independent Advocacy**

I have worked as an Independent Advocate for the past seven years. In that time there has been a noticeable decline in other available services. Many charities that have worked in parallel to PCAS have been forced to close, leaving us as the only organisation providing this facility in our area.

Other services, such as Adult Social Care and Community Mental Health Teams (CMHT) are stretched and are unable to provide support in a timely manner.

Funding has been cut for many of these organisations. Our own charity is dependent on the constant submission of applications for grants by our Manager, Simon. Our team is aware that, without this funding, our clients, who depend on us to support them, would be left high and dry with no-one to call on.

I have a client aged eighty-seven, who has been unwell for many months. Originally, she lived in sheltered accommodation. However, the level of care provided was sub-standard. Her son moved her, temporarily to his home to look after her around the clock.

She became increasingly unwell, developing symptoms of paranoia. It took many referrals from both her doctor and me to the Community Mental Health Team over a period of months before she was visited by a member of their team. The prescribed medication only increased her symptoms. Her condition slowly worsened. Getting the CMHT to intervene was impossible. Visits were either cancelled or the doctor did not turn up.

All through this period, my client had an allocated social worker, who appeared to understand the problems, but did very little to support the family. Tasks she said she would carry out were never finalised. She did not maintain regular contact with the family and would not return calls. She promised to find respite for the family, but this was not forthcoming. The family were finding it increasingly difficult to cope.

Two hospital admissions led to two separate placements in care facilities. Neither of which have been able to provide care for my client at the level she requires. Adult Social Care and the CMHT are still dragging their heels. She currently has no allocated social worker and the doctor from the CMHT has moved from the area.

I make regular phone calls to both to try and get things moving. The family spend all day with my client making up for shortages in care staff. My client is getting more and more frail, and her quality of life is deteriorating. I am trying my best for the family as a whole, but the challenges presented to me as an advocate by other services seem, sometimes, to be insurmountable.

## CASE STUDIES

<b>Initials &amp; number</b>	<b>ZB 1481</b>
<b>Gender</b>	<b>F</b>
<b>Age</b>	<b>64</b>
<b>Disability</b>	<b>Physical disability and dyscalculia</b>
<b>Length of time from identifying issue to outcome</b>	<b>Advocacy support is ongoing</b>
<b>The issue</b>	
<p>The client lives with severe physical disability and complex health issues and moved to the area in order to live (alone) near to specialist hospital, client has no family or other support and was feeling completely overwhelmed with all the issues associated with moving to a new property, this includes sorting utilities and service charges for the property and to make the physical environment safe for her. Client feeling very alone and isolated and was overjoyed to find she could have support from an Independent Advocate. Particularly needing access to other services that we all take for granted i.e. hairdresser, dental services- client is housebound compounding the issues for her.</p>	
<b>The steps taken to address the issue</b>	
<p>Over many visits, client supported to understand her utility bills and the service charges for her supported living bungalow and to set up direct debit for these services so that she could be reassured that she didn't owe money, because of dyscalculia, the client could not have done this without support. Also to help her access other services as she was completely unfamiliar with the area and to help her improve her physical environment.</p>	
<b>The outcome</b>	
<ul style="list-style-type: none"> <li>• All utilities etc. now paid by direct debit as per client's wishes.</li> <li>• Filing system for paperwork is now in place which client is pleased with.</li> <li>• Client's physical environment has been much improved over time to allow her to move round the home more safely and to have a hospital bed in place.</li> <li>• Client now has a regular mobile hairdresser and has been registered with community dental services.</li> <li>• Client has been introduced to local electrical contractors who have carried out some work she needed at her property.</li> <li>• Meetings with management and owners of independent living scheme set up with myself in present so that client can be reassured that people understand her needs and hopefully allowing her to feel less isolated.</li> <li>• Support to deal with energy provider.</li> </ul>	
<b>The challenges and how they were met</b>	
<p>Much time was needed to achieve client's goals, particularly with supporting her in making her physical environment better but PCAS manager very supportive of this and client overwhelmed with gratitude for the support.</p> <p>Banking was a definite challenge because client is housebound, bank advisors very unhelpful in telephone calls and much time was needed to address issues which arose in trying to set up direct debits (mostly resolved by use of internet banking App in the end which also presented some challenges).</p>	
<b>Conclusion</b>	
<p>Support for client is ongoing but this is now mainly for helping her to understand correspondence and to maintain the filing system but also to help her to access other services as required and to support her in meetings when required.</p> <p>Client now has the access to the services that she needs, she feels supported to have a better quality of life and she feels a great deal less isolated.</p>	

<b>Initials &amp; number</b>	<b>714</b>
<b>Gender</b>	<b>F</b>
<b>Age</b>	<b>61</b>
<b>Disability</b>	<b>Epilepsy/cognitive issues</b>
<b>Length of time from identifying issue to outcome</b>	<b>Ongoing support</b>
<b>The issue</b>	
<p>Due to client's seizures she meets with the Epilepsy Specialist Nurse approximately every 6 months. Recently she has had her medication changed that she has been on for many years, this has had a very positive affect however this medication needs to be prescribed by the specialist nurse as the GP's wont prescribe due to the cost?</p> <p>Prescription arrived late on the Thursday before the first May bank holiday, when visiting the client, the prescription had arrived that morning on looking at the prescription I noticed that it was not for the correct dosage. We tried calling the specialist nurse but no returned calls, the client only had enough medication for a couple of days and therefore it was vital we got her prescription. After discussing the situation the client decided that the prescription she had received should be taken to the chemist so that at least she had 100mg to take instead of the recently increased 150mg.</p>	
<b>The steps taken to address the issue</b>	
<p>I took the prescription to the chemist and explained the urgency however was advised that due to the bank holiday they probably would not have this in on time?</p> <p>After much discussion they agreed to give 4 tablets of 100mg for the client.</p> <p>I continued calling and leaving messages with the Epilepsy specialist nurse's secretary.</p> <p>I dropped the 4 tablets off with the client and explained the situation to the care team that should oversee her medication, forwarded epilepsy specialist nurses telephone number and I don't work Fridays and it would be a bank holiday the following Monday.</p> <p>The following Tuesday I managed to contact the specialist nurse and explained what had happened and that the client had taken 100mg as she had no 150mg he stated the this was fine and apologised. He issued another prescription for the 150mg and I agreed to pick it up and take it to a larger chemist in the hope of gaining access to the medication. This took a further 2 days as the manufacturer that they usually use was out of stock and after trying another manufacturer they were able to order the medication.</p>	
<b>The outcome</b>	
<p>Forwarded the 150mg medication to the client who was extremely relieved and thanked me for my support. I spoke with the care providers and explained the importance of this, they have now documented to request 2 -3 weeks before next prescription is needed.</p>	
<b>The challenges and how they were met</b>	
<p>Source the correct prescription/dosage, locating a chemist that was able to take order and take delivery of medication.</p> <p>Explain to the care team the importance of ensuring the client has the correct medication in accordance with her care plan.</p>	
<b>Conclusion</b>	
<p>The first prescription for the incorrect dosage actually arrived nearly 2 weeks later.</p> <p>Client in receipt of correct medication without any ill effects.</p>	

<b>Initials &amp; number</b>	<b>1466 AL</b>
<b>Gender</b>	<b>MALE</b>
<b>Age</b>	<b>61</b>
<b>Disability</b>	<b>PHYSICAL AND MENTAL HEALTH</b>
<b>Length of time from identifying issue to outcome</b>	<b>12 MONTHS</b>
<b>The issue</b>	
<p>CLIENT WAS LIVING IN A PRIVATE RENTED PROPERTY WHICH NO LONGER MET HIS NEEDS, HE COULD NOT ACCESS HIS BATHROOM WHICH WAS UPSTAIRS, HE WAS SLEEPING DOWNSTAIRS ON HIS SOFA. HIS MENTAL HEALTH HAD DETERIORATED DUE TO LIVING LIKE THIS, AND HAD GOT INTO DEBT. HE ALSO NEEDED URGENT DENTAL TREATMENT.</p>	
<b>The steps taken to address the issue</b>	
<p>WE IDENTIFIED THE PRIORITY, WHICH WAS TO ACCESS A HOUSING OFFICER TO HELP WITH THE DEBT AND TO LIAISE WITH THE LOCAL AUTHORITY IN RELATION TO FINDING HIM SOMEWHERE MORE SUITABLE FOR HIS NEEDS. ALSO, TO FIND AN EMERGENCY DENTIST WHO COULD SUPPORT WITH SOME MAJOR DENTAL ISSUES.</p>	
<b>The outcome</b>	
<p>I WAS ABLE TO FIND AN EMERGENCY DENTIST FOR HIM, HE HAS STARTED A MAJOR DENTAL PLAN. I WAS ABLE TO GET HIM A HOUSING OFFICER WHO LIAISED WITH SHROPSHIRE COUNCIL TO GET SOME OF THE ARREARS SORTED, AND ALSO TO GET SOME OF THE OTHER DEBTS WRITTEN OFF. AND THE BIGGEST RESULT BEING THAT HE HAS NOW MOVED IN TO A PROPERTY THAT MEETS HIS NEEDS, AND HE IS EXTREMELY HAPPY WITH THE OUTCOME. HIS MENTAL HEALTH HAS IMPROVED DUE TO THIS GOOD OUTCOME.</p>	
<b>The challenges and how they were met</b>	
<p>KEEPING THE CLIENT FOCUSED ON THE PRIORITIES, THIS WAS DONE BY MANAGING HIS EXPECTATIONS AND KEEPING HIM INFORMED OF ANY RESULTS WITH ACTIONS. MENTAL HEALTH WAS PRETTY POOR WHEN I GOT INVOLVED, THIS WAS MANAGED AS BEST WE COULD BY BEING HONEST AND OPEN ABOUT PROGRESS IN THE CASE AND BUILDING UP TRUST WITH THE CLIENT.</p>	
<b>Conclusion</b>	
<p>I WENT TO SEE THE CLIENT IN HIS NEW PROPERTY VERY RECENTLY, HE TOOK GREAT DELIGHT IN SHOWING ME AROUND – HE SAID HE WAS ABSOLUTELY DELIGHTED WITH IT, AND SAID IT HAD MADE SUCH A DIFFERENCE TO HIS LIFE. HE THANKED OUR SERVICE, AND I THEN SAID I WOULD CLOSE THE CASE, BUT IF HE NEEDED FURTHER SUPPORT, TO GET BACK IN TOUCH WITH US AT PCAS.</p>	

<b>Initials &amp; number</b>	<b>1284 CG</b>
<b>Gender</b>	<b>FEMALE</b>
<b>Age</b>	<b>49</b>
<b>Disability</b>	<b>PHYSICAL, MENTAL HEALTH</b>
<b>Length of time from identifying issue to outcome</b>	<b>ONGOING</b>
<b>The issue</b>	
CLIENT HAD A FALL A FEW YEARS AGO WHICH RESULTED IN AN ACQUIRED BRAIN INJURY. SHE WANTED SUPPORT WITH MOVING HOUSE, PAPERWORK AND DIVORCE.	
<b>The steps taken to address the issue</b>	
<p>I STARTED WORKING WITH THE CLIENT TO SORT OUT PAPERWORK, AS SHE HAD BEEN IN HOSPITAL FOR MANY MONTHS, AND THERE WERE LOTS OF LETTERS TO DEAL WITH.</p> <p>I PRIORITISED HER NEEDS, WHICH WERE:</p> <ol style="list-style-type: none"> <li>1. MOVE PROPERTIES</li> <li>2. SORT PAPERWORK</li> <li>3. DIVORCE</li> </ol>	
<b>The outcome</b>	
STILL WORKING WITH THIS CLIENT, SHE HAS MOVED WHICH IS A POSITIVE, HER HEALTH HAS VASTLY IMPROVED, THE DIVORCE IS ONGOING. SHE STILL NEEDS SUPPORT WITH PAPERWORK, AND LOTS OF SUPPORT THROUGH THE VERY STRESSFUL DIVORCE.	
<b>The challenges and how they were met</b>	
TRUST WAS A MASSIVE ISSUE WITH THIS CLIENT, AND IT TOOK MANY MONTHS TO BUILD UP THAT TRUST. WE NOW HAVE A VERY GOOD WORKING RELATIONSHIP, AND SHE CALLS ME WHEN SHE NEEDS SUPPORT. I SEE HER EVERY 10 DAYS OR SO, AND ENVISAGE THAT SHE WILL NEED LONGTERM SUPPORT DUE TO THE BRAIN INJURY	
<b>Conclusion</b>	
THIS CLIENT HAS MADE MASSIVE IMPROVEMENTS IN HER PHYSICAL HEALTH, SHE HAS LOST A LOT OF WEIGHT, WHICH HAS HAD A MASSIVE POSITIVE EFFECT ON HER MENTAL HEALTH. SHE STILL NEEDS SUPPORT ALONGSIDE HER SOLICITOR TO GET A CONCLUSION TO HER DIVORCE. THIS IS A LONGTERM CASE DUE TO HER ACQUIRED BRAIN INJURY.	



<b>Initials &amp; number</b>	<b>DO 1510</b>
<b>Gender</b>	<b>Male</b>
<b>Age</b>	<b>80</b>
<b>Disability</b>	<b>Bowel cancer</b>
<b>Length of time from identifying issue to outcome</b>	<b>2 months</b>
<b>The issue</b>	
<p>The client had been in the army for most of his life. He had been diagnosed as end of life. He is in a care home. He was concerned that his family had access to his home and were removing money and property without his consent. He also wanted to return home, however, he was confined to his bed and never tried to get up.</p> <p>The care home manager told me that the client was no longer end of life and that, if he became a little more mobile, he would stand a better chance of being discharged home.</p> <p>The client was also estranged from his sons after his wife's death and regretted this.</p>	
<b>The steps taken to address the issue</b>	
<p>After my first visit, I made arrangements for the staff to organise getting the client prepared for a trip to his home to collect any valuables and to get his locks changed (he had lost his own house keys by now). When I arrived to collect him, I was told that, since my first visit the client was getting out of bed and mobilising well.</p> <p>The locks were changed while we were there, and the client collected some property.</p> <p>During the intervening period I had been in discussions with the Clinical Commissioning Group about getting a care package for the client that would allow him to return home.</p> <p>I had also been in touch with the client's son and brother to talk about them visiting him in the care home. I had regular calls with the Care Home Manager and the CCG to expedite his return home.</p>	
<b>The outcome</b>	
<p>Staff at the care home told me that the client had become more positive after my initial visit and had got out of bed for the first time the following day. Going home on a visit had noticeably cheered him up. Arrangements were on track for a return home. The client's son and brother had visited. Although this did not go as well as hoped, with both of them asking where the client's will is located.</p> <p>Unfortunately, shortly after this, the client fell out of bed and fractured his pelvis. This has put his recovery back for some time and he is currently not able to mobilise unaided.</p>	
<b>The challenges and how they were met</b>	
<p>The first challenge was gaining the client's cooperation. I had been told that he did not engage well with people. However, when I told the client about my long service with local police, we had an immediate rapport and joint respect. He was happy to allow me to work with him to get him home and to help him get his paperwork and bills sorted out.</p> <p>I expected that getting him out on a home visit would be difficult. However, he made an effort to mobilise, and we were able to get him to his home in a wheelchair accessible taxi.</p> <p>The current challenge is to get the client back on his feet. He is despairing of ever getting home. I will be working with him to get whatever services he needs to do this.</p>	
<b>Conclusion</b>	
<p>The client is no longer end of life and has a goal of getting home to concentrate his mind. He is also back in touch with his family.</p>	

<b>Initials &amp; number</b>	<b>AW. 1251</b>
<b>Gender</b>	<b>Male</b>
<b>Age</b>	<b>43</b>
<b>Disability</b>	<b>Mental Health, Autism</b>
<b>Length of time from identifying issue to outcome</b>	<b>12 Weeks</b>
<b>The issue</b>	
<p>Client in dispute with Housing Association over work he had done to his garden without obtaining permission from them. He retaliated by engaging a solicitor over items of disrepair inside his property. Due to his mental health issues he became confrontational with staff from the Housing Association and refused to let them into the property or engage with them. He had big plans for his garden and his mental health was severely affected by being unable to get on with the work he had planned, especially as it was springtime and the ideal time for working in the garden. The Housing Association had requested that he provide a drawing of what he wanted to do and their appointed surveyor would look at it and let him know what he could and couldn't do. Client became very agitated and thought they were not going to agree to any of the proposed work and began making threats to wreck his property and undo all the improvements he had made to the internal décor. He has thrown everything in his first floor flat out of the window in the past, including his new living room carpet and lots of his belongings.</p>	
<b>The steps taken to address the issue</b>	
<p>I liaised with the surveyor appointed by the Housing Association on my client's behalf and ascertained exactly what he wanted in order to be able to approve works to the garden. I supported my client to calm down and encouraged him to prepare a drawing of the works to submit to the surveyor, explaining that I thought the majority of what he wanted to do would be approved. The surveyor would not give client his direct email address and requested that I submit the drawings on his behalf directly to the Housing Association. I submitted the drawing on his behalf and requested a prompt reply from the surveyor. He was very helpful and of the 22 items of work my client requested, permission for 21 of them were approved within 24 hours of the request being submitted.</p>	
<b>The outcome</b>	
<p>Client's mental health improved greatly and he is getting on with the work in his garden as and when he can afford to purchase the materials he requires. Being outside and having something to do is very beneficial for his mental health. He is far more compliant with the surveyor over arranging to correct the items of disrepair inside the property and a meeting has been arranged for them to meet up inside the property to discuss the finer details. Both have requested my attendance at this meeting.</p>	
<b>The challenges and how they were met</b>	
<p>The challenges were to provide support to my client to prevent him being aggressive towards staff from the Housing Association and to try and understand that they had to follow certain regulations and procedures and were not just being obstructive and victimising him because he had been a drug user and had mental health issues. Also, to try and ensure that staff from the Housing Association were empathetic towards my client and were prepared to listen to him and explain to him why they had made certain decisions.</p>	
<b>Conclusion</b>	
<p>This client needs ongoing support to deal with lots of the issues he has to face. This has to come from someone he trusts who will take the time to explain things properly to him. If he had not had this support he may well have lost his tenancy due to his behaviour towards Housing Association staff and possible damage to the property.</p>	

<b>Initials &amp; number</b>	<b>DC 1470</b>
<b>Gender</b>	<b>Male</b>
<b>Age</b>	<b>80 years</b>
<b>Disability</b>	<b>Age, frailty and health issues</b>
<b>Length of time from identifying issue to outcome</b>	<b>5 months (client trying on his own for two years )</b>
<b>The issue</b>	
<p>Client elderly and frail and recovering from surgical procedures, referred to PCAS by WRVS following discharge from hospital. Client in dispute with Valuations Office Agency (VOA) and had made no progress by his own efforts or indeed with the involvement of Citizens advice bureau (CAB). Client living in very large house alone and needing to have part of the house that was previously designated as a 'flat', merged into the main building; 1. So that he did not need to continue paying premium rate council tax on the unoccupied 'flat' which was unaffordable for him and 2. Because he was now having to use areas of the 'flat' himself because he was unable to use stairs in the main property and was living and sleeping downstairs.</p> <p>Client in receipt of council tax support for the main part of the house.</p> <p>Process of trying to deal with VOA and Shropshire Council was making him feel very unwell and "like life wasn't worth living".</p>	
<b>The steps taken to address the issue</b>	
<p>Supported client to make new proposals to the VOA accompanied by photographs of his property and giving a detailed history, first proposal was declined but Independent Advocate persisted until able to communicate directly with a surveyor, Advocate able to point out that though a surveyor had looked at the outside of the building no one had inspected it inside.</p> <p>More photographs taken and sent to VOA.</p> <p>All of this was done via email communication which client could not have done by himself, CAB had written letters on his behalf but this along with his attempts to speak to the VOA on the 'phone had proved fruitless.</p>	
<b>The outcome</b>	
<p>The surveyor made the decision to merge the area in the house known as the 'flat' with the main property which was the outcome that the client wanted.</p> <p>The Council tax banding for the property increased as a result but this did not affect the client financially as he was still receiving full council tax support.</p> <p>The client also received a substantial refund on council tax he had paid to date which was definitely an extra bonus for him.</p> <p>Client finally free of feeling stressed and financially overwhelmed.</p>	
<b>The challenges and how they were met</b>	
<p>The main challenge was being able to communicate directly with a surveyor; it became very clear that no one was willing to visit the property in person even though Covid-19 restrictions were slowly being lifted so it was a matter of trying to make the case by presenting as much information by email backed up by the photographic evidence and by persistent email communication.</p> <p>Having supplied the VOA with signed authority by the client, it was able to communicate directly with independent Advocate.</p>	
<b>Conclusion</b>	
<ul style="list-style-type: none"> <li>• The surveyor made the decision to merge the 'flat' with the main building, the property council tax banding increased as a result but this did not affect the client financially.</li> <li>• Client received a substantial council tax refund.</li> <li>• Client very pleased that an issue he had been trying to resolve for over two years with limited support from other agencies had been resolved fully with the outcome that he wanted and needed and in a period of about 5 months.</li> </ul>	

<b>Initials &amp; number</b>	<b>470</b>
<b>Gender</b>	<b>F</b>
<b>Age</b>	<b>72</b>
<b>Disability</b>	<b>Literacy difficulties</b>
<b>Length of time from identifying issue to outcome</b>	<b>Ongoing support</b>
<b>The issue</b>	
<p>Due to client's literacy difficulties (unable to read or write) she requires ongoing support with all correspondence. Client has previously missed a medical appointment as they sent her an appointment in Pictorial format but client thought this was about activities within the scheme she lives in.</p> <p>Client enjoys keeping connected with her family and therefore I support in writing out special occasion cards.</p> <p>Client cancelled Virgin media however this incurred charges I supported client with raising a complaint – this is ongoing with no outcome as yet.</p>	
<b>The steps taken to address the issue</b>	
<p>Read through contents of mail and explain contents to the client.</p> <p>With client's consent discussed with GP practise who have noted difficulties and will ensure she is contact by telephone for any future questionnaires/appointments.</p> <p>Supported client with complaint to Virgin who had passed her case to a Debt recovery, after speaking to debt recovery and explained situation they returned case to Virgin No further action.</p>	
<b>The outcome</b>	
<p>We await the final outcome from Virgin Media</p>	
<b>The challenges and how they were met</b>	
<p>Being able to speak with advisor who understood what we were trying to get across. Challenging their referral to Debt recovery.</p>	
<b>Conclusion</b>	
<p>Ongoing support and encouragement to client in order to live as independently as possible.</p>	

<b>Initials &amp; number</b>	<b>VB 885</b>
<b>Gender</b>	<b>Female</b>
<b>Age</b>	<b>83</b>
<b>Disability</b>	<b>Mental health issues</b>
<b>Length of time from identifying issue to outcome</b>	<b>Ongoing</b>
<b>The issue</b>	
<p>The client lives in a bungalow in sheltered accommodation. She has lived there for 6 years and has never been happy there. She is of Russian origin and believes that no-one accepts her because she is educated and foreign. She has never gelled with the local community and is therefore very isolated. I am the only visitor she has.</p> <p>Although there is no diagnosis of dementia, I feel that there are signs of this condition. She alleges that her neighbours are trying to kill her with poisonous gas. She will not sleep in her bedroom because of this. She will also not shower in her bathroom for the same reason.</p> <p>The client is also reluctant to disclose her financial situation. Although she does occasionally book herself into a hotel so that she can shower and bathe.</p>	
<b>The steps taken to address the issue</b>	
<p>We have talked about a move to a different scheme within Wrekin Housing Group. I have referred the client into Adult Social Services to get a social worker to support us in a housing move. Her Retirement Living Coordinator appears to be exasperated with the client due to her constant neighbour complaints and is difficult to engage in the situation. I have also suggested that the client seek medical intervention for her memory issues. The client has dismissed this out of hand.</p>	
<b>The outcome</b>	
<p>There is currently no real outcome. The client has agreed to look at corridor schemes in the local area to see if they might be suitable. The client presently has capacity, although this does appear to fluctuate. There is no family that can support her. I will continue to work with her to find her another home and hope that she will feel more settled there.</p>	
<b>The challenges and how they were met</b>	
<p>The client's deteriorating memory means that she continually repeats herself. She has become paranoid about the neighbours, who appear to be a normal family. (The neighbour's wife is undergoing treatment for cancer). I have tried to get the client to realise that the smells she has been experiencing may just be chemicals from local farmland or other wind-borne factors. She does not accept this. I have encouraged her to take part in the coffee mornings and other activities. She will not consider this. It is almost as if she relishes being an outsider. I fear that we will never find accommodation where she will feel happy and secure.</p>	
<b>Conclusion</b>	
<p>This is an ongoing piece of work that, ultimately, may never have a satisfactory conclusion for the client. However, this does not mean that the client will no longer need support. I will continue to work with her to try to achieve the best possible solution for her.</p>	

<b>Initials &amp; number</b>	<b>CB. 1518</b>
<b>Gender</b>	<b>Male</b>
<b>Age</b>	<b>58</b>
<b>Disability</b>	<b>Physical and Mental Health</b>
<b>Length of time from identifying issue to outcome</b>	<b>4 Weeks</b>
<b>The issue</b>	
<p>Client had been referred to PCAS for help with debts. The referral came from a charity he had been to and had used their foodbank. He had apparently been giving money to a relative but they were not sure who. I had worked with this client many years ago in another role and he remembered me and was quite open about his financial situation right from the start. His brother has been asking for money from him to give to their father, he has told client that he and his sister are also providing money to help their father out. He does not see his father but explained that he was a difficult man who would probably not engage with Community Services for any help. He did not have a full picture of his father's finances. Client has been taking cash from his bank and handing it his brother. Client also has issues with Shropshire Council over unpaid care charges from many years ago and has repaid them £3000.00. They have informed me that he still owes £3400.00 which he knew nothing about. I felt the issue of giving money to his brother was a priority to deal with as this could well be financial abuse. Client is now subject to a Section 117 under the Mental Health Act so does not pay for his care.</p>	
<b>The steps taken to address the issue</b>	
<p>I have spoken at length to the client, explaining that if his father needs financial support there are benefits he can claim in his own right. This needs to be looked into by the family, not ask client for money as he cannot afford it and quite possibly has debts of his own to repay. He cannot get into the position where he has to go to a food bank in order to survive. I explained how his father may well qualify for Attendance Allowance which is not means tested as client has been told that his father has been diagnosed with dementia.</p> <p>I suggested that next time his brother asks him for money he refuses and explains that he has financial difficulties himself and cannot afford to do it. I also explained that he was quite possibly being financially abused. I offered to speak to his brother and explain why client could not afford to give money to his father. If client is put under any pressure or keeps giving money to his brother, then I will raise a Safeguarding issue.</p>	
<b>The outcome</b>	
<p>Client informs me that his brother has asked for money to help out their father and he has had the strength to refuse to give him any. He says his brother is now not speaking to him. He says he was able to say No after I had explained the options open to his father to get help elsewhere and how much per week he could get via Attendance Allowance which my client was totally unaware of.</p>	
<b>The challenges and how they were met</b>	
<p>Lack of money which was making client unable to buy food was an issue. I made a referral to the Barnabas Church to enable him to attend their Food Bank. He was very grateful for this and explained that he made one week's food from them last two weeks to enable other people to obtain food from them.</p> <p>I have visited him regularly to check whether or not he has been asked for money from his relatives and if so, has he refused. I explain to him on a regular basis that there are benefits available to his father and that he cannot afford to give away his money and should not feel guilty if he says No. I am also dealing with other financial issues on his behalf. I have offered to speak to his brother and/or his father and explain on his behalf why he cannot give money to his relatives and also explain to them the options they have available to them.</p>	
<b>Conclusion</b>	
<p>After receiving support from an advocate and having the situation explained to him in very simple terms, this client appears to realise that his family have alternative sources of obtaining financial help and that he should not feel guilty about refusing. He also seems to realize after having things explained to him that he may well be being financially and psychologically abused by family members.</p>	

<b>Initials &amp; number</b>	<b>SB 1309</b>
<b>Gender</b>	<b>Female</b>
<b>Age</b>	<b>58</b>
<b>Disability</b>	<b>Anxiety ,Depression, PTSD</b>
<b>Length of time from identifying issue to outcome</b>	<b>4 Months</b>
<b>The issue</b>	
My client suffers from Mental health issues such as PTSD, anxiety and depression. She was living in Housing association property in an isolated area away from the support of her family and spiritual support. She realised that she needed to be closer to that support for days when she was struggling with her health.	
<b>The steps taken to address the issue</b>	
<p>My client heard that there was accommodation becoming available in an area she wanted to move to. She had considered private rental but preferred to stay with the same Housing association in Warden supported. She had spoken to her current warden who advised her to re-apply to Home Point. My client had attempted this by clerical form and was struggling so asked me to help. On speaking with the local Connexus housing officer he suggested that my client just needed to re-enter up to date details on her original application and make sure all her health issues were supported by written evidence. I supported her to do this by helping her complete the online form.</p> <p>The back log for processing the applications was taking roughly 20 days so my client was mindful and anxious that she might lose out. I was also able to speak to the Connexus housing warden for the area that my client wanted to move to. She remembered my client from previous support and was very helpful.</p> <p>By supporting my client to liaise and chase up respective personnel within the housing system my client was eventually offered a place in the area she wanted.</p>	
<b>The outcome</b>	
My client has now moved to a bungalow in the middle of the community she wanted to be in. She is close to her church and has friends and spiritual family that can call on her easily when she needs support. She can also access any amenities easily without having to rely on lifts and she can play her part in her church community which is helping her mental health.	
<b>The challenges and how they were met</b>	
It was a challenge to get hold of the Home Point staff by phone as the phone rang out constantly when trying to call them. Email contact was more successful but I did experience overlap in responses when requesting more info to be provided. As the housing stock in Shropshire is limited it is very demoralising to the person trying to find the right home but determination paid off.	
<b>Conclusion</b>	
By having all relevant documentation to support the application and a clear objective from my client as to what she needed and how the move would improve her mental and physical health support she was well prepared to pursue her move.	



<b>Initials &amp; number</b>	<b>JL 1198</b>
<b>Gender</b>	<b>Female</b>
<b>Age</b>	<b>59</b>
<b>Disability</b>	<b>Hearing Impairment/Slight Learning Disability</b>
<b>Length of time from identifying issue to outcome</b>	<b>5 months</b>
<b>The issue</b>	
<p>Client lives in rented accommodation and was only receiving PIP having lost entitlement to any means tested benefit due to receiving a small inheritance when her father passed away. Client has been using this capital to live and pay bills so it had reduced significantly to the point where she was panicking about paying her bills and anxious about the prospect of losing her home. This was affecting her mental health and she was constantly worrying.</p>	
<b>The steps taken to address the issue</b>	
<p>With my client's permission and request, I sought advice initially from her Social worker who could not help. I then spoke with her Housing Association Tenancy Support worker who advised that she would need to claim Universal Credit because of her age. She advised contact via the CAB initially as my client would need to make a telephone claim to UC because she cannot access and sustain a claim via the internet.</p> <p>I telephoned the CAB whilst with my client and supported her whilst they undertook an assessment of her financial circumstances. They then triaged my client and myself by telephone through to Universal Credit who took the application over the phone. They advised how the claim would be processed via liaison with my Client's local job centre.</p> <p>An appointment was arranged for my client at the job centre to confirm her ID and proof of her capital figures and explain next steps. I supported her to do this making sure she had all the correct documents. Another appointment was arranged for my client to attend the job centre with a medical certificate when it had been obtained from her GP.</p> <p>My client was proactive and managed to collect the medical certificate from her GP and take it straight away to the job centre. When we went back together on the arranged date of the interview the UC claim had already been decided and the first award made to my client's bank account. The job centre staff were really helpful and explained everything to my client.</p>	
<b>The outcome</b>	
<p>My client now has money towards her rent and is able to get help with her prescriptions. She has also been able to apply for help with her council tax with my support and is now feeling financially more secure.</p>	
<b>The challenges and how they were met</b>	
<p>As my client has her disabilities she doesn't always hear or understand what is said to her straight away. By supporting my client at meetings and by talking for her on the telephone I can help the other party explain what is required and answer questions on her behalf.</p>	
<b>Conclusion</b>	
<p>My client would not have been able to manage the whole process alone but she is now free of worry about her continuing tenancy and having to use her dwindling savings to pay her bills.</p>	

### **Client Scenario**

Client is in her mid-seventies and is cared for at home with 4 double up care calls per day due to surgery for an aneurysm resulting in a stroke.

Client lives alone and required Cataract surgery, Client requires support in booking in surgery within day unit and transport however as she unable to weight bare and lives alone I was advised she would be an overnight admission.

#### **1<sup>st</sup> Attempt**

Booked client in for surgery giving full details of client's difficulties and liaised with her shopper who is extremely helpful. I also arranged transport as the hospital do not do this and this can only be booked 7 days prior to surgery.

Surgery cancelled

#### **2<sup>nd</sup> Attempt**

Completed the above process again

Surgery cancelled

#### **3<sup>rd</sup> Attempt**

Explained the client frustration due to cancelled surgeries and advised "it's just one of those things" completed process again

Surgery cancelled

#### **4<sup>th</sup> Attempt**

Contacted RSH as the appointment made by them was 7am and due to client having a care package carers would not be able to accommodate such an early call to complete personal care prior to transport arriving.

Advised that's when the consultant completes cataract (only am) I advised that previous appointments had been made (pm) and explained again the reasons why. Client's shopping lady arrived and whilst I was on the phone to the hospital going through dates and times of available surgery the shopper was on her phone to transport to arrange that. We also had to arrange for client to have a PCR 3 days prior to surgery at Telford hospital (albeit that between having the PCR and admission into hospital she would probably be in contact with upwards of 20 carer's) arranged this appointment and transport to enable client to get there and home.

Surgery went ahead, however although all the information was passed to RSH and she was meant to be an overnight stay she was returned home via ambulance, unable to gain access into her property she was returned to hospital and sent back home in patient transport (my understanding is that they are not able to return patients back to hospital) they made contact with client's shopping lady who supported client. All turned out well in the end and clients awaits a further appointment for the other eye!!!! Watch this space.....

Many thanks to the Wynn Foundation for their donation to PCAS



Our residential home for vulnerable adults with learning disabilities and complex needs has worked alongside PCAS for approx 25 years to provide independent support for our service users to assist them to maintain a good quality of life.

Simon has a great understanding of the support / complex needs of our service users and has been a great support to everyone as and when required.

Simon will be the voice that our service users are not able to make due to their disability and will ensure their rights are promoted in a positive manner.

Everything discussed with Simon is acted on in a professional confidential manner.

**Jeannette Garratt - Registered Manager**

# 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**

<b>Chair</b>	Peter Quinn
<b>Vice Chair</b>	Clare Harris
<b>Treasurer</b>	Doreen Ellis
<b>Trustee</b>	Russell Jones
<b>Trustee</b>	Neil Pulker
<b>Trustee</b>	Benjamin Payne
<b>Trustee</b>	Jacob Ayre

## **Staff - PCAS**

<b>PCAS Manager/Advocate</b>	Simon Arthur
<b>Assistant Manager/Shropshire Advocate</b>	Glenda Crawshaw
<b>Shropshire Advocate</b>	Wendy Timmis
<b>Shropshire Advocate</b>	Jackie Copson
<b>Shropshire Advocate</b>	Lynne Davis
<b>T &amp; W Advocate</b>	Ann Shaw
<b>T &amp; W Advocate</b>	Maura Atterbury
<b>Evaluation Manager</b>	Allisone Arthur
<b>Volunteer</b>	Paul Newman

## **Professional Advisors**

<b>Bank</b>	Unity Trust Bank
<b>Building Society</b>	The West Bromwich
<b>Independent Examiners</b>	AZETS Column House, London Road, Shrewsbury, SY2 6NN 01691 661144

# Financial Review

## Reserves Policy

The free reserves of the charity were £56,580 at the year end and the Trustees consider this amount to be sufficient for their immediate operating requirements. Included in the £56,580 is £40,000 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 National Lottery Community Fund (Reaching Communities)	
The Henry Smith Charity	Postcode Neighbourhood Trust
Private Donation	Independent Age
Lloyds Bank Foundation	Arnold Clark Community Fund
Garfield Weston Foundation	Sylvia Waddilove Foundation UK
Trusthouse Charitable Foundation	Neighbourly
Select Healthcare	
The February Foundation	
Nationwide Community Grants	

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.

**The trustees' report was approved by the Board of Trustees**

.....  
**Peter Quinn - Chair**

**Date:** .....

## **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](http://www.shropshirepcas.co.uk)**

**Email:           [simon@shropshirepcas.co.uk](mailto:simon@shropshirepcas.co.uk) (PCAS Manager)**

**[alli@shropshirepcas.co.uk](mailto:alli@shropshirepcas.co.uk) (Evaluation Manager)**

Independent Examiner's Report to the Trustees of  
Shropshire Peer Counselling & Advocacy  
For the year ended 31<sup>st</sup> March 2023

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 2023.

**Respective responsibilities of trustees and examiner**

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 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 accounts 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 (FRS 102) in preference with 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 accounts to provide a true and fair view in accordance with Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2015.

I have completed my examination. I conform 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.

R Harvey-Robson FCA  
Azets Audit Services Limited  
Column House  
Shrewsbury  
SY2 6NN

Dated



Shropshire Peer Counselling & Advocacy  
Statement of Financial Activities  
for the year ended 31<sup>st</sup> March 2023

	Notes	Unrestricted funds £	Restricted funds £	Total 2023 £	Total 2022 £
<b>Incoming resources from generated funds</b>					
Donations and legacies	3	4,117	-	4,117	429
Charitable activities	4	-	173,841	173,841	194,929
Investments		300	-	300	250
Other Income		-	-	-	-
<b>Total incoming resources</b>		<b>4,417</b>	<b>173,841</b>	<b>178,258</b>	<b>195,608</b>
<b>Resources expended</b>					
Charitable activities	5	(46)	184,919	184,873	178,262
Other	8	-	6,000	6,000	6,000
<b>Total resources expended</b>		<b>(46)</b>	<b>190,919</b>	<b>190,873</b>	<b>184,262</b>
<b>Net incoming resources before transfers</b>		<b>4,463</b>	<b>(17,078)</b>	<b>(12,615)</b>	<b>11,346</b>
Gross transfers between funds		-	-	-	-
<b>Net income for the year/ Net movement in funds</b>		<b>4,463</b>	<b>(17,078)</b>	<b>(12,615)</b>	<b>11,346</b>
Fund balances at 1 April 2022		52,316	46,780	99,096	87,750
<b>Fund balances at 31 March 2023</b>		<b>56,779</b>	<b>29,702</b>	<b>86,481</b>	<b>99,096</b>

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  
Balance Sheet  
At 31<sup>st</sup> March 2023

	Notes	Unrestricted £	Restricted £	2023 Total £	2022 Total £
<b>Fixed assets</b>					
Tangible assets	10	199	-	199	265
<b>Current assets</b>					
Debtors		-	-	-	-
Cash at bank and in hand		56,580	92,184	148,764	193,252
<b>Creditors: amounts falling due within one year</b>	11	-	(62,482)	(62,482)	(94,421)
<b>Net current assets</b>		56,580	29,702	86,282	98,831
<b>Total assets less current liabilities</b>		56,779	29,702	86,481	99,096
<b>Income funds</b>					
Restricted funds	12			29,702	46,780
Unrestricted funds				16,779	22,316
Designated funds				40,000	30,000
				86,481	99,096

The accounts were approved by the Trustees on .....

•

Mr Peter Quinn – Chair

Shropshire Peer Counselling & Advocacy  
Notes to the Financial Statements  
for the Year Ended 31<sup>st</sup> March 2023

**1 Accounting policies**

Shropshire Peer Counselling & Advocacy is controlled by its governing document, a constitution and constitutes a Charitable Incorporated Organisation.

**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.

#### **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.

***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.

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**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.

<b>3 Donations and legacies</b>	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
Donations and gifts	<u>4,117</u>	<u>429</u>
 <b>4 Charitable activities</b>	 <b>2023</b>	 <b>2022</b>
	<b>£</b>	<b>£</b>
Services provided under grants	173,841	194,929
Analysis by fund:		
Unrestricted funds	-	-
Restricted funds	<u>173,841</u>	<u>194,929</u>
	<u>173,841</u>	<u>194,929</u>

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<b>5 Charitable activities</b>	<b>Counselling &amp; Advocacy services</b>	<b>2023</b>	2022
	<b>£</b>	<b>£</b>	<b>£</b>
Staff costs	166,600	166,600	160,026
Depreciation and impairment	66	66	89
Rent	5,680	5,680	5,000
Insurance	690	690	644
Telephone	3,035	3,035	2,739
Postage and stationery	4,552	4,552	3,292
Light and Heat	3,416	3,416	2,856
Repairs and renewals	557	557	3,458
Subscriptions	149	149	-
Sundry	128	128	158
	<u>184,873</u>	<u>184,873</u>	<u>178,262</u>
Analysis by fund:			
Unrestricted funds		(46)	4,275
Restricted funds		<u>184,919</u>	<u>173,987</u>
		<u>184,873</u>	<u>178,262</u>

**6 Trustees**

There were no trustees' remuneration or other benefits for the year ended 31 March 2023 nor for the year ended 31 March 2022.

**Trustees' expenses**

During the year there were no expenses reimbursed to trustees (2022: £0).

**7 Employees**

<b>Employment Costs</b>	<b>2023</b>	2022
	<b>£</b>	<b>£</b>
Wages and salaries	146,028	143,568
	<u>146,028</u>	<u>143,568</u>



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**7 Employees**

*Continued...*

**Number of employees**

The average monthly number of employees during the year was:

	<b>2023 Number</b>	2022 Number
Advocacy work	<b>7</b>	7
Administration	<b>1</b>	1
	<b>8</b>	8

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.

**8 Other expenses**

	<b>2023 £</b>	2022 £
Accountancy	6,000	6,000
	6,000	6,000

**9 Taxation**

The charity is exempt from tax on its charitable activities.

**10 Tangible fixed assets**

	<b>Fixtures, fittings &amp; Equipment £</b>
<b>Cost</b>	
At 1 April 2022	2,376
At 31 March 2023	2,376
<b>Depreciation</b>	
At 1 April 2022	2,111
Depreciation charge for the year	66
At 31 March 2023	2,177
<b>Carrying amount</b>	
At 31 March 2023	199
At 31 March 2022	265

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<b>11 Creditors: amounts falling due within one year</b>	<b>2023</b>	<b>2022</b>
	<b>£</b>	<b>£</b>
Accruals	500	740
Deferred income	61,982	93,681
	<u>62,482</u>	<u>94,421</u>

**12 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 (all funds are held as cash):

	<b>Movement in funds</b>			
	<b>Balance at 1</b>	<b>Incoming</b>	<b>Resources</b>	<b>Transfers</b>
	<b>April 2022</b>	<b>resources</b>	<b>Expended</b>	<b>between</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Garfield Weston	10,026	10,000	(18,662)	-
Henry Smith	2,498	17,933	(18,870)	-
Trusthouse	992	6,667	(7,216)	-
Private Grant	14,884	-	(10,168)	-
Reaching Communities	3,795	111,908	(109,363)	-
Nationwide	-	25,000	(24,615)	-
Others	14,585	2,333	(2,025)	-
	<u>46,780</u>	<u>173,841</u>	<u>(190,919)</u>	<u>-</u>
Restricted funds	46,780	173,841	(190,919)	-
	=====	=====	=====	=====

**13 Related Party Transactions**

There were no related party transactions in the year, nor in the year to 2022.

## **Independent Examiners**

A resolution will be proposed at the Annual General Meeting that AZETS 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**

The National Lottery Community Fund (Reaching Communities)

Private Donation

Nationwide Community Grants

The February Foundation

Arnold Clark Community Fund

Lloyds Bank Foundation

The Henry Smith Charity

Garfield Weston Foundation

Trusthouse Charitable Foundation

Select Healthcare

Postcode Neighbourhood Trust

Independent Age

Sylvia Waddilove Foundation UK

Neighbourly

Other Donations