



ANNUAL REPORT

2019-2020

East Ayrshire Advocacy Services Ltd
Annual Report
April 2019 – March 2020

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Independent Examination of Accounts

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CHAIRPERSON'S REPORT

Each year as I prepare my part of our Annual Report I reflect on everything that has happened over the last year. This one started very well with new funding leading to exciting opportunities.

Our 25th Anniversary celebrated how far the service has come. The future looked exciting and the staff were ready for it! However, Covid 19 had other ideas!

A spanner in the works, yes, but it has also shown how diverse and innovative our advocacy staff are. By managing differently they have continued to be there for our service users, especially at this very difficult time.

Our staff are a close group which helps when upset happens in work and in life. It was with great sadness we learned our colleague Betty had passed away after a long illness. This brought 2019 to an end with sadness but with lots of memories. She is missed.

A huge thank you to all the staff for their hard work and resilience. Thanks to my fellow board members for their support.

Together we continue to focus on keeping staff well and safe. This leads to being there for those who rely on our service and keeping them safe too.

I don't know when but hopefully we will all get through this worrying time and take the best from it into the future.

Best Wishes

Allison Black
Chairperson

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MANAGER'S REPORT

2019-2020 has been one of the strangest years in my "Advocacy" life. We started 2019 on a high note due to our success in receiving Scottish Government funding to roll out our Represent Recovery project. We were all delighted as this, in addition to our core funding from East Ayrshire Council and NHS Ayrshire and Arran, coincided with our 25th year in operation. The timing was perfect as we had set up a planning group to organise our 25th Anniversary Celebration (see photos on page 33-34).

Throughout 2019, referrals to all parts of our service increased considerably (see pages (10-18). Staff have been working hard throughout the year to cope with the ever-increasing demand for our service and we have had to prioritise referrals on a daily basis and at times we have had a waiting list.

Our Anniversary Celebration in November was a wonderful event with service users and colleagues enjoying a day of participation and fun.

At the end of 2019, sadly we were advised that our colleague Betty had lost her battle with cancer (see tribute on page 35). So 2019 ended on a very low note.

2020 came in with some good news for our service though. We had applied to the Scottish Government in a bid to provide advocacy for Children and Young People in the Children's Hearing System and were advised that we had been successful. So, it was full steam ahead again, recruitment/induction planning etc until March when Covid 19 hit!

Full lockdown from 23.3.20 was something that no one could have predicted but my staff have been amazing as they have adapted and coped with these unprecedented times. They have all rallied round and changed their way of working to ensure that our service users still have access to independent advocacy and that their views are considered (see Covid Case Studies pages 21-26).

These case studies will hopefully give you some insight into the difficulties people are currently facing in our community. On a daily basis we are reminded of the challenges faced by these most vulnerable and my staff have been there constantly to ensure that their voices are heard.

We are extremely grateful to our funders East Ayrshire Health & Social Care Partnership and the Scottish Government.

To each and every member of staff (past and present) thank you for your continued commitment to developing independent advocacy in East Ayrshire and beyond. Also

to my Board of Directors, many, many thanks for your continued support, guidance and encouragement. It is never more needed than now. Here's to healthier times!

Independent Advocacy **DOES** make a difference!

I hope you enjoy our report

Irene Clark
Manager

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WHO'S WHO?

BOARD OF DIRECTORS

Allison Black
(Chairperson)

Alistair Howat
(Vice-Chair)

Jean Wilson
(Treasurer)

GENERAL MEMBERS

Irene Clark

Lesley Wilson

Margaret Williamson

Mary Jardine

HONORARY MEMBERS

Robert Williams

STAFF

Manager	Case Manager	Administrative Assistant
Irene Clark (35 hours)	Lesley Wilson (35 hours)	Julia Warner (28 hours)

ADVOCACY WORKERS

Full Time		Part Time	
Annmarie Denny Nikki Speirs Paulette Kidd Janette Barclay Yvonne Steele Brian Pack Sam Millar Geoff Brown Liz Hewitson	Individual – Children & Families Refs. HM Prison Advocacy Co-Ordinator Individual/Groups – Older People Older People/Care Home Liaison Coordinator Adult Service Adult Service Adult Service Represent Recovery Peer Advocacy Represent Recovery Peer Advocacy	Jim Steven Evelyn Hilton Pamela Dewar Jim Clark	Individual MH/LD Adults Adult/Older People's Service Older People's Service Individual MH/LD and Children & Families

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WHAT DO WE MEAN BY ADVOCACY?

Some people find it hard to express their views and make choices. They may need someone to speak up on their behalf or to stand by them when they speak up for themselves in order that people will listen and take notice of what they say.

Advocacy helps people to have their say!

Some reasons why people might need help to stand up for themselves are that:

- They have never done this before
- They have become used to doing what they feel is expected of them
- They do not have the confidence
- They feel the consequences of doing this may be negative
- Their expectations are very limited
- They feel the help they receive is better than none at all
- They do not want to make a fuss
- They do not have the information they require in order to make an informed judgement
- They do not have the experience they require in order to make an informed judgement
- They do not want to appear stupid

The key values of independent advocacy are that everyone has:

- The right to be listened to
- The right to be respected
- The right to be involved in decisions
- The right to have aspirations
- The right to take risks
- The right to contribute

Independent advocacy is essential if we are to ensure that people feel really included in our local communities.

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WHY SHOULD ADVOCACY BE INDEPENDENT?

Nurses, social workers, care staff, teachers and other professionals look out for and speak up for people they serve. It's their job and its part of their professional code of conduct, its part of being a decent human being. But they are not and cannot be independent.

Independent advocates do not have the same conflicts of interest as professional workers who are often expected to make judgements about who is most deserving or most eligible for a service. Because advocates do not have this sort of power over people and do not control access to resources, they are in a better position to see things from the person's point of view rather than the system's point of view. They can focus on representing the interests and wishes of the people who need an advocate, and be clear that this is their role.

Independent doesn't mean seeking the "best interest" of a client but in helping a client to express their wishes and preferences.

In order to be able to ensure the individual's views are heard and understood and that they receive support to ensure their rights are not infringed, advocates have to be structurally and psychologically independent of the service system. Independent advocates – whether paid or unpaid – are clear that their primary loyalty and accountability is to the people who need advocates, not the agencies providing health and social services, and not to the government.

Independent-minded advocates do not ask funders for permission to disagree with them. Instead they challenge agency policy and practice where these are compromising the well-being of the people they represent. They do not expect to be popular with everyone, but they do seek to ensure they are respected for the quality and integrity of their work.

Good advocacy agencies do not seek confrontation but they maintain the principal of primary accountability to the people they serve. Good commissioners welcome this spirit of independence, even if it makes their life harder.

(Independent Advocacy – A Guide for Commissioners 2013)

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TYPES OF ADVOCACY PROVIDED

Advocacy organisations throughout Scotland are set up in different ways, providing different types of advocacy to a range of different client groups. Within East Ayrshire Advocacy Services, we provide the following types of independent advocacy:-

1, INDIVIDUAL ADVOCACY

Individual or issue – based advocacy is provided by advocates who support people to represent their own interests or represent the views of an individual, if the person is unable to do this themselves.

They provide support on specific issues and provide information but NOT advice. This support can be short or long term.

2. GROUP OR COLLECTIVE ADVOCACY

Collective advocacy is where a group of people join together to promote the rights and interests of themselves and others. A collective voice can be stronger than that of an individual, as groups are more difficult to ignore. As people's confidence increases through involvement in the groups, they feel more able to refer themselves individually to advocacy if they have an issue with which they require support.

3. NON-INSTRUCTED ADVOCACY

People who lack capacity or have such profound communication difficulties that they cannot tell an advocate what they want in life are often additionally marginalised, therefore have a greater need for independent advocacy. The role of the advocate in such a situation would involve gathering as much information about the person and their past and present wishes (if appropriate) as they can. This may be from family, friends, care staff and other people involved in that person's life. Obviously, a person's capacity can change from day to day but an advocate should try to ensure that their advocacy partner understands the situation as best as possible and support them accordingly. The advocate is required to have a knowledge of all relevant legislation (e.g. Adults with Incapacity (Scotland) Act 2000, The Mental Health (Care & Treatment) (Scotland) Act 2003). The Adult Support & Protection (Scotland) Act -2007 etc and any other appropriate policies.

This knowledge is essential if we are to continue in our efforts to effectively advocate for the residents of East Ayrshire.

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WHO IS OUR SERVICE FOR?

Over the last twenty-five years, EAAS has continued to grow and develop in response to the needs of our local community. We remain committed to supporting people to be as independent as possible and to have choice and control over their lives.

Continued funding from East Ayrshire Council and NHS Ayrshire & Arran through a joint Service Level Agreement enables EAAS to provide an independent, localised, flexible and quality advocacy service for the residents of East Ayrshire who meet the following criteria:-

Adult Service

This service is accessible to people aged 16-65 years who have:-

A learning disability
and/or
A mental health issue
and/or
An acquired brain injury

Children & Families Service

This service is available to parents who have:

A learning disability
and/or
A mental health issue
and/or
An addiction

where their children are subject to Child Protection procedures/Children's Panel etc

Older People's Service

This service is available to ANY East Ayrshire resident over the age of 65 years.

Specialist Services

- East Ayrshire residents aged 14 years+ who are subject to the Mental Health (Care & Treatment) (Scotland) Act have a legal right to independent advocacy. Some of our staff are specifically trained to support those subject to this particular legislation
- HMP Kilmarnock service was piloted until July 2015 and following a successful evaluation, funding was continued. This service is for those prisoners who have mental health issues (see Page 22 for further information)
- Represent Recovery (Peer Advocacy) service is a two year project funded by the Scottish Government. We were successful in our bid for this funding in the Spring of 2019 and are committed to ensuring that people with alcohol/drug addiction are supported on their recovery journey and have access to the services they need.

HOW TO REFER

EAAS has an open referral system, enabling individuals to access the service in several different ways. We will accept referrals from:-

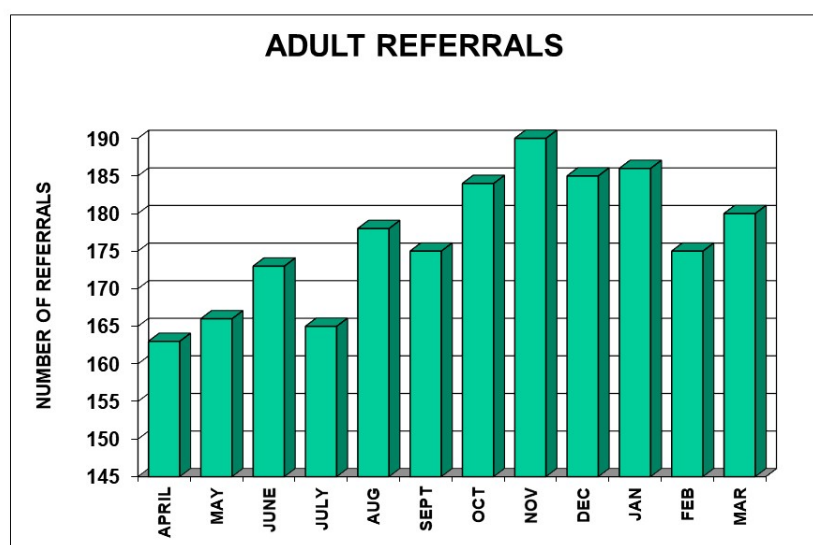
- individuals
- carers and friends of individuals
- professionals who are involved in the person's life e.g. social workers, health visitors etc.

We always try to clarify that the referral is appropriate to our service and make every effort to contact the individual within two working days. We always seek permission from the individual (where possible) to work alongside them. If permission is not granted or is withdrawn at any time, the advocate will make every effort to discuss this with the person and if he/she clearly no longer wishes advocacy involvement, we will respect the person's wishes and withdraw.

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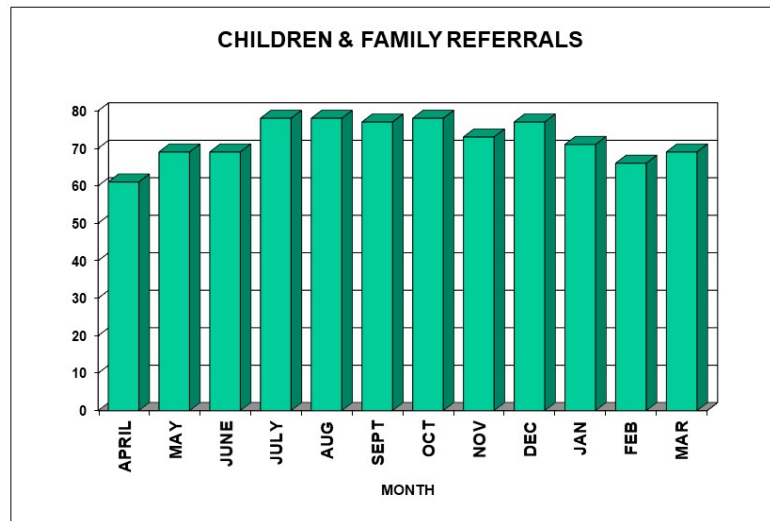
REFERRALS – ADULT SERVICE

APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
2019	2019	2019	2019	2019	2019	2019	2019	2019	2020	2020	2020
163	166	173	165	178	175	184	190	185	186	175	180



CHILDREN & FAMILIES REFERRALS

APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
2019	2019	2019	2019	2019	2019	2019	2019	2019	2020	2020	2020
55	61	69	78	78	77	78	73	77	71	66	69



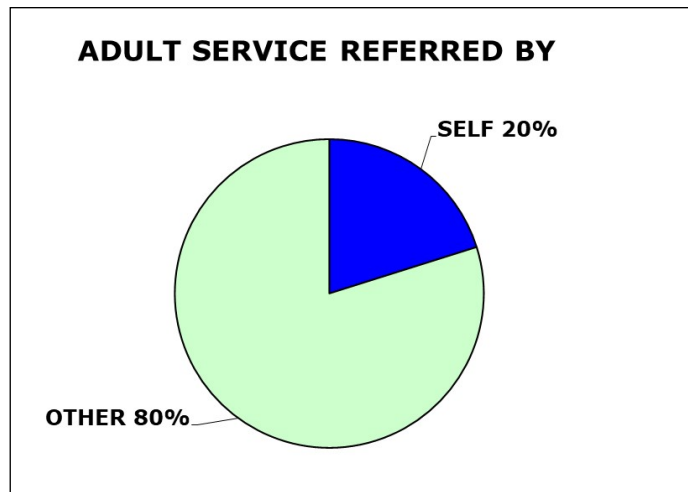
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REFERRED BY – ADULT SERVICE

Our main sources of referrals from other organisations include East Ayrshire Health & Social Care Partnership, Morven Day Services, Enable etc, etc. The list is too long to detail.

Self	Other
20%	80%

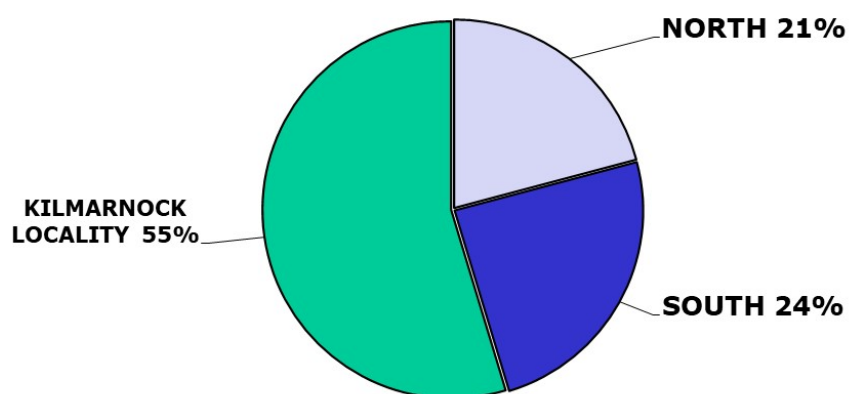
****All figures are percentages****



Geographic Spread of Referrals

North	South	Kilmarnock Locality
21%	24%	55%

ADULT - GEOGRAPHICAL SPREAD OF REFERRALS

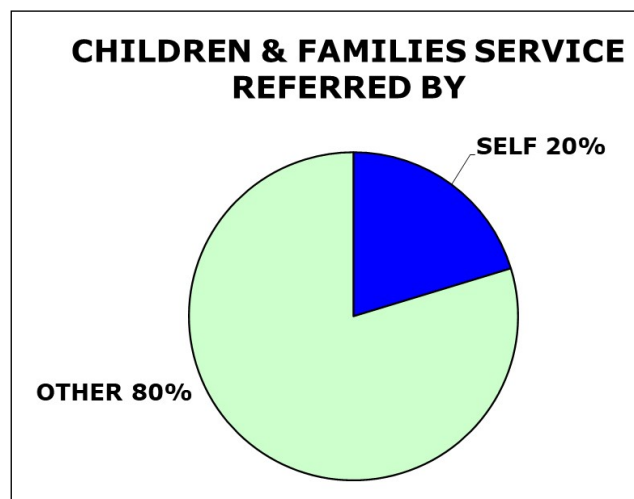


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REFERRED BY – CHILDREN & FAMILIES

Our main sources of referrals from other organisations include East Ayrshire Children & Families Social Work Teams, Community Learning Disability Teams (North and South), Mental Health & Learning Disability Partnership.

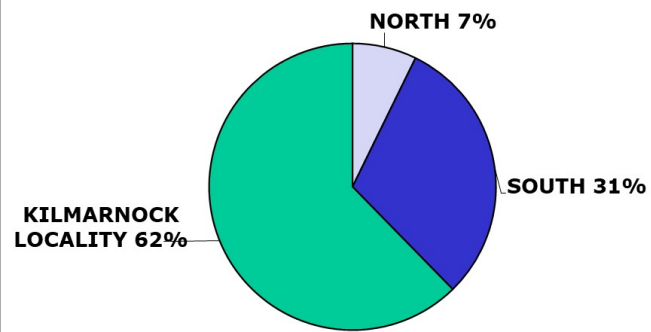
Self	Other
20%	80%



Geographic Spread of Referrals – Children & Families

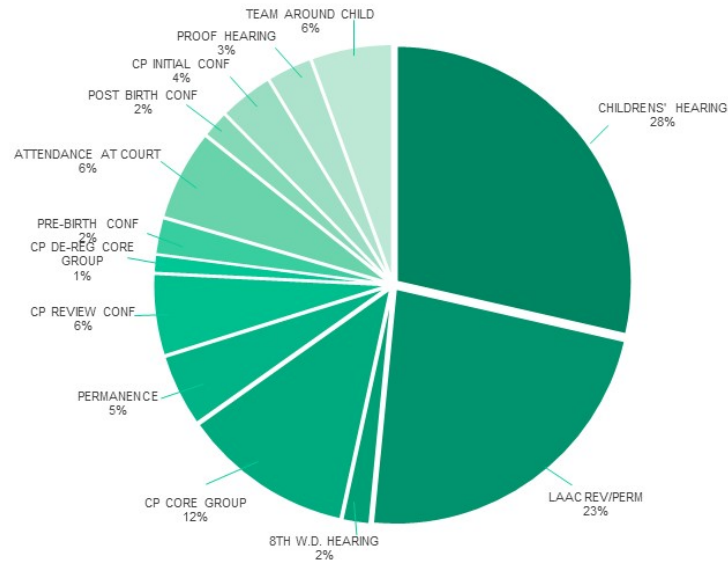
North	South	Kilmarnock Locality
7%	31%	62%

**CHILDREN & FAMILIES SERVICE
GEOGRAPHICAL SPREAD OF REFERRALS**



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C&F BY TYPES OF CONTACT



NOTES: DOES NOT INCLUDE ADDITIONAL ADVOCACY HOURS EG SOCIAL WORK MEETINGS (63), DWP MEETINGS (14), HEALTH MEETINGS (42), LEGAL MEETINGS (8), SUPPORT TO ACCESS SERVICES (58), ONE-TO-ONE SESSIONS (351), ADMIN (610) AND TELEPHONE CALLS (2066)

MH = Mental Health
LD = Learning Disability
ABI = Acquired Brain Injury
DUAL DIAG = Dual Diagnosis (MH/LD + Addiction)

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SIGNPOSTED ISSUES/MINIMAL INTERVENTION ADULT SERVICE

Referrals are sometimes inappropriate for our organisation: it may be that the person's needs do not fit in with our remit (see criteria on page 9).

People (professionals, service users, carers) may telephone for support and ideas to help them self-advocate or advocate for someone they know. We often have to play a sign-posting role (numbers below) as this does not result in ongoing work for the Advocacy Service.

Apr – 2019	33
May – 2019	39
Jun – 2019	6
Jul – 2019	23
Aug – 2019	27
Sep – 2019	23
Oct – 2019	24
Nov – 2019	19
Dec – 2019	11
Jan – 2020	30
Feb – 2020	24
Mar – 2020	10
Total	269

Total Time 245 Hours 20 Mins

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GROUP ADVOCACY/ SURGERIES – ADULT SERVICE

East Ayrshire Advocacy Services Ltd also provides group advocacy meetings and surgeries within various venues in the local area. These venues are detailed below:-

- Advocacy Office Recovery Group
- Barrhill Recovery Group
- HIVE Group, Galston & Newmilns – Individual Advocacy Surgery
- Kilmarnock/Cumnock Job Centre Represent Recovery Drop-In
- Lockdown Groups – Zoom Peer Support, Music, Cooking, Walking
- Morven Day Services – Individual Advocacy Kilmarnock & Cumnock and Group Advocacy
- Recovery Fishing Group
- Recovery Walking Group
- Riverside Centre, Cumnock– Individual Advocacy Surgery & Client Council meetings
- Thomson Court, Kilmarnock – Individual Advocacy Surgery & Group Advocacy
- Woodland View – Group Advocacy & Individual Advocacy Surgery, Patients Forum
- Woodland View – Ward 5 Addiction Group

In the course of the last year (April 19 – March 20), 124 individuals utilised the above surgeries, groups and client council meetings, taking 125 hours 55 mins of advocacy time, 29 hours 40 mins of travel time. Numerous issues were discussed including:-

- | | |
|------------------------------------|----------------------------------|
| ▪ Holidays/Trips/Weather | ▪ Respite/College/Activities |
| ▪ Support Hours/Independent Travel | ▪ World Events |
| ▪ Weekend activities | ▪ Living Independently |
| ▪ Retaining Friendships | ▪ Guest Speakers |
| ▪ M/H Act | ▪ Transport |
| ▪ Making of Wills | ▪ Annual General Meetings |
| ▪ Voting | ▪ Financial Assessment & Charges |
| ▪ Self Directed Support | ▪ Keeping Safe |

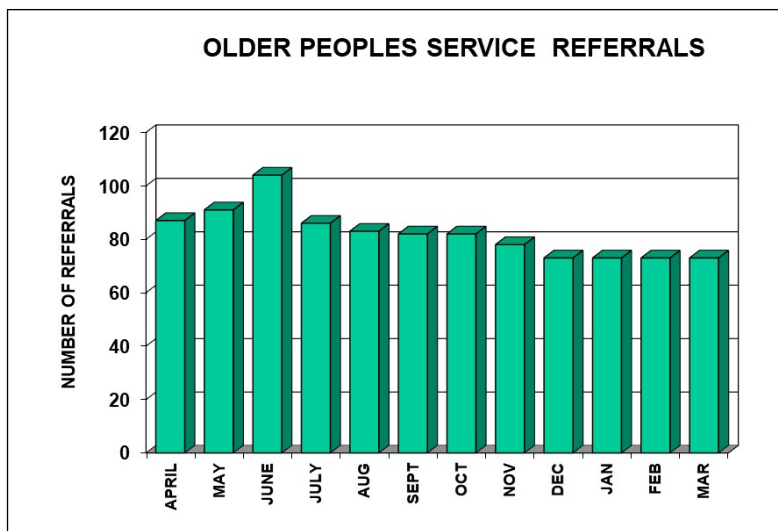
We are currently reviewing this part of the service and need to be mindful of the fact that advocacy input should be meaningful and relevant. We especially would like participants to develop their own advocacy skills and to this end, will be hosting

consultation events in each locality planning area to look at further developing our groups/surgeries.

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REFERRALS (OLDER PEOPLES SERVICE)

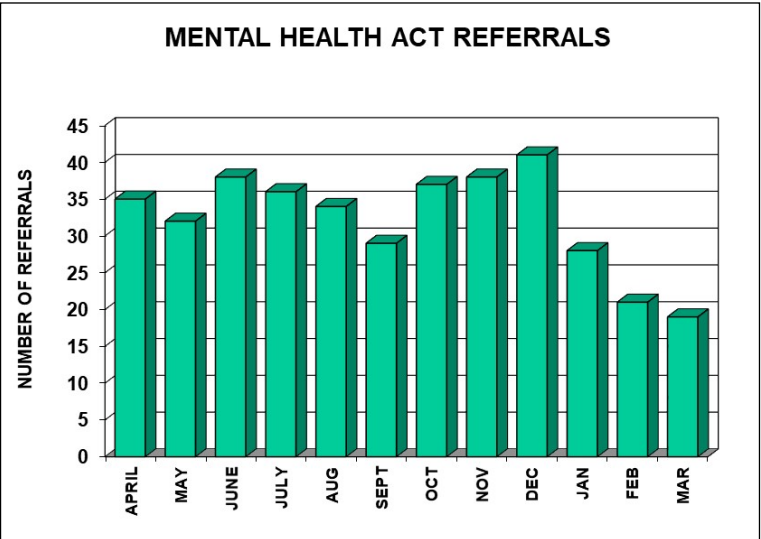
APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
2019	2019	2019	2019	2019	2019	2019	2019	2019	2020	2020	2020
87	91	104	86	83	82	82	78	73	73	73	73



SPECIALIST SERVICE

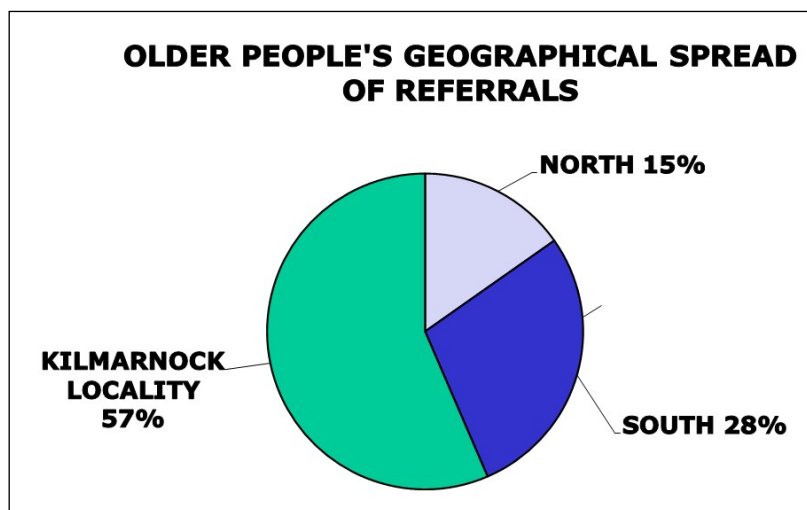
REFERRALS (MENTAL HEALTH ACT REFERRALS)

APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
2019	2019	2019	2019	2019	2019	2019	2019	2019	2020	2020	2020
35	32	38	36	34	29	37	38	41	28	21	19



Older People's Geographic Spread of Referrals

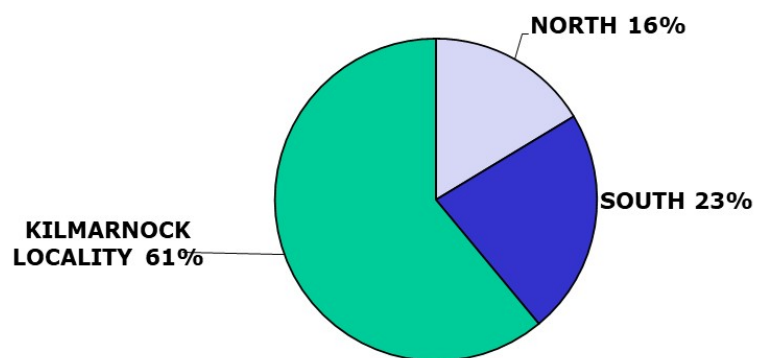
North 15% South 28% Kilmarnock Locality 57%



Mental Health Geographic Spread of Referrals

North 16% South 23% Kilmarnock Locality 61%

MENTAL HEALTH GEOGRAPHICAL SPREAD OF REFERRALS



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OLDER PEOPLE'S SERVICE

GROUP ADVOCACY/SURGERIES

The Older People's service provides group advocacy within a number of venues in the locality including Morven Day Services both at Kilmarnock and Cumnock. In addition, there is a dedicated member of staff, who facilitates advocacy sessions in Care Homes and Day Centres throughout East Ayrshire.

This service assists with Residents' Meetings, ensuring that people's voices are heard and their views and wishes are thereafter communicated to the management and staff. It allows for early intervention at times of difficulty, minimising distress to those people living within the care home environment.

It has firmly established East Ayrshire Advocacy Services Ltd as an integral part of the Health and Social Care Partnership.

Again, as a result of Integration funds, avenues of communication have been firmly established within East Ayrshire Community Hospital, Ayrshire Central Hospital, Crosshouse Hospital and Woodland View.

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INDEPENDENT ADVOCACY HMP KILMARNOCK (BOWHOUSE)
HMP KILMARNOCK ADVOCACY SERVICE – OVERVIEW

Referrals to this service are steady. Non engagement is common with new prisoners after one meeting due to their complaint being about medication. HMP Kilmarnock is a safe prescribing prison which means rules are different from in the Community which prisoners often do not realise.

We continue to work closely with Healthcare when possible and also with Community Links. Prisoner engagement varies between these projects also (recently a decrease).

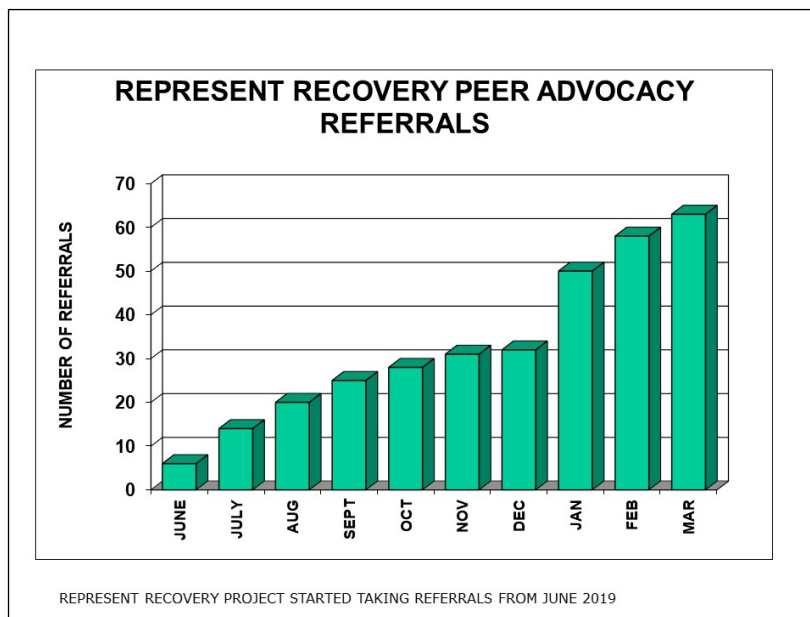
Prisoners have a good rapport with Link Centre staff. These staff always mention advocacy and always ask if referral to advocacy is suitable.

Nikki Speirs
May 2020

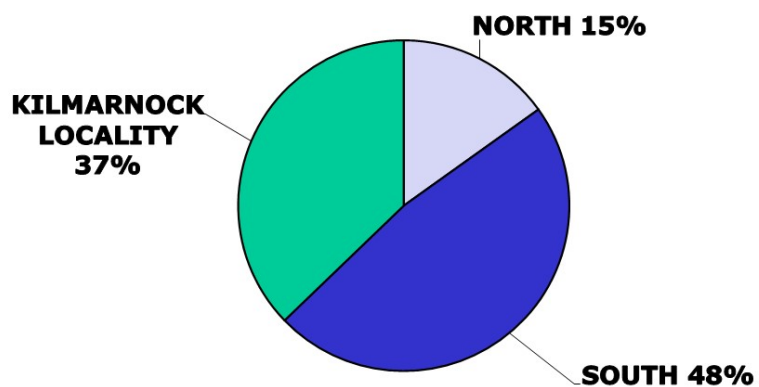
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REPRESENT RECOVERY PEER ADVOCACY PROJECT – OVERVIEW

JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
2019	2019	2019	2019	2019	2019	2019	2020	2020	2020
6	14	20	25	28	31	32	50	58	63

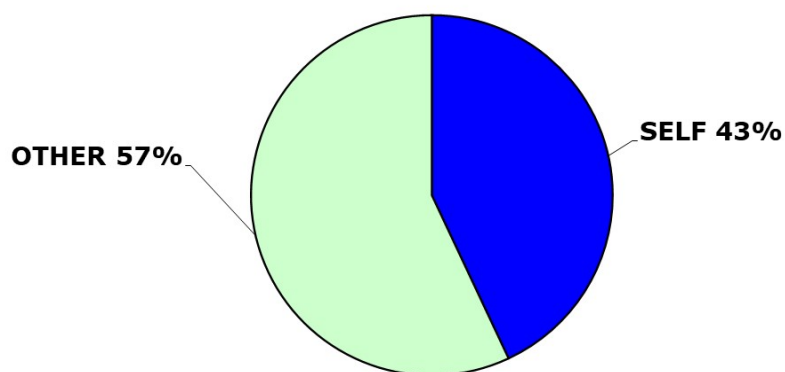


**REPRESENT RECOVERY GEOGRAPHICAL
SPREAD OF REFERRALS**



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**REPRESENT RECOVERY SERVICE
REFERRED BY**



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CASE STUDIES

Case Study 1

As we began lockdown my client was doing really well in his recovery and had not used any Illicit substances for approx. 3 months.

A huge part of his recovery was connecting with other people and volunteering. I was concerned that if he was not able to connect with other people it would have a serious impact on his mental health and my client would relapse.

I spoke to other individual's involved with recovery communities and decided to organized my peer support groups using Zoom.

I spoke with my client and he said he would really enjoy this. I started my Peer Support Group using Zoom.

At first the Group was held every day at the start of lockdown, this was to raise awareness and establish the group.

The aims of the group are to keep people connected in their recovery, to help combat social isolation and ensure everyone is getting the appropriate access to services.

My client was really enjoying the groups and as we were having it every day it was helping to build his confidence to the extent that he was reading out the Introduction of the group and welcoming new comers.

My client was running out of mobile data and was not going to be able to come to the support groups. This was extremely concerning for him.

I reassured and spoke to my client and made him aware that funding has become available from the Scottish Recovery Consortium and that we could apply for funding to get him mobile data so he can stay connected in his recovery.

I contacted SRC and we completed the telephone application with myself and my client and I sent the application to SRC. He was then contacted by SRC and he was able to stay connected for longer.

His Mobile data was running out again along with other group members so I contacted SRC and they said that I could apply for funding for the group to get

mobile data. We were able to secure funding and we were able to get giffgaff Sims and a Vodafone WIFI hotspot.

My client also attended other activities that I facilitated, such as the Cooking group and the Friday Music Jam where we had a sing along every Friday.

With the Support Group I was also able to ensure that he was getting access to the other services such as community addictions and the doctors for example.

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We contacted P.I.P and he spoke to CAB who supported him with making his application for Personal Independence Payment which we photocopied in case he needs a copy of this in the future for his assessment.

Using the support group, I was also able to signpost my clients to the fellowship groups and other services and ensure that he was keeping a structure in his day to day activities, ensuring that he was using his time as meaningfully as possible encouraging him to keep connected with his family and outside supports and his other methods of sustaining his recovery.

As the lockdown rolled on, I was noticing that my client's mood was starting to deteriorate and he was not sleeping or eating and he had also stopped speaking to his family, he was not getting out for his daily exercise, was smoking more frequently and was always very upset in the group.

He was also starting to miss the groups and this was because my client had relapsed. As a result of the peer groups I was able to call him where he made me aware that he had relapsed. I was then able to give my client more One to One support until he was able to get back on track with his recovery plan.

One of my main concerns was that as he had not been using any illicit substances for such a long period of time that he was in one of the danger times for having an overdose. At the group we talk a lot about the dangers of different substances and the danger times and when I spoke to my client he told me that he had only taken 5 valiums because we spoke about the dangers and the risk involved by taking more, usually he would have taken 10 plus at the same time.

In conclusion my client still attends the support group and has said to me. **"Honestly Geoff you have helped me more than anyone has ever. Thank you for that"**. He is now eager to get involved with more recovery activities such as fishing, walking and 5 a-side football and is also a member of East Ayrshire Peer Platform.

My client now feels more connected in his recovery and less isolated and all the group members are excited to get lockdown over so we can have our Support Group face to face.

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Case Study 2

Miss R was initially referred to Advocacy Services in July 2017, the referral was made by her son's Children and Families social worker who expressed in her referral that Miss R has a son with complex needs and he displays challenging behaviour, Miss R may also have a possible undiagnosed Learning Disability and she requires support to attend and participate in social work meetings, school meetings and also support to liaise with housing and health.

I introduced myself to Miss R over the telephone, discussed her situation and I explained how I can support her.

We agreed that Miss R will let me know via telephone call or text if she has a meeting or appointment that she would like me to accompany her to.

Miss R expressed that she finds meetings and appointments very difficult and she would rather cancel than attend alone. Miss R voiced that she worries that she doesn't hear all the information because she feels so anxious. She also voiced that she doesn't always remember all that she wants to ask at meetings and appointments.

We agreed that prior to accompanying Miss R to an appointment or meeting I would meet or call her to ascertain her views and questions.

I have supported Miss R for the past 3 years and during that time I have accompanied her to attend appointments at Rainbow House for her son. At these appointments I have supported Miss R to request assessments and discuss medication. During the course of these appointments Miss R's son was diagnosed with ADHD, Autism and Learning Disability.

Miss R voiced to me that she had concerns about her son's safety whilst he was at school and she decided to stop him from attending. We explored the options and I supported Miss R to voice her views and concerns to the school and the social worker, it was agreed that there would be an ASL/CAT meeting to further discuss the issues.

Miss R voiced that she was too anxious to attend the meeting and after many phone calls and much encouragement Miss R attended the meeting and I supported her to request that her son is moved to another school that could offer the same educational experience. We also requested that Miss R could be part of any risk assessment that the school may carryout in terms of keeping her son safe whilst in school and on excursions.

Miss R's son has now been attending his new school for 2 years and he is thriving there. I supported Miss R to take part in the risk assessments prior to the phased transition to this school.

Due to Miss R's son moving to a school 15 miles away I agreed to support Miss R to move nearer to the school. I supported Miss R to fill in housing forms and meet with housing officers to discuss the move.

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Miss R's son was placed on East Ayrshires Child Protection Register in August last year, during the date of registration to the present date Miss R has struggled to understand the Child Protection process and has suffered bouts of poor mental health, and attempts at suicide. Miss R has chosen at times to disengage with services and has voiced feelings of distrust towards professionals. Miss R has voiced to me on many occasions that Advocacy is the only service she feels that she can trust not to judge her.

During this time, I have supported Miss R on a sometimes-daily basis by explaining the child protection process, discussing her options and liaising with all professionals involved in her family's life.

I have had weekly telephone contact with Miss R during the Covid 19 Lockdown and I have supported her to voice her views at child protection core groups via teleconference, liaised with the Children and Families social worker and her team manager, met with Miss R while adhering to the Covid 19 safety measures to enable her to sign a mandate to enable me to discuss housing benefit issues on her behalf. Miss R has voiced that she values Advocacy support because she feels that she is not judged for decisions that she makes. She believes that if she didn't have Advocacy then she wouldn't have a voice because at times she feels unable to engage with services. Miss R has expressed that Advocacy support gives her confidence to request information and assessments. Miss R has stated that she will not attend meetings if she doesn't have Advocacy to support her.

Case Study 3

Miss H is aged 65 and lives alone in a top floor flat which she owns and has no family support. I have been supporting Miss H for approximately 10 months due to ongoing level of anxiety as she requires support to carry out telephone calls and attend appointments etc.

During the lockdown restrictions I kept in touch with Miss H via telephone twice weekly. We discussed her shopping and I prompted her re repeat prescriptions and had general chats about her wellbeing.

It came to light during one of the phone calls that Miss H's boiler broke down and she had no hot water or heating. She asked me to contact British Gas to set up a repair and ongoing annual service plan.

After numerous calls I managed to get appointment for Miss H for Gas Engineer to do repair but subsequently her boiler was condemned leaving her without heating or hot water. Miss H was extremely upset with this situation as British Gas wanted to charge her £3,000 for new boiler and as she is on benefits this would take her 3 years to pay back.

As this situation did not seem feasible I enquired on Miss H's behalf via telephone to the Energy Saving Trust which is backed by the Scottish Government and completed an application for Miss H to get a grant for a boiler. I did the initial call and they called Miss H to get her approval then all the contact was done via myself to prevent any further upset.

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Miss H has now been approved to receive a new boiler by Warm Works (installer on behalf of Scottish Government) and is currently waiting on installation date as survey of property and all relevant benefit checks have been done.

Miss H is very appreciative of my support via telephone and on balance throughout the restrictions of the lockdown an extremely distressing situation for Miss H was resolved favourably lessening the impact to her general health and wellbeing.

Case Study 4

Due to Covid 19 restrictions I was unable to visit A as she lives alone in sheltered accommodation. Because this lady suffers from mental health problems I realized very quickly I would need to keep in contact with her frequently because of her anxieties.

I continued to support A, discussing any mail she had received and supported if further action was due.

I found A extremely anxious after the worker who was carrying out daily welfare calls arranged by housing advised her she had “reported her” because she did not answer the phone one day until later in the day. I phoned head of the sheltered accommodation where she lives to obtain the protocol regarding these calls and also discovered no report had been received. I spent time reassuring A about this incident and explained her choices regarding this procedure.

I continued to monitor the situation and when her anxieties were heightened I always asked if she needed any professionals involved.

When her anxiety was concerning I supported her understanding the importance of support and medication was obtained from her GP.

A advised me recently she found the phone calls from Advocacy invaluable in a difficult time.

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ADVOCACY MATTERS

LOCALLY ...

The past year has been a year of change and development for EAAS. Firstly, our Represent Recovery Project, funded by the Scottish Government, commenced in the Spring of 2019. We recruited two new members of staff who have lived experience of alcohol/drug addictions to support people to access appropriate services to assist them in their road to recovery. The hope is that we will encourage and enable those in recovery to share their experiences and to become peer advocates for others who have addiction issues.

Also, in January 2019, we were advised that our bid to the Scottish Government to provide advocacy for children and young people in the Children's Hearing System had been successful. We have now recruited two advocacy workers to support children and young people to make their views known and to ensure that their voices are heard when decisions are being made about them in a Children's Hearing.

NATIONALLY...

We are founder members of the Scottish Independent Advocacy Alliance which is a member organisation representing and supporting a wide range of advocacy organisations throughout Scotland. We continue to be active members in this organisation and still have representation on the Board of Directors which ensures that our local voice is heard nationally and that we are up to date with current issues/developments.

COVID 19

In March 2020, Covid 19 struck and little did we know then how devastating this virus would be. Who could have foreseen total lockdown in our communities and the knock-on effect to our economy?

EAAS staff, although mainly working from home, have continued to contact service users, making welfare checks and supporting people throughout this scary time. As part of the Health and Social Care Partnership in East Ayrshire, we have kept in touch with other partners, statutory and voluntary,

to ensure that those most vulnerable in our communities are supported to access much needed services.

AWARENESS RAISING/NETWORKING

We place great importance on networking with other organisations and agencies as this creates a better understanding of advocacy and the role of our advocates. It also enables other professionals to refer appropriately to our organisation.

Although we receive many self-referrals, we do depend heavily on other agencies to understand our role, distribute our leaflets and to highlight our service to individuals who may require an advocate.

Advocates sometimes find themselves in the position of challenging other agencies on behalf of their clients. However when people understand our role, this makes it clearer and more constructive for everyone involved.

Our annual awareness raising sessions were scheduled for Sept/October 2020 but have been postponed meantime. Over the past year, however we have delivered sessions to organisations or groups who have contacted us. These include:

- Adult Protection Committee
- Adult Support & Protection Development Day
- Ayrshire College (Health & Social Care Classes)
- Break the Silence Conference
- Care About Physical Activity Event
- Chamber of Commerce Networking Events
- Children & Family Social Work Teams
- Clinical Nurse Managers/Crosshouse Hospital
- Community Mental Health Team Students
- Community Voices Network
- Cumnock Job Centre Staff
- Day Centres
- Dementia Awareness Week
- East Ayrshire Council of Voluntary Organisations/Community Hub/Community Connectors
- Hansel Alliance Festival of Living Day
- Health Visitors
- HMP Kilmarnock
- Mental Health Officers Training Day
- Morven Day Services Information Day (MH Week)

- Nursing Home Staff
- Older People's Groups/CAPA Events
- Poppy Scotland
- Protecting People Events (Adult Support & Protection Team)
- Riverside Open Day
- Social Work Training Calendar
- Student Nurses
- Student Social Workers
- Vibrant Communities Team
- Violence Against Women Partnership
- Woodland View

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**INPUTS TO CONSULTATION EXERCISES/ADVISORY GROUPS
ETC**

- Adding Life to Years Group
- Adult Protection Committee
- Adult Protection Improvement Sub Group
- Care Home Providers Forum
- Care Inspectorate (Nursing homes and Day Centres)
- Care@Home Consultation
- Children’s Services Getting it Right for Every Child Group
- Community Justice Collaborative Network
- Dementia Forum
- East Ayrshire Advocacy Planning Group
- East Ayrshire Health & Social Care Providers Forum
- East Ayrshire Homeless Strategy
- East Ayrshire Integrated Joint Board Stakeholders Forum
- East Ayrshire Mental Health/ Learning Disability Partnership Subgroup
- East Ayrshire Respite Group
- Financial Inclusion Operational Partnership
- Hate Crime Events
- Job Centre Plus Customer Rep Group
- Learning Disability Forum
- Learning Disability Week Planning Group
- Locality Planning Groups
- Mental Health Strategy Consultation
- Mental Welfare Commission Visits
- Nursing Students Ayr Campus
- Palliative Care/End of Life Care Groups
- Providers Forum (LD)
- Review of Adult Day Care
- Scottish Government Social Security Consultation Group
- Scottish Independent Advocacy Alliance – Board of Directors
- Scottish Independent Advocacy Alliance/input to various working groups/consultation e.g. Advocacy and the New Scottish Social Security System

- Self Directed Support – Thematic Inspection Group
- Strategic Planning Group
- Tackling Loneliness and Isolation
- Thinking Differently Programme Board
- Third Sector Planning Meetings/Forum
- Woodland View Unit meetings

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TRAINING STAFF & BOARD OF DIRECTORS

Staff are encouraged to participate in ongoing training provided in-house. They are also encouraged to highlight their own training and development needs. Often, issues raised when working with our advocacy partners highlight a training need and hopefully by seeking out this training, our knowledge is extended to the benefit of the people with whom we work.

- Advanced Drug Awareness
- Alcohol Related Brain Damage
- AWI – Future of Care Homes
- AWI Advanced Course
- AWI Legislation
- Break the Silence
- Capacity Assessing
- Coercive Control & Domestic Abuse Act
- Enhanced AWI Practitioner
- Food Hygiene
- Grow As We Go Workshop
- HMP Kilmarnock
- Human Trafficking & Exploitation
- NDS & Current Drug Trends
- PIP & AA
- Power of Attorney
- Safetalk Talking Suicide Awareness
- Scottish Government Social Security Act
- Stimulants
- Suicide Awareness
- Universal Credit

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25th ANNIVERSARY CELEBRATIONS – NOVEMBER 2019



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IN MEMORY OF BETTY MURPHY



Unfortunately, on the 27th December 2019, Betty lost her battle with cancer and we were all devastated to hear this news, especially at Christmas time. She is sorely missed by colleagues and service users alike.

Betty started work with EAAS in September 2003. Betty had originally trained as a nurse, although having her family interrupted this career. She came to advocacy looking for an opportunity to make a difference in people's lives and that she did!

Betty was a good listener and could relate to people from all walks of life. She was kind hearted and caring and her clients knew that she would always represent their views and be on their side, going "above and beyond" to support them on a regular basis.

As a colleague, Betty looked after us all and was always in early to work, preparing our teas and coffees every morning. If we were too noisy though, particularly if Betty was on a phone call, she could quieten us down very quickly with one of her "special" looks. She enjoyed life to the full and even after her diagnosis she fought to keep her routine as normal as possible. She never complained about her treatment and even raised money for Ayrshire Cancer Support, who were such a great help to her throughout.

We send our condolences to Betty's family and friends and take comfort from all our happy memories of her.

Cheers Betty!

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THANKS

It is vital to Advocacy and its effectiveness that it receives support and understanding – on many different levels.

We would like to take this opportunity to thank all of those who have supported us over the year and to highlight a few:

Funders:	East Ayrshire Council NHS Ayrshire & Arran Scottish Government National Development Fund Scottish Government (Advocacy in Children's Hearing)
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Contact Person (EAC):	Kerry Ward
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Landlords:	Mr Alex Watson
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Graphic Design Support/Guidance	Warriors Studio All "surgery/group" advocacy venues (too many to list)
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IT back-up:	Active Office
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Independent Examiners: (Accounts)	Clement & Son, Kilmarlock
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To all our supportive colleagues in Health and Local Authority.

To all our supportive colleagues in the many voluntary organisations throughout East Ayrshire and other Advocacy organisations throughout Scotland.

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BOARD OF DIRECTORS REPORT FOR YEAR ENDED 31st MARCH 2020

East Ayrshire Advocacy Services Ltd is managed by a voluntary Board of Directors in accordance with the Constitution which was approved at a general meeting on 4th November 1998 following upon resolutions to Annual General Meeting held on 7th May 1998. East Ayrshire Advocacy Services Ltd is recognised by the Inland Revenue as a charity under Scottish Charity No. SC023540 and as a Registered Company No. 218532

OBJECTS

To promote any charitable purposes for the benefit of the inhabitants of East Ayrshire Council Area, for the following objects:-

To relieve the suffering and distress and generally promote the welfare of those with learning disabilities, those affected by mental health problems and those with acquired brain injury by:-

- Encouraging such persons to involve themselves in all aspects of society and, in particular, in those decisions affecting themselves, their families and their carers, through cooperation with the statutory authorities and other agencies.
- Providing an advocacy service for such persons;
- Promoting and encouraging training and education of people in the field of advocacy so that they may develop skills to help the aforementioned individuals and groups; and
- Promoting the understanding and awareness of the rights of the aforementioned individuals and their families.

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BOARD OF DIRECTORS

Board of Director members are elected in May of each year at an Annual General Meeting.

Membership of the Board during the year ended 31st March 2020 was as follows:-

ALLISON BLACK	- Chairperson
MARY JARDINE	- Vice Chair
IRENE CLARK	- General Committee
JEAN WILSON	- Treasurer
MARGARET WILLIAMSON	- General Committee
ALISTAIR HOWAT	- General Committee
LESLEY WILSON	- General Committee
ROBERT WILLIAMS	- Honorary Member

BANKERS: Santander
King Street
Kilmarnock

INDEPENDENT EXAMINERS: Clement & Son C.A.
11 Grange Place
Kilmarnock

FUNDING: East Ayrshire Advocacy Services Ltd receives annual funding from Ayrshire & Arran NHS Board £134,546 and East Ayrshire Council £214,130. This is paid via an agreed service level agreement. We also receive Integration monies of £20,000 and £22,000 (£11,000 NHS, £11,000 EAC) for provision of advocacy service in HMP Kilmarnock.

INVESTMENTS No investment decisions were made.

The offices of East Ayrshire Advocacy Services Ltd are at 20 Lindsay Street, Kilmarnock.

The Board of Directors record their thanks to current funders NHS Ayrshire & Arran and East Ayrshire Council.

**EAAS Ltd is a Registered Scottish Charity SCO23540
Registered Co. No 218532
Registered Office 20 Lindsay Street, Kilmarnock, KA1 2BB
Funded by East Ayrshire Council and NHS Ayrshire & Arran**