



# VoiceAbility

## Annual Report

April 2020 - March 2021



**Charity number in England:** 1076630  
**Charity number in Scotland:** SC050036  
**Company number:** 3798884

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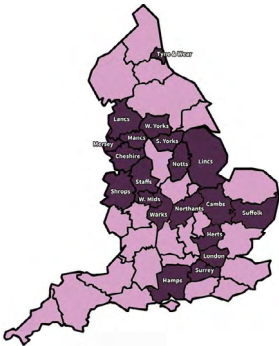
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# Introduction

## Susan Douglas-Scott CBE

I am the new Chair of VoiceAbility's Board of Trustees.



Equality and human rights are important to me. The coronavirus pandemic has made inequality worse.



During this time, VoiceAbility has been helping people to make decisions and have control over their lives.



I would like to thank:

- our staff, volunteers and trustees
- organisations who we work with
- Peter Letley, our previous Chair



Whatever happens in the year ahead, VoiceAbility will support people to get their voices heard.



## **Johnathan Senker**

### **Chief Executive Officer**

In a crisis, we focus on what is most important. At VoiceAbility, we help people to have a voice. This is the most important thing to us.



During the pandemic, we supported thousands of people to have choice and control. As well as this, we:



- worked with other organisations
- improved our services
- strengthened our staff teams

Thank you to our staff and volunteers, for being so determined and flexible.



We are stronger now than we have ever been, so we can help even more people to be heard in the future.

# About VoiceAbility



We help people to be heard when it matters most. Our advocates support people with decisions about their health, care and wellbeing.

We have been doing this for almost 40 years. We are one of the UK's largest advocacy organisations.

## Our aims



- everyone is heard and respected
- everyone has the same choice, control, and freedom as any other person
- everyone is safe from violence, discrimination, harm and abuse



Everything we do is about working towards these aims.

# Our Values

**We are:**



- passionate



- empowering



- collaborative



- honest



- resourceful



# This year: Headlines



## People

We supported 22,600 people this year.  
We employ over 300 staff.  
We have 52 volunteers.



## Money

Our income (the money we earn) was £10.3 million. We spent £10.2 million. Most of our money comes from contracts with councils and the NHS.



## Change

We influenced changes in the law and policy. For example, the NICE Advocacy Guidelines.

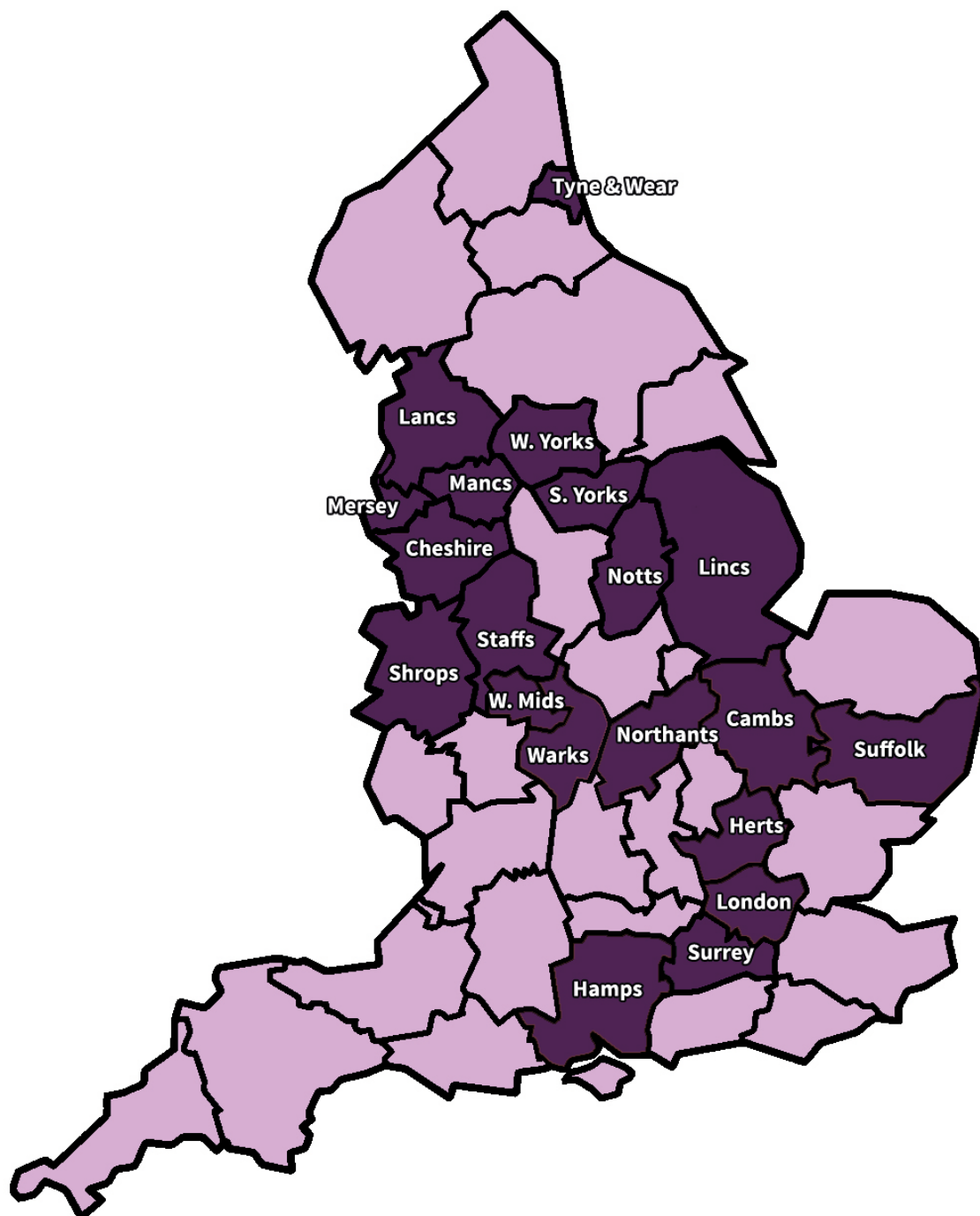


## Work

We run 2 types of services:

- advocacy: 1-to-1 support
- connections: Groups & participation

# Where we work





# Advocacy



The law says that some people must have an advocate. Advocates help people to be involved in decisions about their health, care and wellbeing.

Advocates also help people to:

- understand their options
- know their rights
- say what they want to happen
- challenge decisions



“You helped to make sense of what was happening, and break it down into things I could deal with. I feel stronger now, and able to cope.”



We worked on 33,200 advocacy cases this year. A “case” is one piece of work with a person. We help some people more than once in a year.



840 of these cases were children and young people. This is 3 times more than last year.

The 3 most common reasons why people needed support were:

- mental health condition
- dementia
- learning disability



*“Because I had an advocate in my Mental Health Act review, things have changed. The doctor and staff were more respectful and they listened to me. Thank you!”*



## Our advocates help people who:

- are detained under the Mental Health Act: **Independent Mental Health Advocacy**



- are deprived of their liberty under the Mental Capacity Act: **Relevant Person's Representatives**



- are not able to make decisions about where they will live, or about medical treatment: **Independent Mental Capacity Advocacy**



- find it very hard to be involved in planning their care: **Care Act Advocacy**



- want to complain about NHS care and treatment: **NHS complaints advocacy**



## Advocacy During the Pandemic

Advocacy has become even more important during the pandemic.



Our staff worked hard to make sure that our clients' voices were heard.



All of our services were open. People could still get Advocacy. Sometimes we used phone calls and video calls instead of visits.



Staff worked from home. We made sure that everyone had up-to-date information and guidance.

## This helped us to:



- keep visiting people when needed
- reduce the risk of spreading the virus



- support people using the phone or video calls

## DNACPR



- challenge decisions about healthcare and DNACPR (do not resuscitate) decisions



- challenge the effects of temporary changes to the Care Act
- look after our own health and wellbeing



Visiting people will always be very important. We can see where people live, and if they are safe.



We have learned a lot during the pandemic. We can now offer people advocacy support using phone or video if that is best for them.



We also helped to make new information about people's rights during the pandemic.



For example, the Advocacy Leaders Network's [Advocacy Mythbuster](#). It is also available in [Easy Read](#).



# Connections Services



## Involvement and participation

We work with health and care organisations. We help them to involve people who use their services in making decisions.



## Group Advocacy

Groups of people share their experiences and support each other. During the pandemic, these groups have been online.



## Peer mentoring

A peer mentor is a trained volunteer. They have had similar experiences to the people they support.

In Camden, peer mentors help people who have recovered from mental health problems to stay well.





## Finding community support

Our Community Wellbeing Service in Suffolk helps people to find local services, activities and opportunities. The service helps people with stress and anxiety.



## Experts by Experience

Experts by Experience have personal experience of using health or social care services.

They work with people who are at risk of being admitted to, or are detained in, an in-patient mental health service.



Our Experts supported people at 159 Care and Treatment Reviews: CTRs.

For people under 18, these are called Care, **Education** and Treatment Reviews: CETR.



# Creating Change



We want everyone's voice to be heard, and their rights to be respected. We want to improve advocacy across the whole country.



We cannot do this on our own. We work with other organisations to change national policies.



This year, an important part of this work has been the Advocacy Leaders Network. 40 organisations join our online meetings.



We created a new role at VoiceAbility: *Head of policy, public affairs and communications.*

This person is supported by a *Senior policy and public affairs officer.*



We have helped with:

- the ADASS “Advocacy during Covid-19 and beyond” [guidelines](#)
- a review of the Quality Performance Mark
- changes to the Mental Health Act
- liberty Protection Safeguards
- NICE Advocacy guidelines

We were also involved in a wide range of national groups, including:

- National Voices
- Voluntary Organisations Disability Group
- National Council of Voluntary Organisations
- Care and Support Alliance
- Continuing Healthcare Alliance
- Mental Health Alliance
- Health and Wellbeing Alliance





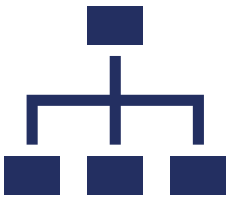
# Our plan for 2019-2025

We have 5 aims which help us to stay focused and organise our work. Here is the progress we have made towards our aims during the year:

## Aim: Value our people



**VoiceAbility is a great place to work. Staff can learn and develop their careers.**



This year, we improved our:

- management structure
- staff training
- system for increasing people's pay
- support for staff health and wellbeing





## Aim: Build the basics

**Our policies, procedures and systems are clear and consistent.**  
**Our services are person-centred.**



We improved our database.  
It supports all of our work, and helps us to record work more accurately.

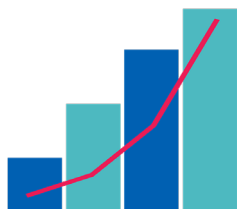


We launched a single free-phone number and email address for all questions and referrals.



## Aim: Drive quality

**We have evidence about the difference we make.**



We launched a new outcomes framework.

We created *communities of practice*, to support staff to improve their work.



## Aim: Lead the market

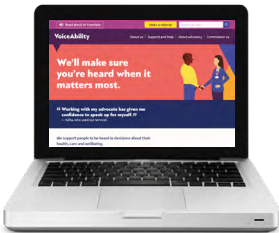
**Our website and other communication tools match the high quality of our services.**

## VoiceAbility

We launched a new brand.



We made our information more accessible.



We printed new leaflets.

We made a new website, with better information and online referrals.

### NHS complaints self-help toolkit

Below you'll find information to help you make your complaint yourself.

#### How to complain - getting started

Find out if you can use the NHS complaints process and what you can expect to achieve from it.

#### Informal resolution

If you have concerns about an NHS service, one option is to try to resolve things informally.

#### Contact the Ombudsman

If your formal NHS complaint can't be resolved locally, you can contact the Ombudsman to request an independent investigation.

#### Accessing your medical records

If you want to complain about NHS treatment which you did or didn't receive, it might help to get a copy of your medical records.

We created a new NHS Complaints toolkit (standard and Easy Read).

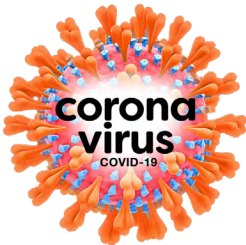


## Aim: Grow authority

**People's voices are heard and their rights are respected in local and national policy decisions.**



We influenced changes to the Mental Health Act and the NICE advocacy guidelines.

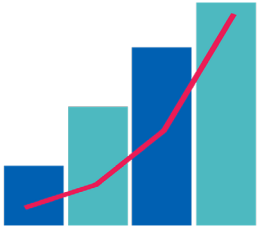


We published information about coronavirus.



We ran the national Advocacy Leaders Network.

# The difference we made



We have a new system to help us measure the difference we make to the people we help.

This is how it works:

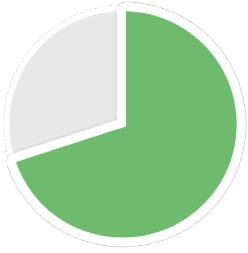


- The person we are working with completes a self-assessment.
- They do it again at the end of the case.
- If the person cannot do the self-assessment, the advocate records their observations instead.



The system was launched part-way through the year.

We use our Salesforce database to record the information.



More than 70% of people who filled in a self-assessment said that we helped them achieve their goal.



### **Advocacy goal:**

62% of all cases showed progress  
(5096 records)

### **Wider outcomes:**

55% showed progress  
(8777 records)



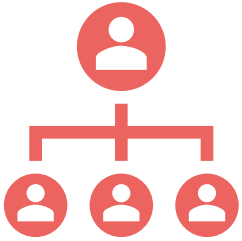
“Wider outcomes” means that we help people with more than just the issue they came to us with.



We also help to improve things like confidence, knowledge about rights, and ability to speak up for themselves in the future.



# Governance



Governance is about how the charity is run. We must follow laws and guidelines. We must look after our money, and deliver our contracts. Our trustees make sure that all this happens.



## Trustees

We had 14 trustees in the year 2020-2021. All new trustees get training about their role, about how we make decisions, and what our plans are.



## Employees

The Chief Executive Officer works closely with our trustees, and runs VoiceAbility day-to-day.



Employees are involved in making decisions. For example, we run a Health, Safety and Wellbeing Forum for staff.

## Auditor



The auditor is an independent expert: they are not employed by VoiceAbility.

They make sure that our annual report and accounts are correct and that we are following the law - based on the information they are given.



Our auditor is  
Sayer Vincent LLP.

## Annual Report



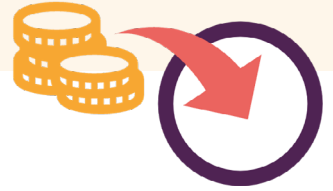
This is an Easy Read summary of our report.

The full report contains detailed information that we must provide by law. It is available on our website and on the Charity Commission website.

[Click here to read full Report.](#)

# Our Money

**Money in: £10.3 million**

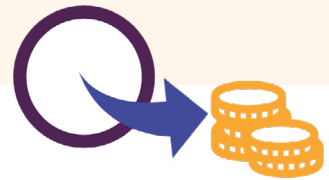


This came from:

- Contracts: **£10.2 million**
- Investments: **£36,000**
- Donations: **£5,000**



**Money out: £10.2 million**



Spent on, for example:

- Staff: **£7.6 million**
- Sub-contractors: **£866,000**
- Recruitment and training: **£169,740**



**Reserves: £3.3 million**

- Our reserves are like savings. We save money to use in the future, and to invest in things like development and equipment.



