



Advocacy during Coronavirus survey 2021

1 Introduction

In June 2020, a survey was carried out of advocates to gather evidence of the impact of the Coronavirus pandemic. This resulted in the Valuing Voices in Wales: Protecting Rights Through the Pandemic and Beyond report¹.

A year on from that survey, the advocacy sector in Wales collected evidence of the pandemic's impact on people who are entitled to advocacy, the accessibility and quality of advocacy and on the ability of services to provide advocacy. The 2021 survey sought to understand what had changed over the intervening year, the present challenges and what had worked well in response to the pandemic.

This report sets out the key findings from the 47 advocates who completed the survey and provides some additional context for these findings. The report concludes by summarising the main findings and the key areas that advocates feel need to change in order to improve the situation for clients, advocates and services through the pandemic and beyond.



¹[Valuing Voices in Wales: Protecting Rights Through the Pandemic and Beyond report](#)

2 Continued breaching of rights and non-compliance 12 months on

2.1 Human rights failures

A concerning 85% of advocates surveyed reported that the human rights of the people they support were either not being upheld at all or only partially. This was a similar level to that expressed in 2020.

Respondents to the 2021 survey provided plentiful examples of human rights violations with respondents saying:

“We’ve worked hard to ensure that rights have been upheld but know many examples of blanket decisions, remote hearings, no contact with key professionals that have meant rights haven’t been upheld across the board. Some clients have had rapid decision making processes where their wishes etc under the MCA haven’t been taken on board.”

“.. it has been particularly difficult for those clients in hospital, who have had been denied access to visitors.”

“Limited choices were available around clients’ care and support.”

“...’because of Covid-19’ has become the go to excuse for not upholding a person’s human rights, even at times when community infection and restriction levels are low.”

2.2 Safeguarding risks

Nearly a quarter of advocates reported a Covid-19 related safeguarding referral during the last 12 months.

Advocates reported that there had been an increase in child protection referrals, domestic abuse and coercive control specifically. A range of abuse issues around child protection, people isolated from support services, domestic abuse and instances of care home neglect were referenced.

“People have been left a lot more vulnerable due to lack of access to services due to covid restrictions.”

Concerns centred around the absence of, or remoteness of, people’s usual support services and how that impacted on the vulnerability of people at risk of harm of abuse.

“I was involved for a client who had no other services but advocacy going in to see her - she made a domestic abuse disclosure to me which with her agreement I acted upon such that she is now in a safe place and no longer at risk.”

The key take away from this is the significance for people of the face-to-face support they access and the limited opportunities for protecting people from harm / abuse when working remotely.

2.3 Blanket decisions

Respondents reported a high level of blanket decision making across a number of key issues and there were signs that this hadn't improved over the last 12 months despite lower levels of restriction in place. In fact, there are indications that the situation overall was marginally worse than indicated in 2020.

Nearly 30% of advocates reported blanket Do Not Resuscitate orders (DNACPRs) applying in breach of the requirements for individual decision making after appropriate consultation with the person and family members.

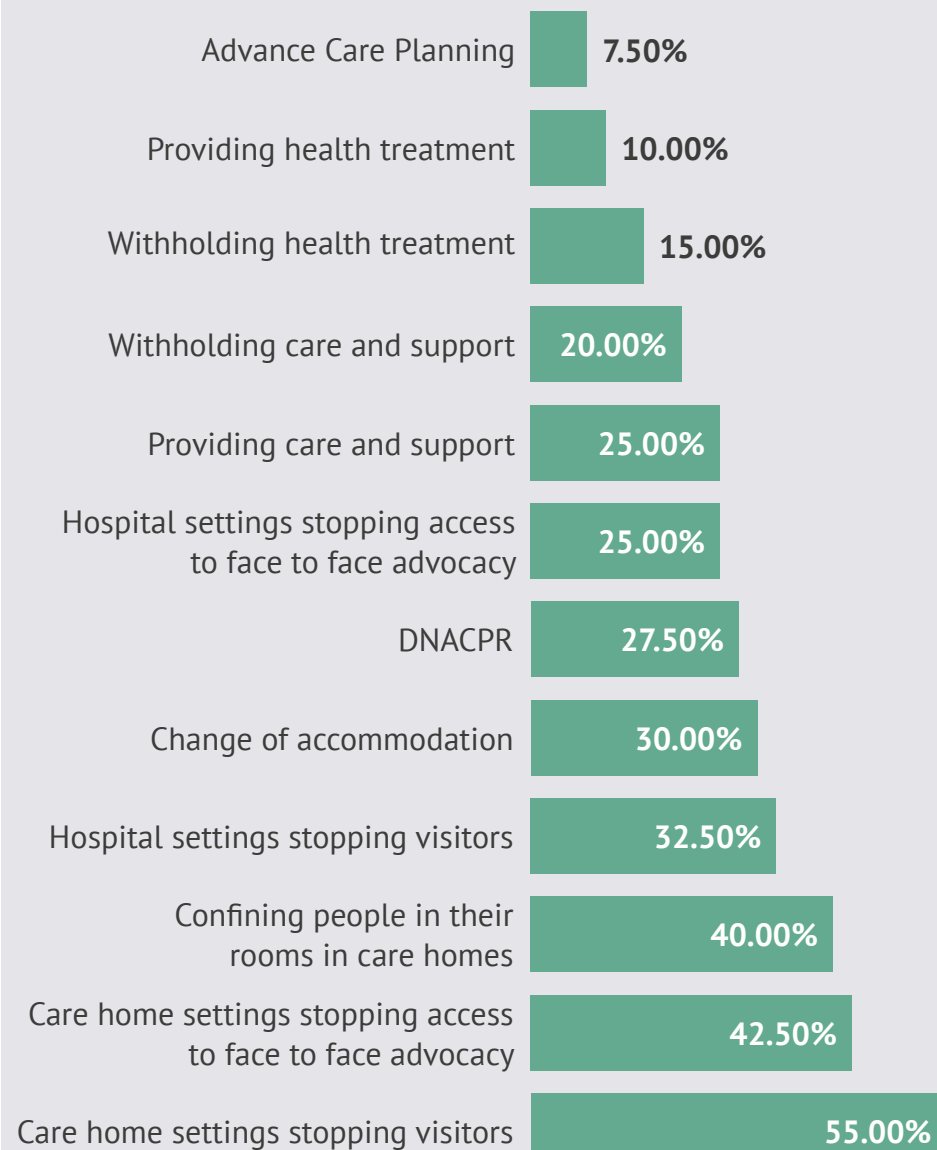
“Covid has been used as an excuse not to involve the person.”

“Other professionals have not been as available as they could have been.”

“Blanket decision re remote hearings are a big issue still bringing huge disadvantage to the many people we support.”

It has taken until September 2021, nearly 18 months on, for the Mental Health Review Tribunal for Wales to move to pilot video conferencing for people who are seeking to appeal their detention under the Mental Health Act (1983).

The table below show the responses to the question “Are blanket decisions still being applied to the people you support?”



3 Issues and concerns 12 months on

Despite the fact that Wales is reportedly coming through and out the other side of the pandemic, concerns of advocates and the issues that are at a high level remain and, in some instances, have increased. In comparison to the original survey undertaken in 2020, concerns have risen for people who need to access services, whose mental health has suffered through the pandemic, and in the very stark issues of social isolation, lack of contact with family and friends, concerns about re-entering society and the pressure that has been put on unpaid / informal carers.

Of particular concern now, as in 2020, are the decrease in people's mental health during the pandemic which has increased from 83% to 88%. Mental health concerns are being seen in many cases even if it is not the presenting issue. Clients are struggling to access appropriate mental health services, or they don't know who to contact for help and those which are operating are under extreme pressure due to the increase in cases coming through.

Concerns about social isolation are also increasing and alongside this are the concerns about the lack of contact some people are still having with family and friends. Worries are being identified that following such a prolonged period of restrictions and isolation there are anxieties about re-entering society.

- **Social isolation concerns have risen to 87%**
- **Lack of contact with family and friends remains high at 70%**
- **Anxiety about re-entering society is rated at 62%.**

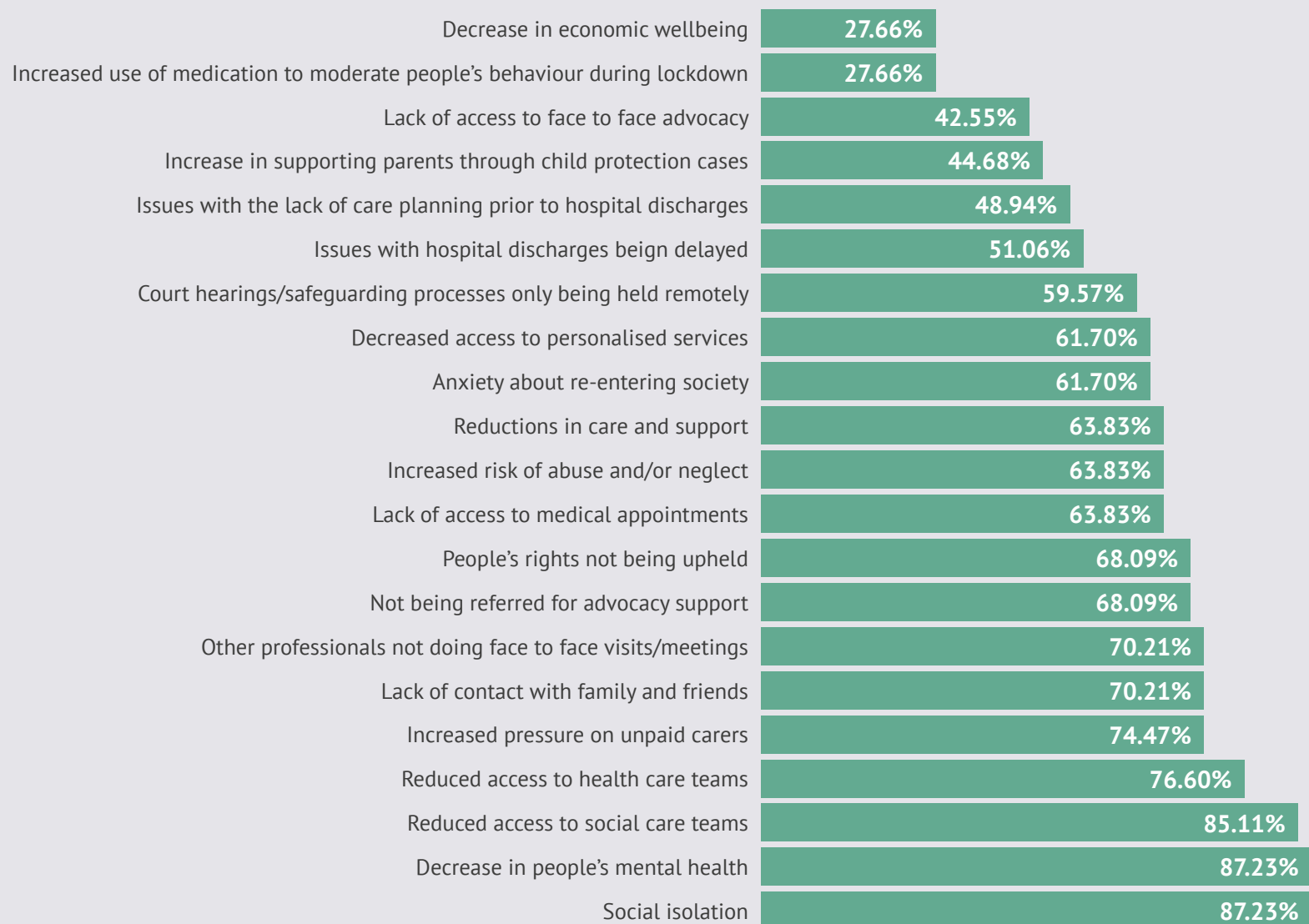
The lack of access to medical appointments has risen substantially from last time from 53% to 77%. This raises many questions from the issues of getting a face-to-face GP appointment and the challenges many will face doing things by phone or video call to the implications for longer term, chronic or serious medical conditions with what is reported to be a backlog in hospital appointments. Some of the most vulnerable people requiring these appointments will also be those who need an advocate, and it is important for health services to ensure they refer to advocacy so people can have their voices heard and access these vital services.

Additional concerns raised this time are an increase in supporting parents through child protection cases (45%) and court hearings only being heard remotely which was reported by almost two thirds of respondents (60%).

12 months on, over 50% of advocates remain concerned about hospital discharge arrangements and decreased access to personal services. The lack of care packages and support to vacate hospital beds shows that there is still a lot of work to do to overcome all the issues identified during the pandemic.

It is, however, heartening to see that there has been a significant drop in the concerns of advocates about their clients having face-to-face advocacy support. This concern has dropped from 88% to 42%. Many advocacy providers, where safe and appropriate to do so, are now delivering face-to-face advocacy and this has been discussed at the Welsh National Advocacy Network in terms of risk and how to overcome it. Some services are still delivering remotely via telephone or video but are keeping it under review.

The table below show the responses to the question “What are your current concerns for the people you support and represent”?



3.1 Top 10 issues

The survey asked advocates to identify the top three issues they were supporting people with. The findings show the challenges for society in Wales as we come out of the pandemic and shows how much work there is still to do for the most vulnerable.

- 1 Child protection cases
- 2 Reduced access to services
- 3 Accommodation
- 4 Accessing mental health support
- 5 Hospital discharge
- 6 Financial issues
- 7 Appeals / Complaints against Health Board and Local Authorities
- 8 Isolation / anxiety about re-entering society
- 9 People's views not being listened to by services
- 10 Medical treatment decisions



4 Impact of the Coronavirus pandemic on the delivery of advocacy services

4.1 Increased referrals

Valuing Voices in Wales 2020 reported that in the early stages of the pandemic services had seen a substantial reduction in referrals, with 89% of advocates reporting fewer referrals than prior to the pandemic.

The most significant reason for this was the fact that advocacy organisations were unable to access the people they would usually support, in for instance care homes and hospital settings, owing to the impact of lockdowns and restrictions on face-to-face visits imposed by settings.

12 months on, 54% of those polled state that referrals had increased on pre-pandemic levels, particularly in community settings, and 17% felt they had at least returned to the same level as pre-Covid-19. Only 4% of people found that overall numbers of people being referred into advocacy had reduced.

This is impacting on services which were already stretched and, despite no additional funding, are now seeing increased levels of referral and activity.

4.2 Blended approach to meeting clients

In a considerable improvement on 2020 survey results, in 2021 92% of all advocates reported that they were seeing the people they support face-to-face entirely or with a blend of that and other remote options. 12 months earlier the reported number of advocates able to see people face-to-face was only 22%.

A return to working face-to-face, including through subsequent lockdowns, has been hard won by advocating the essential nature of the role with other professionals / settings, risk assessments, safe working procedures and access to PPE. Also of benefit was the sectors' endorsement of the Advocacy Services' Operating Principles which asks organisations providing advocacy to sign up to a default position of face-to-face advocacy.

4.3 Improvement in effectiveness

In 2020, 78% of advocates felt that the overall effectiveness of their advocacy delivery had reduced during the Coronavirus pandemic. In 2021, the situation showed a relative improvement with 55% of advocates reporting a reduction in their effectiveness. Not being able to deliver face-to-face advocacy, issues with technology and other services and venues not being accessible were cited as some of the reasons for this. Many of those advocates reported that their effectiveness had begun to increase once face-to-face meetings had resumed.

“We adjusted our service to provide a virtual service during the height of the pandemic through phone, video (mainly Teams), email and text. This was not as effective as meeting people face-to-face but we maintained a continuous service unbroken throughout the pandemic.”

“As effective as it can be without seeing clients face-to-face. Staff reported that they do not have as good a rapport with clients, but they are getting the job done.”

Around 30% of advocates reported that their advocacy delivery had been very effective during the Coronavirus pandemic. Some respondents stated that they had supported more people due not to having to travel so much to see clients. Being creative and flexible had enabled a number of advocates to better adapt to the situation they found themselves in and as result they had implemented alternative methods of supporting people which resulted in greater effectiveness.

Half the advocates reported mixed experiences for the clients they supported. Accessing support virtually / digitally had been better for some and worse for others. Despite the challenges, many clients had commented that they still felt they were being listened to and were able to have a voice in the decision-making process even without face-to-face contact. Many of those advocates reported that being able to offer a wider range of communication methods had been welcomed by clients, some of whom preferred virtual / digital as they were scared of catching covid.

“Feedback has been mostly positive, but I feel that clients who do not have capacity to instruct an advocate have been the most affected, as we are unable to read body language, communicate via virtual means with many of them.”

Around 25% of advocates reported that their clients felt receiving independent advocacy support virtually/digitally had been very effective during the Coronavirus pandemic. This compared to 10% whose clients had felt the support was not effective at all.

4.4 Reduced wellbeing of advocates

Valuing Voices in Wales 2020 revealed that just under half (44%) of advocates felt their wellbeing had reduced. In 2021, the situation had deteriorated further for many with the vast majority of advocates reporting that advocating through the Coronavirus pandemic had a negative effect on their own wellbeing. Over 75% of respondents cited feeling stressed, anxious, frustrated, ineffective and / or exhausted by their experiences. Many stated that increased workloads and isolation from colleagues, clients and professionals had exacerbated those feelings.

“Increased stress through high case loads.”

“Frustrating and disappointed at how it has been used as an excuse to disengage by other services.”

“Missed the company of colleagues to discuss challenging cases it is not the same doing this over the internet.”

For less than 10% of advocates, the experiences of supporting people through the Coronavirus pandemic had resulted in improvement wellbeing. For those, working from home and not travelling to their workplace had improved their work life balance.

5 Moving forward

5.1 Flexible approaches

As all services have had to adapt during the pandemic, the survey asked the advocates from across Wales what had worked well and what they would like to see continuing in the future.

Moving into lockdown on the 23rd of March 2020 meant that advocacy services had to rethink their model of delivery from predominately face-to-face to a more virtual service. Many of those that responded agreed that having to work remotely necessitated the need to expand the range of communication tools required to engage with people.

Lessons learnt during the pandemic indicated that moving forward the default option of face-to-face will remain for initial meetings but various communication platforms such as video meetings, telephone, text, emails or other means will be used more in the future for follow up discussions and meetings. Additional funding and training might be needed to ensure all advocacy services can use the latest technology.

“Phone calls and virtual calls – discuss with client if they are happy to have one face-to-face meeting and then carry out further advocacy over the phone or virtual.”

A common theme from the responses in the survey also found that working on platforms such as Zoom or Teams helped in reducing travel time to meetings, it was easier to arrange meeting with professionals when done virtually which also resulted in better attendance.

“Professional meetings are easier to arrange via Team / Zoom due to not having everybody in the same place.”

Many of the respondents felt working from home improved their productivity especially when carrying out administration work. This finding is supported by research carried out by Microsoft which found that employees save on average 35 minutes a day working at home due to less distraction <https://hstalks.com/bm/p/1086/> but there was also a recognition amongst some responders that a balance between home and office working is desirable.

There was a consensus amongst advocates that risk assessments before face-to-face meetings will continue to be the norm for the foreseeable future as well as regular Lateral Flow Tests and wearing of PPE.

Many emphasised that not all service users can or want to use digital platforms and therefore working with partner organisations to identify safe location in the community to facilitate face-to-face is essential.

For many advocates, the positive and negative aspect of working during Covid needs to be learned such as face-to-face meetings are not always required but that these meetings shouldn't be sacrificed on the altar of technology.

5.2 Hopes and concerns

It was felt by some that advocacy has achieved a higher profile during the pandemic and that advocates *'have shown our absolute worth in this time'* and that this will lead to *'more recognition of the work we do'*.

But many respondents had concerns about awareness of the service, future funding of statutory and non-statutory advocacy and the ability to retain quality staff.

Regarding awareness raising, studies as far back as 2012 have highlighted the need to improve awareness of advocacy services. The response to this survey demonstrates that there remains a lack of awareness leading to a deficit of knowledge among many professionals as to the role of advocacy resulting in:

“Advocates are not invited to meetings in time.”

“Serious concerns as to the lack of knowledge especially amongst professionals abouts people’s right.”

“Clients referred (to advocacy) too late in the day.”

“Advocacy is not promoted at primary and community levels and individual’s voices are not heard as they should be.”

Many also commented that there has been a lack of increase in contract funding over the years which is putting pressure on advocacy services:

“As we come out of lockdown, more and more people wish to access our services, this will place a huge demand on our already stretched service.”

A number of respondents commented that they hope, moving forward, that the Welsh Government recognises advocates as key workers within the Health and Social Care sector but that this is backed up by adequate funding that can allow increase in pay levels recognizing the professional standards expected from an advocate through training.

A study commission 20 years ago by the Department of Health called the Durham Report into Independent Specialist Advocacy in England And Wales: Recommendations For Good Practice by Di Barnes and Toby Brandon with Tricia Webb recommended that a specialist advocate should be on an NJC points 29-32 which was then pegged at £19,770-£21,700 which today would equate to £32,910 - £35,745.

6 Conclusions

Overall, advocates who responded to this survey felt they had provided an excellent service to those who really needed it during the pandemic. Advocates have become creative in the way they work and embraced new ways of working and alternative communication options. Some methods will continue post-pandemic with flexible approaches to best meet the needs of the client. Covid-19 has highlighted how many people are isolated, and how many vulnerable people were falling under the radar previously and that there is an even greater need now than before for advocacy services.

The number of referrals to advocacy services has returned to pre-Covid-19 levels and beyond. Whilst a welcome recognition of the importance of advocacy, this is also impacting on services which were already stretched and have had no additional funding. Whilst most advocates felt their effectiveness had improved, the vast majority felt that their own wellbeing had deteriorated.

Human rights failures, safeguarding issues, blanket decision making and most of the issues reported in 2020 are as significant if not more so 12 months on. The impact on the wellbeing of clients has been exacerbated by the lack of care packages and support from other services.

The following list reflects key areas that advocates feel need to change in order to improve the situation for clients, advocates and services through the pandemic and beyond.

- Ensure that people's legal rights to advocacy are enforced.
- Enhanced understanding of human rights and domestic law amongst other professionals to ensure breaches of rights are avoided.
- Greater awareness of advocacy amongst other professionals along with training to facilitate this.
- Increased funding to meet increased demand.
- The National Framework for Commissioning Independent Professional Advocacy for Adults be used to co-produce advocacy services.
- Advocates be more consistently recognised by Welsh Government as frontline workers and entitled to the Social Care Recognition Scheme (Covid-19).
- Increased access to the support services that existed prior to the pandemic.
- The impact of increased involvement by advocates of adults in childcare cases be acknowledged and included in future funding agreements.
- Wider range of care packages in place to support people with hospital discharge.
- Liberty Protection Safeguards Code of Practice published and reflecting the potential increased need for advocates.

