

POhWER – Written Evidence (LBC0128)

How POhWER's independent advocates uphold human rights

POhWER was established in 1996 by our founders all of whom had disabilities and were fighting social injustice and challenges in their lives. POhWER supports marginalised, vulnerable and social excluded people through its charitable work across the UK.

We look at everyone who needs a helping hand through advocacy to lead independent lives and to uphold their rights. <https://www.pohwer.net/>

POhWER's advocacy services are outcome-focused and client-led. Our advocates are trained to work with all clients to focus on identifying, recording and reviewing outcomes for each individual. These client-led outcomes can include helping people to:

- access information and services;
- understand their options, their rights and the system (e.g. the policy / procedural/ legal framework) that impacts on their quality of life and understand how to navigate this complex system to engage with professionals involved in decisions affecting them;
- make informed choices;
- feel empowered and confident to take forward their issues;
- improve their quality of life / resolve issues that compromise their health;
- improve their wellbeing or quality of life;
- speak up and self-advocate / self-help;
- prevent escalation of their issues;
- engage with local services;
- secure entitlements and rights;
- maintain or enhance their independence

Some examples of independent advocacy services POhWER currently offers include:

Independent Mental Capacity Advocacy (IMCA) If someone doesn't have capacity to make an important decision about their care and treatment there is a danger that the decision made will not reflect their views and wishes. Our advocates represent people who don't have friends or family to speak for them. Our Relevant Person's Paid Representatives (RPPRs) make sure that people's rights are upheld when they are deprived of their liberty.

Independent Mental Health Advocacy (IMHA) Being detained under the Mental Health Act can be a frightening and confusing experience. Our advocates make sure people understand their rights and are involved in decisions about their care and treatment. They also support people who are living in the community who are subject to Guardianship or who are receiving Supervised Community Treatment.

Independent Health Complaints Advocacy (IHCA) When things go wrong with NHS care or treatment people often don't know where to turn. Our advocates can explain the options and support people who choose to make a complaint.

Independent Care Act Advocacy (ICAA) The Care Act says that everybody should be involved in decisions about their care and treatment. For people who struggle to understand the decisions and how they are made our advocates help them to speak up and be heard.

Secure and Complex Advocacy People in secure settings may not understand what is happening to them and have difficulty trusting staff. Our advocates can help people with conditions including learning disabilities, mental health conditions, autistic spectrum disorders and acquired brain injury to voice their concerns, understand their rights and feel safe. Where they are unable to communicate, we will speak up for them. Our advocates support people in prisons, high, medium and low secure hospitals, Psychiatric Intensive Care Units, acute settings, step-down units and residential facilities.

Community Advocacy People who are vulnerable due to a disability, illness or their age may find it difficult to put their views across or feel they aren't being listened to. Our advocates can support people to deal with an issue they are facing.

Infrastructure Advocacy Rights-led support for people who are impacted by large scale infrastructure projects such as railway and highway construction, whose lives have been impacted. Or even small scale temporary infrastructure projects such as many currently being deployed to on pavements and roads to support social distancing enabling better access to local business to stimulate post COVID economic recovery, which however often has unfortunate effect of removing/hindering access to physical, sensory, Learning Disabled and/or indeed older cohorts of our populace.

Employment Advocacy Support for people who have had difficulty due to disability, mental health or illness who want to return to the workplace or re-train.

POhWER's COVID 19 First Wave Pandemic Experience

Independent advocacy is often there when powerful institutions or systems break and fail to support vulnerable, marginalised or socially excluded people. The COVID 19 pandemic was an example of where difficulties were exacerbated, particularly through the context of the suspension of local authority Care Act obligations and the relaxation of the Mental health Act:

- Access to basic needs such as food and medication
- Barriers to public information due to poor public health information accessibility.
- Difficulty with social distancing because of support needs requiring people to be within close proximity of others, physical necessity or because they are institutionalised.
- Lack of access to peers with shared 'lived experience' who can support during times of distress.
- Poor future planning to address pent-up demand for mental health and care services post-lockdown.
- Lack of understanding by local and central government on how to address gaps in information and services to ensure mainstreaming of requirements.
- Serious disruptions to the services people rely on.
- Additional factors placing people in a position of further inter-sectional discrimination including race, ethnicity, religion, sexual orientation, gender identity, digital exclusion, low income, education, literacy and other forms of socio-economic disadvantage.

Reflecting on the last few months, had POhWER been given advance notice of a global pandemic and anticipated the impacts this would have had on our society and beneficiaries we might have prepared differently overanalysing risks and underestimating capacity. The rapid pace and limited Charity resources drove a creative and nimble advocacy services model necessitated by the pandemic and the charity was able to respond, mobilise and react swiftly

POhWER's beneficiaries include some of the most vulnerable, marginalised and socially isolated or excluded people in British society. Our rights-led work brings us to care homes, hospitals, GP surgeries, prisons and mental health institutions across the United Kingdom.

Pre-pandemic in the 12-month period leading up to lockdown, POhWER supported 55k (4.5k month average) people with 1:1 advocacy support, 251k through our Help Hub Call Centre and 441k through self-help digital information assets.

Between March and June 2020, on average we supported 7.5k people/month with 1:1 services and saw an 275% increase in contacts to our Help Hub. We supported over 72k+ people in a 3-month period through telephone or virtual contact.

Digital and technology enablement helped us to innovate and launch new services models never before tested in the Charity:

- Virtual advocacy drop-ins to any member of the public (Facebook)
- Automation through BOT technology of our reporting and administration to free up advocates to face off to people in crisis

- Use of Whats App, Zoom, Teams and Skype to enable people to see our advocates and be assured there was someone looking after them
- Keeping in touch calls to socially isolated people checking on wellbeing and safety

POhWER's COVID 19 Impact: Selected Case Studies

Some examples of POhWER's case studies during COVID 19 lockdown included:

Carrie's Story

Our client 'Carrie' emailed her advocate, Rebecca to explain how her support had been a lifeline for her during the early days and weeks of lockdown:

"I was literally on my knees in complete despair, I had no food and was not taking my medication due to acid reflux and heartburn from no food. With the Coronavirus I couldn't get out, the mental health team still didn't help.

I was once again really suicidal and you were honest with me and said you needed to file a safeguarding referral and immediately I received a call from adult social services and a guy started to assess me over the phone. He said if I need shopping or anything he would do it and said he would work with me. He has given me a number to call him on.

Then I got a call from my GP who sorted out a referral to the NHS responder volunteers to shop for me and collect medication. I am now eating properly and taking medications and don't feel alone. You have been that constant person I have needed who has my back and makes sure I have a voice and empowers me.

You are just as much a hero as frontline workers, I cannot thank you enough for the support you have given me, the tireless work you put in each step of the way and arranging meetings for me to go through the complaints process and the support they should have given me but didn't that you have put into place for me. You are an amazing person and have given me hope for the first time in years and a strength I never knew I had. From the bottom of my heart thank you."

HertsHelp Community Support in Hertfordshire

POhWER delivers the HertsHelp service in Hertfordshire, providing the gateway to health and social care services. In March Hertfordshire County Council asked us to increase our service provision so we could support the response to COVID-19. We were able to mobilise at short notice to:

- Set up all advisors to work from home, ensuring an ongoing response to enquiries
- Increase our hours of operation so advisors are available from 8am to 8pm seven days a week
- Recruit new advisors and redeploy existing staff so all residents receive a rapid response

We have worked with our partners to provide vulnerable people with access to vital support. In the three months from 23rd March our advisors handled:

- 72,588 contacts, a 275% increase from the same period last year
- 4,139 request for help to access food parcels or meal deliveries
- 1,231 request for help to collect medication
- 2,423 requests for help with shopping

POhWER's suggestions for independent advocacy in the future

People-Centred and Integrated: POhWER recommends advocacy commissioning follows in the same vein as Social Prescribing and that we move towards a holistic integrated model of support which is tailored to people's intersectional identities not a mainstream model not suitable for everyone. It is important that data and systems are interconnected to promote people telling their story once and minimising meetings to resolve their issues.

Access: Independent rights-led advocacy is not always accessible to most who need it when they need it. POhWER proposes funding to expand a digital inclusion programme which would benefit and create accessible pathways to rights-led advocacy. POhWER would also like to see support provision for those who are digitally excluded and lack a lifeline to resources – remote areas, disability.

Transparency: As advocates we don't always know of the existence of people locked away in institutions who need our support. We believe there needs to be greater transparency and legal measures to mandate disclosure of individuals in institutions to ensure they have their voices heard and rights upheld. Advocacy can be a powerful checks and balance.

Expansion of Community Advocacy: Anyone at any point in their lives can benefit from advocacy – we'd like to see a greater focus on funding independent advocacy in non-statutory situations and within local communities and supporting local systems working.

The COVID-19 pandemic has had a profound effect on people's lives and we know that many of the people we support are acutely affected. This may be because they are particularly vulnerable to the virus or because the restrictions are having a negative impact on their mental health and wellbeing.

For this reason, now more than ever, it is vital that people have access to advocacy to ensure they understand their rights and that these rights are upheld. This is particularly the case in the context of the suspension of most local authority Care Act obligations and the relaxation of the Mental Health Act.

27 August 2020