

OXFORDSHIRE ADVOCACY

**FINANCIAL STATEMENTS
FOR THE YEAR ENDED
31 MARCH 2017**

Charity No: 1131403
Company Registration No: 06845465

UNAUDITED FINANCIAL STATEMENTS

YEAR ENDED 31 MARCH 2017

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GENERAL INFORMATION

Registered charity name	Oxfordshire Advocacy
Charity number	1131403
Company registration number	06845465
Principal & registered office address	Barton Neighbourhood Centre Underhill Circus Barton Oxford OX3 9LS
Trustees	Amanda Beckett (appointed 15 November 2016) Katherine Boyce Christopher Bright (resigned 3 January 2017) Laura Epton Robert Mathers (resigned 15 November 2016) John Parry Charlotte Taylor
Independent examiner	Dick Maule
Bankers	CAF Bank

**TRUSTEES' ANNUAL REPORT
YEAR ENDED 31 MARCH 2017**

The trustees, who are also the directors for the purposes of company law (referred to as trustees throughout), present their report and the unaudited financial statements of the company (referred to as the Charity throughout) for the year ended 31 March 2017.

REFERENCE AND ADMINISTRATIVE DETAILS

Reference and administrative details are shown in the schedule of general information on page 2 of the financial statements.

THE TRUSTEES

The trustees who served the charity during the year are shown on page 2.

OUR AIMS AND OBJECTIVES

What is Oxfordshire Advocacy (OA)

We are an Oxfordshire based charity known locally as "Getting Heard" providing a free, confidential and independent advocacy service through staff and volunteers. Since 1989 we have been supporting disadvantaged and marginalised adults in Oxfordshire, ensuring their needs are expressed and their voices heard, empowering them to have their rights, views and wishes taken into account in important decisions that affect their lives. Our advocates take a person-centred approach, working in partnership with clients to empower them to get their voices heard on life impacting decisions. This support encourages our clients' inclusion and connection on issues which impact their day to day lives. Our beneficiaries include amongst others people with a physical or learning disability, physical or mental ill health or other substantial difficulty.

Our mission statement

We exist to support disadvantaged adults, ensuring their needs are expressed and their voices heard, empowering them to have their rights, views and wishes taken into account in important decisions that affect their lives.

Purposes and aims

Our charity's purposes as set out in its Articles of Association are to:

- a) Promote awareness of and understanding of advocacy practice.
- b) Develop advocacy services in order to address disadvantage experienced by people who need advocacy support and help.
- c) Provide an advocacy service in order to address disadvantage experienced by people who need advocacy support and help.
- d) Assist individuals and groups in empowerment, inclusion and protection of rights though representation of their views.
- e) Provide support for providers of advocacy.
- f) Develop and provide coordinated training and education on advocacy and on issues relevant to advocacy.
- g) Promote the recruitment of volunteers interested in becoming advocates.
- h) Develop and promote good practice standards for advocacy.

Ensuring our work delivers our aims

We review our mission, aims, objectives and activities each year. This review looks at what we achieved and the outcomes of our work from 1 April 2016 until 31 March 2017. This review focuses on key activity and the benefits this has brought to those the organisation is set up to help.

THE FOCUS OF OUR WORK

This year was an opportunity for Oxfordshire Advocacy to consolidate and enhance services for clients after successfully securing three year funding for three of its four advocacy services towards the end of 2015/16. Having secured this income we prioritised investment in service quality reviewing every aspect of organisational effectiveness including governance, leading to a decision to grow our Board of Trustees from five to eight in order to broaden the skill-set required to deliver exceptional services. We also commissioned a review of strategic opportunities for growth, which then informed our 2017-2020 strategic plan with an ambition to diversify our statutory contracts, grow our non-statutory services, grow income generating activities with a social enterprise start-up, broaden our partnership working and to do more to invest in co-production with the people we support. In recognition of all this investment we were awarded the Quality Performance Mark (QPM) in January 2017, an industry standard for advocacy services.

Through-out the year we saw exceptional demand for advocacy services, in particular for Independent Mental Capacity Act advocacy (IMCA). We believe this increased service demand to be the result of both increased need given Oxfordshire's ageing population with 53% more over 65s predicted over the next 15 years and also Oxfordshire Advocacy's investment in service promotion. With respect to our non-statutory advocacy services this increased demand for advocacy has correlated with funding cuts to other service providers leaving residents with less options for support. It is important to note one exception, Independent Care Act Advocacy (ICAA). In keeping with national trends we did not receive the referrals anticipated and identified occasions when referrals should have been made by the local authority and were not. Similar to other advocacy service providers we also had cause to express concern to the local authority that some decisions taken in respect of clients were being driven by budget rather than needs led planning.

During the year we experienced some staff changes as a long-standing and much valued Advocate (Julie Walters) relocated with her family to Edinburg. During the year we also saw the departure of three other Advocates (Jaqueline Guerin, Glenn O'Halloran and Chloe Evans) who left for other career opportunities. All these vacancies were filled and did not impact on our ability to deliver services for our clients. At the start of the year we were hopeful our national partner the Older People's Advocacy Alliance (OPAAL) would secure funding to continue its Cancer and Older People's Advocacy project (COPA) of which we were a delivering partner. This was not ultimately possible and our formal partnership with OPAAL and the COPA service concluded at the end of the financial year. As the likelihood of this outcome became apparent in Q2 Oxfordshire Advocacy began a re-evaluation of its health advocacy services and in Q3 piloted a new service called Appointment Buddies with funding from the Barton Healthy New Town grant programme. With strong community buy-in for this new service Oxfordshire Advocacy submitted a Big Lottery bid at the end of 2016/17 in partnership with Archway a local befriending charity and the Barton Community Association. We are committed to the continuation of this service and will also be submitting other bids.

Four different advocacy services

In 2016/17 we offered our clients five different independent advocacy services:

1. Care Act
2. Mental Capacity Act
3. Community
4. Cancer & Older People
5. Appointment Buddies

In total there were 626 new cases up 5% on the previous year, with our non-statutory Community, COPA and Appointment Buddies services accounting for 49% of cases. These services were delivered on average by a team of 10.3 office-based part-time staff (accounting for 6.09 FTE), 5.6 home-based RPR workers (accounting for 0.25 FTE) and 40 volunteers. Below we have provided an overview of the focus of work for each of these services.

1.) INDEPENDENT CARE ACT ADVOCACY

Independent Care Act Advocacy (ICAA) is defined by the Care Act 2014, which states that no matter how complex a person's needs Local Authorities must enable people to be fully involved in decisions about their care. This covers the following processes:

- a) Care and carer's assessments
- b) Care and support planning
- c) Care reviews
- d) Safeguarding enquires
- e) Safeguarding reviews

This means those with a substantial difficulty and no appropriate adult for support have a legal right to an independent advocate to assist them through these processes. This right also extends to carers who provide care to relatives or friends. 2015/16 was Oxfordshire Advocacy's second year of delivering this new service as part of a three year statutory advocacy services contract with Oxfordshire County Council starting 1st April 2016.

Persistent low referral rates

This year we saw a continuation of the low referral rates seen last year with only 108 eligible referrals in 2016/17 compared to our 160 target. This trend is concerning as we had anticipated that by now Social Workers would be more familiar with their statutory duty to refer, especially given extensive outreach activities conducted by Oxfordshire Advocacy across both years. According to Kate Mercer Training the referral rates seen in Oxfordshire are consistent with a national trend: "A freedom of information request made by Community Care, found that independent advocates were provided to just 2.1% of 253,000 people assessed under the Care Act between April and September 2015. The government's impact assessment estimated 7% would qualify for, and accept, support" (Advocate Provocateur: A challenge and a call to Advocates in 2017).

Failure to refer

During the year Oxfordshire Advocacy received a number of referrals for Care and Support Plans and also Care Reviews where a Needs Assessment had either not been under-taken or had been under-taken without

instruction of an ICCA. In addition we were made aware of cases where a safeguarding enquiry was underway and the person was eligible for an ICAA but a referral had not been made. In each case we reminded Social Workers of their statutory duties and the risks posed to Oxfordshire County Council if they failed to refer and provide people with the advocacy they were legally entitled too. In Q3 of the 2016/17 reporting period Adult Social Care restructured and amongst other changes created a dedicated Care Review team. Looking ahead to 2017/18 it is hoped that this new structure will go some way to addressing the low referral rates, ensuring eligible Oxfordshire residents have the advocacy they are legally entitled too. If this change is not seen Oxfordshire Advocacy will need to explore further what more can be done to support the local authority to meet its legal duties.

Budget led care planning

Through-out the year our Advocates encountered cases that left them concerned that budget led care planning was being under-taken, in breach of the requirements under the Care Act for needs led planning. In the case of all ICAA referrals with the exception of one Advocates were able to resolve their concerns without needing to escalate the matter. In one case the Advocate was unable to reach a satisfactory resolution necessitating the submission of a challenge that was then escalated to the local authority's Monitoring Officer. After escalating to the Monitoring Officer this matter was resolved without recourse to legal action as detailed in the 1st case study. Given rising demand for adult social care services there is a concern nationally amongst advocacy service providers that social workers will be under increasing pressure to be led by budget not need. Such concern is particularly evident in the complaint submitted by Equal Lives to the Care Quality Commission that alleged Norfolk County Council were responsible for a systemic failure in compliance with the Care Act following removal of well-being payments from people's personal budgets in 2014. Looking ahead to 2016/17 this concern will be carefully monitored by Oxfordshire Advocacy's team of ICAAs.

The difference Care Act Advocacy makes

Independent Care Act Advocacy has the capacity to make a life changing difference. The people we partner have no one else in their lives to support them to get their voices heard and rights asserted. Without our support they could struggle to articulate their needs leading to an inadequate care plan being put in place. With local authorities under increasing pressure as demand for services increases whilst budgets are cut, the need for this service has never been more important to ensure the rights of the most vulnerable people in our society are protected. Below we have detailed two case-studies summarising the impact Care Act Advocacy made for two Oxfordshire residents. Looking ahead to 2017/18 we want to find new ways of capturing the impact of this service. Towards the end of 2016/17 we launched a new outcomes tool in an easy read format asking the people we support to give us feedback. To date take-up of this tool has been low and we will be working to explore what more we could be doing to gather and act on feedback from the people we partner. We also launched an online survey to gather input from professionals on our service. In Q4 we had 5 responses from professionals in respect of ICAA services all of which were very positive.

1st Case-study

X was referred to Oxfordshire Advocacy for an ICCA to ensure X's best interests were represented in a decision about his change of accommodation. X had a severe learning disability and was almost blind. He relied on using his bare feet to feel his way around the care home. X had no direct family and the only unpaid people he knew were the other residents. The care home that X had been living in for over 20 years was run down and no longer suitable. Oxfordshire County Council had established a transformation project team with a supported living provider to explore transferring X from the care home to support living.

At the point of the ICCA's involvement alternative houses had been identified and the project team were working to ensure that the long standing relationships clients had established over time in the care home would be respected and identified a house for X to live in with 3 other residents from the care home. The new house was five minutes' walk from the care home and residents' weekly and daily structure would not need to change. This meant X would have been able to access the same community and range of activities that he enjoyed. The continuity of the same routine and the same support workers who know and have worked him for many years was identified as being important to make the transition easier.

When the ICCA was appointed they took time to get to know X. Whilst X was unable to verbalise using words he was able to give some indication of his feeling by gestures and humming sounds. Through a combination of observations and conversations with staff involved in X's care and other residents the Advocate was able to ascertain that X liked to sit in the sitting room with the others and listen to music with them. It was clear that the other residents treated X as a key part of the group and were his effective family, and that a move that enabled him to remain with the residents who were closest to him was crucial. The Advocate also ascertained that continuity in X's routine and external environment would be important to minimise the impact of the move, with a need to ensure the layout of his room in the new house replicated his old room as much as possible.

The Advocate represented these needs on X's behalf and on the basis of his needs assessment and the best-interest decision X was due to move into the new house that had been identified a short distance from the care-home with 3 other residents. When this proposal was taken to funding panel the best-interests decision was over-turned as it was said that X's needs could be met in a residential care home. X did not have the capacity to challenge this decision so his Advocate had a statutory duty to make a challenge on his behalf (section 67 of The Care Act 2014). The Advocate made a case to the Local Authority's Monitoring Officer on the grounds that this decision was unlawful as it was budget-led not needs-led. The Advocate also argued that this decision breached X's Human Rights as defined by Article 8 of the Human Rights Act (1998), the Mental Capacity Act (2005) under principles of 'best-interests' and 'least restrictive option' and The Care Act (2014) under the 'wellbeing principle'.

Having submitted this challenge to the decision, the funding panel agreed to continue to fund above X's indicative budget based on his eligible needs so that he could move to the new house. The issue of why the costs were so high is still being disputed between the local authority and the support provider. As a result of the Advocate's involvement X is now living in the new house and has settled-in well, resulting in OCC avoiding potential litigation regarding budget-led planning. Since making the challenge, there have been several meetings with OCC and the supported living provider, and we have facilitated communication between the two. OCC have fed back that this case has highlighted the need for more widespread practice of using assistive technology, and the need to look closely at how providers are allocating the hours paid for in their personal budgets.

2nd Case-study

X had arthritis and was living in extra-care housing. X had been using her pendant alarm to call for help very frequently, when it was intended to be used only for emergencies. The relationship with the care provider was in danger of breaking down. The care provider was 'in-house', and external care providers were not used. This meant that a break-down of the care arrangements would probably have resulted in X having to move. X was referred to Oxfordshire Advocacy by her social worker for advocacy support for a care review and a possible move into residential care. The referral was made for an IMCA, because the occupational therapist had

assessed that she did not have capacity to understand her care needs, but the advocate and social worker considered that she probably did have capacity, and so the case was taken under the Care Act.

The advocate visited X, and took time to build up a rapport with her. X said that she wanted to be able to stay in her flat and was adamant that she did not want to go into residential care. X told the advocate that she used to be able to walk using her walking frame, but that the carers said she was at too high risk of falling, and she had been confined to bed for the past year. X was very unhappy about this because she missed being able to do things for herself. X was upset that she had to rely on incontinence pads, and get cleaned by the carers in bed, instead of being assisted to use a commode. X also wanted to be able to have her hair washed and coloured. The advocate talked to X about why she was using her pendant alarm so much. X said that she felt very isolated, and suffered with anxiety a lot. X said that she was an anxious child, and that her husband had been abusive to her. X then said that she found it hard when the carers sometimes "shouted at her". The advocate asked more about this, and X said that she had learnt to shout back at them. X said that the carers don't really chat to her, and she thought that a lot of the problem was that the carers are really tired and don't have enough time.

The advocate immediately contacted the social worker, and they agreed that the advocate should raise a safeguarding alert. The advocate went back to talk to X before raising the alert, to explain to X that the advocate had a duty to notify this to social services. X was a little anxious about this and told the advocate that she feared it would make the situation worse, but she was reassured by the advocate. The advocate also looked at X's care plan and noted that it contained outdated information and did not reflect X's current care needs. The advocate notified the problem with the care plan to the safeguarding team at the same time as reporting the disclosure by X about carers shouting at her.

A week later, the advocate supported X at a care review meeting with the care provider, the social worker and the occupational therapist. The outcome of the review was that it was recognised that the current care plan was insufficient for the client's needs, and this may have contributed to her frequent usage of the pendant alarm. A number of actions were agreed at the review meeting, including (a) occupational therapy to source a specialist wheelchair to enable the client to be able to sit out of bed; (b) occupational therapist to source a commode/shower chair so that X could be showered rather than washed in bed; (c) befriending support in the evenings from a charity to reduce isolation; (d) psychological input through the Community Therapy Team. The outcome of the safeguarding process was that the care provider apologised to X, and said they would be discussing communication with her at team meetings, and would be updating her care plan.

2.) INDEPENDENT MENTAL CAPACITY ADVOCACY

Since 2007 Oxfordshire Advocacy has been providing an Independent Mental Capacity Advocacy (IMCA) service for Oxfordshire residents. This is a statutory service defined in law by the Mental Capacity Act 2005 for those without mental capacity who do not have friends or family available to consult on decisions relating to change of accommodation or serious medical treatment. This is an essential safeguard to ensure best interest decision making is carried out for these individuals and that their wishes and feelings, as far as this is possible, are represented and taken into account. Much of Oxfordshire Advocacy's work in this regard involves partnerships with people who have dementia for whom a change of accommodation is being considered.

This service also includes Deprivation of Liberty Safeguards (DoLS) and Relevant Person Representatives (RPR). Sometimes someone who lacks capacity needs to be restricted in order to provide treatment or care which is necessary in their best interests to protect them from harm. The degree and level restrictions may amount to a deprivation of liberty (DOL). The role of a DoLS IMCA is to ensure that any care that restricts a person's liberty

is both appropriate and in their best interests. Once an authorisation under DoLS has been approved, the role of the RPR is to then maintain contact with the person under the DoLS, and to represent and support them in all matters relating to the deprivation of liberty safeguards. Including, if appropriate, triggering a review, using an organisation's complaints procedure on the person's behalf or making an application to the Court of Protection.

Rising demand for IMCA services

In 2016/17 we had 209 new IMCA cases compared to a contractual target at the start of the year of 100 new cases. Through-out the year concerns were raised at contract monitoring meetings that this target needed to be revised. In January 2017 a revision to contract was issued increasing the target from 100 to 127 new cases. As the revision to contract was issued late in the year this workload was managed with thanks to staff working additional hours and forgoing holiday, whilst a recruitment process was initiated for additional Advocates. Even against this revised target Oxfordshire Advocacy exceeded the target set by 65%. These referral rates are not surprising taking into account the referral rates for the previous year with 152 IMCA cases and 36 paid RPRs. They are also reflective of Oxfordshire's demographic trends with 26% growth in the number of over 65s predicted in the next 10 years and rising numbers of single person households. In 2016/17 Oxfordshire Advocacy was able to accommodate demand for the IMCA service due to low referral rates for the ICAA service. Looking ahead to 2017/18 it is likely that sustained demand for this service will mean the new target of 178 is exceeded. If this is the case and referral rates for the ICAA service pick-up then without additional resource Oxfordshire Advocacy could struggle to meet demand for the IMCA service.

Increased rate of referrals for RPRs

At the start of last year we had anticipated seeing a sharp rise in the number of RPRs requested as a consequence of the Cheshire West Ruling. This increase did not materialise in 2015/16 as Oxfordshire like many other authorities dealt with a substantive back-log of approximately 1,300 individuals. In 2016/17 we have begun to see some movement in the number of RPR requests rising from 36 in 2015/16 to 45 in 2016/17. We expect to see this trend continue into 2017/18 as the DoLS office have advised us that more resource has been invested in Best Interest Assessors. This is a really positive change. People requiring a RPR invariably live in a care home without any friends or family to visit. In the absence of a RPR there would be no-one to check on their well-being, which is particularly risky when a care-home is struggling. Here are some examples of the impact that the RPR service can have on people's lives:

- Arranging a review of medication for a client who was being given strong anti-depressants on a PRN basis, as and when needed, which was being decided by staff rather than the prescribing doctor
- Ensuring that staff begin monitoring a person's weight, following significant weight loss
- Tracking down a man's lost Zimmer frame enabling him to move about independently again
- Arranging for a woman with a very dishevelled hair style to have a visit from a hairdresser

Changes to our RPR delivery model

In response to increasing numbers of RPR referrals Oxfordshire Advocacy initiated a review of its RPR delivery model. Historically the organisation has had a team of 5 to 7 specially trained volunteers undertaking paid RPR work as and when required. This approach had the benefit of broad geographic spread across the County, reducing travel expense claims. However in turn it meant that the RPR Supervisor had responsibility for supervision of 5 to 7 individuals taking up a significant amount of time. In consultation with staff and volunteers a proposal was made to move to a new working model. This proposal was initially for two RPR posts each 0.2 FTE (0.4 FTE total) with one covering the South of Oxfordshire and the other the North. Following a contract revision in January 2017 increasing our IMCA target including RPR referrals, this proposal was revised to a 0.6 FTE total. All the existing RPR workers were invited to apply for this opportunity with 2 workers (Susan

Mackie and Jo Barnicoat) expressing an interest for 0.2 FTE and 0.4 FTE respectively. Following the application of due process these two workers were confirmed in post at the end of 2016/17.

Introduction of Community DoLS

On 19 March 2015 the Supreme Court ruled that local authorities should apply to the Court of Protection for authorisation of a Deprivation of Liberty where customers living in the community fulfil the “acid test” for what constitutes a deprivation of liberty, namely they are not free to leave and are under continuous supervision, monitoring and control. In the Summer of 2016/17 Oxfordshire County Council set-up a new team to oversee Deprivation of Liberty Safeguards for people living in the community without mental capacity, principally adults with learning disabilities living in supported living. In discussion with Oxfordshire Advocacy an agreement was reached that the IMCA service would take 12 referrals as part of the revised total target. Our IMCAs have developed a particular skill in visiting the client and preparing the Witness statement that is required by Court of Protection as part of the application for a DOLS authorisation, and then carry out regular visits to that client to ensure the terms of the authorisation are upheld. At the expiry of the authorisation, a report is written and submitted to the Court, and renewal is considered.

1st Case-study- community DOLS

Note: As 2016/17 was the first year Oxfordshire Advocacy under-took a Community DoLS referral we thought it useful to give a more detailed case-study for this activity than we would ordinarily include within our Annual Report.

X had a learning disability and physical ill health and had been living in supported living environment for more than 10 years with no family or friends. The vast majority of her life was supported and regulated and as a result she was being deprived of her liberty, which she had been assessed as lacking the capacity to understand. A Community DoLS referral was made to Oxfordshire Advocacy to support Oxfordshire County Council’s Application to the Court of Protection for a Deprivation of Liberty Safeguards Authorisation. The advocate visited X at home in order to complete the COP24 witness-statement, they spoke with X and her support workers, was shown around the X’s home, and reviewed the Care and Support Plan.

The advocate considered X’s wishes, beliefs, values and feelings. X told the advocate about living at home, stating that she enjoyed living with the other residents, she liked her carers, she appeared to enjoy the home activities and the Day Services; she showed the advocate photographs of her holiday, of visits and of her participating in various activities. The client appeared to be very happy, she was able to let her support staff know if she was unhappy and she was able to make simple choices. The advocate noted that during the visit the client was supported to arrange a weekend visit to a friend. The advocate observed that X required support with maintaining personal care, she needed support with meal and drink preparation and to ensure she had an adequate fluid and oral intake. The advocate reviewed the X’s medication which was prescribed regularly; she took oral medication independently, medicines were not given covertly, and the advocate confirmed that medication had been reviewed within the last 12 months.

The advocate inspected X’s Care and Support Plan, which supported the conversation had with the X and the home manager. The advocate also read the Oxfordshire County Council COP 10 report and understood that the Care and Support Plan was relevant, in X’s Best Interests and could be seen to be the least restrictive option. The advocate noted that the care plan was person-centred and there were photographs of her partaking in activities. The advocate also noted the shared support; 1:1 support on their day at home and shared sleep-in care with the 2 other residents. X was under constant supervision at home and out in the community. Whilst

the doors were unlocked, she was unable to leave the house independently due to risks including lack of traffic awareness, exploitation and abuse. She was also at risk of falls and the consequences of having a seizure whilst out in the community. The implementation of her Care and Support Plan meant that the involvement of staff in her everyday life led to constant supervision and control, and amounted to a Deprivation of her Liberty as per the Cheshire West judgement. In line with the Mental Capacity Act, the advocate concluded that this involvement could be considered to be in her Best Interests in order to keep her safe and well. Moreover, the Care and Support Plan appeared to be a reasonably unrestrictive option.

Following authorisation from the Court of Protection, the advocate has since taken on the role of Relevant Person's Representative, visiting X monthly to fulfil the obligations of the authorisation by ensuring that the client's Care and Support Plan is delivered in her best interests. One of the roles the RPR has been involved in is supporting the X's support staff to liaise with secondary care regarding consent for elective surgery.

2nd Case-study- Serious medical treatment

X had a major stroke and was admitted to hospital. The following day, her husband passed away. X had refused treatment for a stroke the previous year, and on this admission had pulled out a naso gastric feeding tube which was asserted after she had been assessed by the SALT team as not being able to swallow safely. X was assessed as lacking the capacity to make decisions about her treatment and an IMCA was appointed. The serious medical treatment to be considered under The Mental Capacity Act (2005) related to whether it would be in her best interests or not to insert a PEG feeding tube and allow X to have a dignified death.

Insertion of a PEG feeding tube comes with the risk of infections, the surgical process is invasive and presents risks associated with general anaesthetics. X was very unwell and may not have survived the operation, and in any event may have pulled at it afterwards.

The IMCA visited and observed X in hospital, spoke with staff who had been treating her, read the files and then set out in the Report the options and things that need to be considered at the best interest meeting to ensure that her rights were upheld and any wishes or views that she held were respected. Both in the IMCA report and at the best interest meeting, the IMCA turned the question around to one which considered whether medical intervention would be unlawful, given that X had expressed her wishes previously and through non-verbal actions currently, and the IMCA cited relevant case law. This was helpful to the decision-maker, and the decision was taken to continue to offer pureed food but not to insert a PEG feed tube. X started to eat the pureed food and recovered enough to move to a residential care home without the need for surgery.

3rd Case-study- change of accommodation

X had lived in a care home in the north of the county for over 15 years. He had a learning disability and was described by professionals as exhibiting challenging behaviour and no contact with his family. The Agency managing his Care had undergone very poor CQC inspections, had difficulties recruiting staff and had decided to close the home at the end of the month. An IMCA was appointed to support X around the proposed change of accommodation. Three of the five residents had already moved out and only X and one other resident who was due to leave imminently were still there.

X was agoraphobic and found it difficult to go out. For the previous few years he had been attending an activity workshop nearby where he had been able to develop his technical skills and also build up relationships with the staff there. He did not want to have to give it up but because of the tight deadline for finding alternative

accommodation, various options had been proposed but all at the other end of the county and too far for him to carry on with his chosen activities. He was also getting increasingly distressed about finding himself left behind in the house with staff and other residents all disappearing.

The IMCA visited X and spent some time sitting in the lounge with him. He had limited communication skills but was able to say what he liked doing. The IMCA also talked to his carers and established that despite the fact that the move had been planned for some time, there appeared to be no reasonable alternatives near to his current home for X to move to for consideration at the Best Interest meeting.

The IMCA expressed X's wishes to the social worker and emphasised the importance of finding a less restrictive option, and in particular accommodation nearby to allow him to continue with his preferred day activities. A space was then identified in a house in Oxford on the basis that X had been born in Oxford and was known to have a distant cousin there. However the IMCA pointed out that this was still not giving him the chance to continue to do his chosen activity. The IMCA's report for the Best Interest meeting highlighted the fact that X's wishes were of paramount importance and should be kept at the centre of the decision making process. At the Best Interest meeting it was agreed that more effort should be made to identify more suitable accommodation for X. At the last minute the day before the closure was due a place was found in the adjacent county but close to his workshop. He visited and appeared comfortable with it especially once he had identified that he could still attend the workshop. Although there was not really enough time for preparation, the move went ahead and X has settled in well and continues to attend his chosen workshops.

3.) COMMUNITY ADVOCACY

Since 1996 we have provided a free, independent and non-judgmental non-statutory Community Advocacy service for disadvantaged adults in Oxfordshire without friends or family available to support. This service partners those in need with specially trained volunteer advocates who support clients to get their voices heard on a range of life impacting decisions. This support can take a range of different forms including: listening and talking through options, writing letters, making telephone calls, conducting research, preparing for meetings and providing accompaniment to meetings. This service is managed by our Programme Coordinator (0.8 FTE) who triages all enquiries, offers telephone advocacy where required (e.g. sign-posting), establishes partnerships between clients and Volunteer Advocates and then provides ongoing supervision and support.

Increased demand for our services

This year we saw a 7% increase in demand for our Community Advocacy service with 341 active cases compared to 319 in 2015/16. We believe this increasing demand is a direct result of local authority cuts to non-statutory services in Oxfordshire leading to the closure of children's centre, day centres for the elderly and disadvantaged, and also shelters for the homeless. People tell us that as a consequence they are finding it harder to access local services and this was often cited as a reason needing an Advocate. In keeping with last year's Annual Report housing issues accounted for one fifth of cases. However in contrast to 2015/16 we saw an increase in the number of people coming to us for support with benefit issues rising from 16% to 20%. This is most likely due to changes to both the benefits system and the local authority benefits advice contract in Oxfordshire. During the year we heard from many distressed residents who had lost long-standing benefits. Without the support of an advocate they would not have attended important benefit assessments or tribunals, enabling them to act on advice given from benefit advice centres.

As in previous years our clients faced a wide range of barriers to getting their voices heard with 40% experiencing mental ill-health, 31% having a physical disability and 16% a learning disability. Engagement with BME groups was slightly lower than last year at 16.1% of people supported identifying as non-white British compared to 20% last year and 16.4% of the resident Oxfordshire population. As in previous years approximately two thirds of our clients identified as women and we continue to explore more ways to reach out to more men. In 2016/17 our outreach activities included re-designing our publicity materials and connecting with health centres and day centres to raise awareness about our service. We also delivered presentations across Oxfordshire through Age UK Information events and attended a large number of community days. Looking ahead to 2017/18 there is certainly more we could be doing to support BAME groups and this will be one area of priority for the service.

Challenge of volunteer turnover

In keeping with many other Oxfordshire organisations we found it harder this year to recruit new volunteers with only 16 joining the Oxfordshire Advocacy team in 2016/17. The main reasons identified for the diminishing number of volunteers coming forward has been the particularly low unemployment rate, and also increased demands on the newly retired particularly around childcare for grand-children. We also saw an increase this year in the number of volunteers leaving with 23 in total. In some cases this turnover was not unexpected as in seeking Quality Performance Mark accreditation changes were made to improve service quality which some volunteers were not in a position to accommodate (e.g. more frequent supervision). However we've also seen clients presenting with increasingly complex needs and it may be that our volunteers are finding our offer more challenging than expected. In response we now hold group reflective practice for volunteers every other month, in addition to our existing volunteer network meetings. We also offer a 24 hour counselling helpline and more training with 2-3 hour sessions run on the topics of dementia, safeguarding, lone-working and benefits. Going forward we will continue to listen to our volunteers during network meetings to identify anything further we can be doing to support their needs, and also continue to run regular training sessions for new volunteers with 9 new volunteers in this reporting period, and 1 volunteer who returned after a period of stepping back.

Positive outcomes for clients

Advocacy cannot guarantee a positive outcome for clients on the decision being taken. However it does aim to ensure the client's voice is heard in the decision making process, thereby empowering clients to have their rights, views and wishes taken into account in important decisions affecting their lives. At the beginning and end of each partnership our volunteers ask the people they've partnered a number questions to measure the distance travelled as a result of advocacy (with 1 being the lowest score and 4 being the highest). Historically we have asked 3 questions, however following a review of our outcome measurement tool we took a decision to move to using 4 questions (see below) which means we are now asking the same questions across all of our different services. Across all questions asked there were positive changes reported by clients in the six month period from which these new questions were applied, with the biggest change reported being in respect of people feeling listened to as a result of the advocacy support received:

- 1.) I felt listened to = +1.5
- 2.) I felt confident to speak up = +0.67
- 3.) I had information to help me make a decision = +0.67
- 4.) I felt involved in decisions about <issue> = +1.33

In addition to the self-assessment outcomes tool that clients complete, we also now ask referring professionals to complete an online survey. We introduced this survey in the last 3 months of the reporting period across all our advocacy services. The response rate across our statutory services was high, however for our Community Advocacy service we have only received one response. Speaking to referrers they commented that in many cases they are sign-posting clients to Getting Head and have little or no contact with the client afterwards, making it difficult to comment on outcomes. In contrast for our statutory services the referrer (normally a Social Worker) will be actively involved until the case closes. Discussing this as a team we have decided to continue sending this online survey to referring professionals of our Community Advocacy service, however we recognise that the response rate will be low.

1st Case-study

X had separated from her partner following years of domestic abuse. As a consequence of this abuse she was experiencing anxiety, low self-esteem and depression. X had been forced to leave her home with her children and was living in a rented property. X had started legal proceedings to get her share of the marital home but ran out of money before the proceedings were completed. X was told that she was eligible for legal aid, but when she called around she wasn't able to find a solicitor willing to take the case on. At this point X felt unable to take the case any further and was rapidly running out of money, putting her and her family at risk of homelessness. X was therefore looking for advocacy specifically on the issue of accessing a solicitor who would be willing to take on her case.

The volunteer advocate met X in her home and took time to listen to what had happened, building trust. X shared how her confidence had been knocked by years of abuse and that she didn't have the confidence or energy to challenge the solicitors who turned her down when she called round before. Together they agreed that the volunteer advocate would check the client's rights with the law society and the legal services commission. X and the volunteer then sat together and phoned law firms again. When the solicitors began to challenge X's request for help the volunteer advocate supported her to express the reasons why she was entitled to legal aid, and needed their assistance. As a direct result of this support X was able to identify a firm of solicitors willing to take the case on. The volunteer attended the first appointment with the solicitors, giving the client the confidence to attend. This firm of solicitors are now acting for X who now feels confident to take the matter forward with them alone.

2nd Case-study

X self-referred asking for support during his ESA assessment. X had physical disabilities and mental ill-health including PTSD. X was concerned that he might break-down during the assessment and run out of the room. His desired outcome was to be able to engage with the whole process and to feel empowered to make the points he wanted to raise. The volunteer advocate met with X and discussed the points he wanted to raise during the assessment, and supported X to then write a list of these points. They also organized paperwork that X wanted to bring to the assessment and ensured X had everything ready in a file. They also agreed that the volunteer would call X a day before the assessment.

The volunteer attended the assessment with X, who subsequently said that he "would not have got through it without someone there with him". He also shared that all his outcomes for the assessment had been met. During their conversations, the volunteer identified that X struggled with loneliness and isolation and was keen to access befriending services but wasn't sure where to begin to get this sort of support. The volunteer supported X to find a local befriending schemes before the partnership was brought to a close, ensuring X had ongoing support in place.

4.) CANCER & OLDER PEOPLE'S ADVOCACY

Since 2014/15 we have been offering older people (aged 50+) impacted by cancer the opportunity to be partnered with a peer advocate. This was the final year of this Big Lottery Funded project, delivered in our capacity as a local partner of the Older People's Advocacy Alliance (OPAAL). This service partners volunteers with experience of cancer, with clients seeking to get their voices heard through their own cancer pathway. These specially trained volunteer advocates provide clients with 1:1 advocacy when friends or family are unable to support, empowering them to get their voices heard on a wide range of issues from attending medical appointments to end of life planning.

The future of the service

At the end of 2016/17 national funding for this service came to an end despite the best efforts of OPAAL to secure continuation funding. Following consultation with staff, volunteers and local residents it was agreed that there was a need to continue offering health advocacy for over 50s but given the lower than anticipated referral numbers in Oxfordshire for COPA, it could prove challenging to evidence the need for a cancer specific service. As a result of these discussions and wider stakeholder engagement the concept of "Appointment Buddies" arose with the aim of partnering socially isolated residents aged 50+ with a specially trained volunteer advocacy to improve access to primary health care services. More information about the development of this new service can be found below. Going forward Oxfordshire Advocacy will continue to partner Oxfordshire residents impacted by Cancer under its Community Advocacy service. Whilst the Community Advocacy service will be unable to offer the peer and longer-term support provided by COPA, it is hoped this support will still go a long way to empowering older people impacted by cancer to get their voices heard and rights asserted through their cancer journey.

Achievements of the COPA service

OPAAL conducted a robust national evaluation of this project with the support of TwoCan Associates a copy of which can be found at www.opaal.org.uk. Reflecting on achievements at a local level, over the past 3 years Oxfordshire Advocacy has partnered 119 people with over 1300 hours of volunteer time given. Breast cancer, prostate cancer, bowel cancer and lung cancer were the most common types of cancer impacting those seeking support, and the most common advocacy issues raised were in respect of communicating with health professionals and accessing practical support including benefits. Peer volunteers supported people holistically taking a person centred approach led by a person's individual needs: this included taking time to meet with a person before a consultation or treatment to reflect on what they wanted to say and what questions they had; accompanying them to consultations providing both emotional support and also having someone there to support them to say what they needed to say in order to be fully heard; helping people to obtain and understand information about their cancer so they could make fully informed choices; assisting people to access other services such as befriending and transport services to reduce feelings of isolation; and more.

When speaking with the people we partnered about the impact of the COPA service we consistently heard three messages. Firstly that people really valued having someone partner them who had no agenda other than empowering them to express their own wishes and views. Secondly that it was invaluable being partnered with someone who themselves had experience of cancer and knew, often at first hand, the challenges of the cancer journey and that services aren't always as patient focused as they should be. Thirdly that they really appreciated the gift of time that volunteers freely gave. COPA volunteers were free to spend as much time with their clients as they chose, unconstrained by the demands of a statutory service. The

reality is that the volunteers were extremely generous with the time they gave, on average over 11 hours per client, which was greatly appreciated by both the clients and the support staff.

Feedback

Over the course of the 3 years we have received some extremely positive feedback in respect of this service. Here are just a few quotes from the people we have partnered: "At a time when I didn't know where to turn, she provided support and helped clarify things. She showed a way out at a desperate time"..." "Can you thank X I hope she realises just how invaluable she was steering me along a bumpy road"..." "She's very supportive. Most people with cancer need support. It is frightening, you don't know what to expect. When it happens, you just cannot believe it". And from our volunteers: "I feel quite privileged to work with my COPA clients, who tell me, directly and indirectly how they find it so helpful and supportive to have an advocate. I feel useful and able to give something back after many years of work. I feel appreciated". We wish to extend our heartfelt thanks to all the COPA volunteers who have kindly so given of their time to partner those in need of advocacy through their cancer journey. Each of our volunteers will have made a life changing difference to the lives of others with thanks to their kind gift of time.

Case-study

X self-referred as he wanted help to explore his cancer treatment options. He was finding the cancer journey overwhelming and finding it difficult to articulate and assert his wishes. He was partnered with a volunteer advocate who by coincidence had the same diagnosis and had himself been through a similar treatment journey. This brought challenges for the volunteer as he had to be particularly boundaried not to let his view on the treatment options influence X's. However it also enabled both X and the volunteer to quickly form a bond of trust and establish a good working partnership. Over the course of several months the advocate and X had conversations that included discussing an option for some trial treatment. Once X had taken a decision on his preferred treatment option the volunteer accompanied him to his appointments. The advocate supported X to write out the questions he wished to ask in advance and they agreed what level of engagement the volunteer would have during the appointment. During the appointments X then took the lead and as they'd agreed the advocate ticked off the questions as they were addressed and assisted by sharing with X when there was a question that he wanted to ask but had not yet put to the Consultant. At the end of the advocacy partnership the client expressed his gratitude to the volunteer advocate for giving him time and opportunity to think through treatment option, and also attending appointments with him. X shared how this had enabled him to more fully engage in the options available, giving him a greater sense of control over his future.

5.) APPOINTMENT BUDDIES

In October 2016 Oxfordshire Advocacy piloted on a small scale a new service called "Appointment Buddies" with five socially isolated Barton residents age 65+ since October 2016. The idea for this project developed from the Barton Health and Well-being Partnership, established following Barton's designation as a NHS Healthy New Town. Through this partnership a number of organisations, including Oxfordshire Advocacy, Barton Community Association and the Bury Knowle Health Centre, came together to shape Barton's first Health Plan. This plan identified a need to tackle poor health outcomes, including those associated with social isolation. Around the same time Oxfordshire's Clinical Commissioning Group (OCCG) published the "Health Inequalities in Oxfordshire Report" (2016), highlighting challenges faced by socially isolated older people accessing primary health-care services.

This context prompted Oxfordshire Advocacy to initiate discussions about opportunities to work in partnership with Barton residents to address this need. Drawing on learning from a health advocacy model applied to our

Cancer and Older Person's Advocacy service, we began scoping a project titled "Appointment Buddies" and submitted a successful pilot bid to the Barton Healthy New Town grant programme. The pilot was ambitious. Its stated aim was "a reduction in health inequalities and improvements in health and well-being outcomes for 10 socially isolated Barton residents aged 65+". In reality taking a pilot from concept to delivery in 5 months meant the aims evolved to become threefold: (1) engaging residents and volunteers in shaping the design of this project through focus groups, volunteer network meetings and 1:1 feedback conversations; (2) producing and refining the documentation and processes required for this project; and (3) tracking improvements to self-assessed quality of life indicators with before/after questionnaires.

From this pilot we captured a lot of learning that informed the project's final design. From the resident focus group we identified a need to tackle the lack of appropriate transport, leading to a partnership with the BCA to establish a volunteer driver scheme. From both the resident and volunteer group we heard there was a need for a follow-on befriending service; this led to a partnership with the Archway Foundation. From the pilot itself it was clear the service would benefit from widening participation to include self-referrals and that the criterion for referring needed to be amended including lowering the age of participating residents from 65+ to 50+ given compelling feedback on need from the Social Prescriber at Bury Knowle. Looking ahead to 2016/17 the Trustees at Getting Heard are committed to taking this service to scale.

Case-study

X was referred to the Appointment Buddy service as she had lost confidence to leave the house following a fall. Initially District Nurses conducted home visits to dress her wounds. As the client's condition improved she was asked to attend appointments at the health-centre, which she felt unable to do due to her fear of falling. At the point of the referral the resident had not left the house for several months and her condition was at risk of deteriorating. At the first meeting the resident and volunteer explored what options the resident would like to consider. The resident shared that she didn't want to use a walking aid in public, but would appreciate having the volunteer walking alongside her to appointments. The resident and volunteer agreed that twice a week they would walk together to the health-centre. Over a couple of months this arrangement worked well, and the resident regularly attended the Health Centre receiving treatment needed for her injury.

One day the Appointment Buddy was running late. She called her partner and asked what she would like to do, to wait and notify the health-centre they were running late or set out alone. On arriving at the resident's home the Appointment Buddy found she had set out alone with the aid of walking stick. Following this appointment the resident shared with the Appointment Buddy that she felt her job was now done, and that she now had confidence to walk alone to the health-centre. The feedback from the Social Prescriber in respect of this partnership was as follows: "When C first had a fall she was not brave enough to come here. She lost her nerve. The Appointment Buddy service has really benefitted her. You can really see the difference. She started very reliant on the Appointment Buddy and then she became really confident".

INDEPENDENT MENTAL HEALTH (IMHA) & NHS COMPLAINTS ADVOCACY

Oxfordshire Advocacy has a partnership agreement with seAp to whom it sub-contracts the Independent Mental Health and NHS Complaints Advocacy services requirement of its Oxfordshire County Council contract. seAp are a regional provider of advocacy services working across the South of England and have a strategy of partnering local organisations to deliver statutory advocacy services. This approach enables seAp to offer local organisations access to its infrastructure, including a specially designed CRM and call-handling centre called the Contact Centre, whilst seAp benefits from the local organisation of community organisations like Oxfordshire

Advocacy. Good working relationships have in previous years been aided by co-location of the two organisations in the Barton Neighbourhood Centre and joint team meetings.

LOOKING TO THE FUTURE

Demand for advocacy services is growing with both rising social isolation and reduced service provision with year on year cuts to Local Authority funding. The Trustees of Oxfordshire Advocacy are committed to meeting this need and have shaped a strategic plan for 2017-2020 to enable the organisation to rise to the challenge. Central to this strategy is a commitment to growing non-statutory service provision, to developing income generating activities to reduce reliance on increasingly insecure sources of grant income, and to also diversify the organisation's statutory contracts to reduce reliance on any one statutory contract.

PUBLIC BENEFIT

Our main activities and who we help are set out above. All our charitable activities focus on ensuring that vulnerable adults in Oxfordshire have their rights recognised and their views and wishes taken into account in decisions which affect their lives. This involves providing trained advocates who can either argue the individuals' cases for them or help them to speak up for themselves.

STRUCTURE, GOVERNANCE & MANAGEMENT

Governing document

Oxfordshire Advocacy is a charitable company limited by guarantee incorporated on 12 March 2009 and then registered with the Charity Commission on 27 August 2009. The company was established under a Memorandum of Association which established the objects and powers of the charitable company and is governed under its Articles of Association. In the event of the company being wound up, members are required to contribute an amount not exceeding £10.

Recruitment and appointment of trustees

Members of the Board of Trustees are trustees for the purpose of charity law and directors of the charitable company for the purpose of company law. Potential new Trustees are interviewed by the Chair and at least one other trustee, and those being considered are invited to attend a Trustee meeting as an observer, to meet the Trustees and ask any questions about the role. Those then wishing to become a member are voted on by the existing Board of Trustees prior to ratification at the AGM.

Trustees act as individuals and do not represent or act on behalf of another group. The current board has a broad mix of skills and experience for a charity of this size, including legal, financial, social care, housing and procurement. New trustees are encouraged to participate in the three day initial training in advocacy that we provide for our volunteer advocates to deepen their understanding of our work.

During the year two Trustees retired, Chris Bright and Robert Mathers. We thank them for their counsel and contribution, in particular to Chris Bright who was our Chair for a number of years and gave a significant amount of time and energy to seeing Oxfordshire Advocacy through some particularly challenging years. Amanda Beckett joined as a Trustees following a recruitment process and brings with her expertise in marketing and communications, complementing the skills and experience of existing Trustees. John Parry has kindly agreed to take on the role of Chair on an interim capacity for 12 months, giving newer Trustees an opportunity to build their capacity with a view to putting themselves forward as Chair at the next AGM.

Organisational structure

Oxfordshire Advocacy's trustees currently meet a minimum of six times a year and are responsible for the strategic direction and policy of the charity. The day to day provision of services rests with the charity's Director. She is responsible for ensuring that the charity delivers the services specified and that scheme objectives are met. The Director also has responsibility for the day to day operational management of the organisation, supervision of the staff team and also ensuring that the team (and by extension our volunteer advocates) continue to develop their skills and working practices in line with legislative changes and good practice overall.

Trustee's Responsibilities

The Trustees are responsible for preparing financial statements for each financial year that give a true and fair view of the incoming resources and application of resources during the year and its state of affairs at the end of the year. In preparing the financial statements, the Trustees are required to:

- select suitable accounting policies and apply them consistently,
- make judgements and estimates that are reasonable and prudent,
- follow applicable accounting standards and statements of recommended practice subject to any material departures disclosed and explained in the financial statements,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charity Act 2011. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Summary of investment powers

There are no limitations in the Trustees' powers of investment.

RISK MANAGEMENT

The Trustees have reviewed the major risks that the charity faces, and systems and procedures have been established to mitigate these risks. Evidence of the work under-taken in respect of risk management can be found in our Risk Register. Internal control risks are minimised by the implementation of procedures for authorisation of all transactions and projects. Procedures are also in place to ensure compliance with health and safety of staff, volunteers and clients. Procedures are reviewed periodically to ensure that they continue to meet the needs of the charity.

INDEPENDENT EXAMINER

A resolution will be proposed at the Annual General Meeting that D Maule be appointed as an independent examiner for the ensuing year.

FINANCIAL REVIEW

Financial position

Total incoming resources for the year were £465,555 (2015/16: £491,104). The total resources expended were £454,234 (2015/16: £484,503). This represents a small surplus of £11,321 (2015/16: £6,600). Our principal funding source during the year was from Oxfordshire County Council. This funding is used to provide statutory

advocacy services across Oxfordshire, with further details provided in in the section titled "Focus of our Work" pages 19 and 32 of our trustees report. In 2016/17 there was a 5% reduction in income received by Oxfordshire Advocacy compared to the previous year. In large part this was due to Oxfordshire County Council's decision not to incorporate a one-off payment made in 2015/16 to meet increased demand for the IMCA service into the new 3 year contract awarded from the 1st April 2016. In Q3 of this year it was evident that demand for IMCA services remained high in keeping with the levels seen pre 2016/17. An agreement was reached to increase the contract price for the IMCA service with effect from the 1st January 2017. Late confirmation of this additional payment limited the opportunities to spend the restricted income received within the financial year leading to a small under-spend.

Reserves policy

The level of unrestricted reserves for the year is £55,496 (2015/16: £53,061). Whilst expenditure reduced this year compared to the previous, an increase in contract price was agreed with Oxfordshire County Council which applied from the 1st January 2017 and will see income levels increase in 2017/18. For this reason the Trustees deemed it prudent to retain existing reserve levels equating to approximately 2.5 months of our overall running costs less amounts paid to seAp for provision of services. The trustees have reviewed the reserves requirements of the charity considering the risks posed to our funding and other factors such as cash flow requirements. The reserves remain some way from levels at which the trustees can be content that they are sufficient to satisfactorily deal with further pressures on funding, but are sufficient to enable the organisation the wind down in an orderly manner if required.

Funding

The Trustees are satisfied that the charity's assets attributable to each of its individual funds are available and adequate to fulfil its obligations in relation to those funds

RESPONSIBILITIES OF THE TRUSTEES

The trustees (who are also the directors of Oxfordshire Advocacy for the purposes of Company Law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations.

Company Law requires the trustees to prepare financial statements for each financial year. Under that law the trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and the income and expenditure of the charitable company for that year.

In preparing these financial statements, the trustees are required to:


- select suitable accounting policies and apply them consistently;
- observe the methods and principles in the Charities SORP
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and which enable them to ensure that the financial statements comply with the Companies Act 2006. They are responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

INDEPENDENT EXAMINATION

Dick Maule will be considered for re-appointment at the next trustees' meeting as independent examiner for the ensuing year.

Signed on behalf of the trustees

..... CHARLOTTE TAYLOR

Date 27/9/17.....

OXFORDSHIRE ADVOCACY

INDEPENDENT EXAMINER'S REPORT TO THE MEMBERS OF OXFORDSHIRE ADVOCACY

FOR THE YEAR ENDED 31 MARCH 2017

I report on the accounts of the Charity for the year ended 31 March 2017, which are set out in pages 23 to 30.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND EXAMINER

The trustees (who are also the directors of Oxfordshire Advocacy for the purposes of company law) are responsible for the preparation of the accounts. The trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed. The charity's gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of the Institute of Chartered Accountants England and Wales.

Having satisfied myself that the company is not subject to audit under company law and is eligible for independent examination it is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- to state whether particular matters have come to my attention.

BASIS OF INDEPENDENT EXAMINER'S REPORT

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the company and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts and the seeking of explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is expressed as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

INDEPENDENT EXAMINER'S STATEMENT

In connection with my examination, no matter has come to my attention:

(1) which gives me reasonable cause to believe that, in any material respect, the requirements:

- to keep accounting records in accordance with section 386 of the Companies Act 2006; and
- to prepare accounts which accord with the accounting records, comply with the accounting requirements of section 386 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities

have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

.....
D Maule FCA

Mr D Maule

Date 27.9.17.....

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 31 MARCH 2017**

		Unrestricted Funds £	Restricted Funds £	Total 2017 £	Unrestricted Funds £	Restricted Funds £	Total 2016 £
	Notes						
Income from:							
Donations		2,363	250	2,613	-	6,632	6,632
Charitable activities	3	-	426,405	426,405	-	443,090	443,090
Investments - bank interest		72	-	72	-	104	104
Other income		-	36,465	36,465	6	41,271	41,277
Total income		2,435	463,120	465,555	6	491,097	491,104
Expenditure on:							
Charitable activities	4	-	454,234	454,234	2,166	482,338	484,503
Other		-	-	-	-	-	-
Total expenditure		-	454,234	454,234	2,166	482,338	484,503
Net income / -expenditure		2,435	8,886	11,321	- 2,160	8,760	6,600
Transfers between funds		-	-	-	-	-	-
Net movement in funds		2,435	8,886	11,321	- 2,160	8,760	6,600
Reconciliation of funds:							
Total funds brought forwards		53,061	11,396	64,457	55,221	2,636	57,857
Total funds carried forward		55,496	20,282	75,778	53,061	11,396	64,457

The Statement of Financial Activities includes all gains and losses in the year and therefore a statement of total recognised gains and losses has not been prepared.

All of the above amounts relate to continuing activities.

The notes on pages 25 to 30 form part of these financial statements.

**BALANCE SHEET
AS AT 31 MARCH 2017**

		2017		2016	
		£	£	£	£
FIXED ASSETS	Notes				
Tangible Assets	8		8,073		-
CURRENT ASSETS					
Debtors	9	2,716		14,416	
Cash at bank		87,290		67,347	
		<u>90,006</u>		<u>81,763</u>	
CREDITORS: Amounts falling due within one year	10	<u>22,301</u>		<u>17,306</u>	
NET CURRENT ASSETS			67,705		64,457
NET ASSETS			<u><u>75,778</u></u>		<u><u>64,457</u></u>
FUNDS					
INCOME FUNDS					
Unrestricted Income funds	11		55,496		53,061
Restricted Income funds	12		20,282		11,396
TOTAL INCOME FUNDS			<u><u>75,778</u></u>		<u><u>64,457</u></u>


For the year ended 31 March 2017 the company was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

Trustees responsibilities:

- The members have not required the company to obtain an audit of its accounts for the year in question in accordance with section 476; and
- The trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

These financial statements were approved by the members of the committee and authorised for issue on 27/9/17 and are signed on their behalf by:


CHARLOTTE TAYLOR.

Trustee

OXFORDSHIRE ADVOCACY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

1. COMPANY STATUS

Oxfordshire Advocacy is a company limited by guarantee.

The liability of each member is limited to £10 on a winding up of the company.

2. ACCOUNTING POLICIES

Basis of accounting

The financial statements have been prepared under the historical cost convention. The financial statements have been prepared in accordance with the Charities Act 2011 and in accordance with the Statement of Recommended Practice (SORP): Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102)

The Charity constitutes a public benefit entity as defined by FRS 102.

The trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern.

The Trustees have taken advantage of the option which does not require charities not meeting the definition of "larger" to present a cash flow statement in accordance with amendments to FRS102.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity.

Income

All income is included in the statement of financial activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Donation and legacy income is received by way of grants donations and gifts and is included in full in the Statement of Financial Activities when receivable. Grants, where entitlement is not conditional on the delivery of a specific performance by the charity, are recognised when the charity becomes unconditionally entitled to the grant.

Fixed assets

Fixed assets (excluding investments) are stated at cost less accumulated depreciation. The costs of minor additions or those costing below £500 are not capitalised.

Depreciation

Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset as follows:

Office equipment – 25% straight line

Computer equipment – 33% straight line

OXFORDSHIRE ADVOCACY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

Expenditure

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure represents amounts invoiced, including value added tax.

Taxation

The Charity is exempt from corporation tax on its charitable activities. Value Added Tax is not recoverable by the Charity and as such is included in the relevant costs in the statement of financial activities.

OXFORDSHIRE ADVOCACY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

3. CHARITABLE ACTIVITIES

	Unrestricted	Restricted	Total Funds	Total Funds
			2017	2016
	£	£	£	£
Grants	-	57,294	57,294	24,745
Contract sums	-	368,111	368,111	418,345
	-	425,405	425,405	443,090
	-	425,405	425,405	443,090

4. EXPENDITURE ON CHARITABLE ACTIVITIES

	Unrestricted	Restricted	Total Funds	Total Funds
			2017	2016
	£	£	£	£
Administrative expenses				
Contracted out advocacy work	-	221,400	221,400	228,433
Salaries	-	161,917	161,917	162,952
Staff expenses	-	8,170	8,170	12,848
Rent	-	9,829	9,829	12,997
Depreciation	-	2,836	2,836	-
Other running costs	-	49,049	49,049	66,082
Other governance costs	-	1,033	1,033	1,191
	-	454,234	454,234	484,503
Total charitable activities	-	454,234	454,234	484,503

5. GOVERNANCE COSTS

	Unrestricted	Restricted	Total Funds	Total Funds
			2017	2016
	£	£	£	£
Independent Examination fee	-	400	400	-
Accountancy fees	-	600	600	1,070
Other governance costs	-	33	33	121
	-	1,033	1,033	1,191

OXFORDSHIRE ADVOCACY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

6. NET EXPENDITURE / INCOME FOR THE YEAR

	2017	2016
	£	£
Depreciation	2,836	-
Independent Examiner's fee	400	-
	400	-

7. STAFF COSTS AND NUMBERS

	2017	2016
	£	£
Wages	153,957	153,387
Social security costs	7,429	8,482
Redundancy costs	-	1,083
Pension contributions	531	-
	161,917	162,952

The average number of staff employed during the year was 11.3 (2016: 6.8). No employee received any pay or benefits in excess of £60,000 in either year.

8. TANGIBLE FIXED ASSETS

	Office equipment	Computer equipment	Total
	£	£	£
COST			
At 1 April 2016	-	-	-
Additions	9,600	1,309	10,909
At 31 March 2017	9,600	1,309	10,909
DEPRECIATION			
At 1 April 2016	-	-	-
Charge for the year	2,400	436	2,836
At 31 March 2017	2,400	436	2,836
NET BOOK VALUE			
At 31 March 2017	7,200	873	8,073
At 31 March 2016	-	-	-

OXFORDSHIRE ADVOCACY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

9. DEBTORS

	2017	2016
	£	£
Other debtors	2,716	14,416
	2,716	14,416
	2,716	14,416

10. CREDITORS

	2017	2016
	£	£
Taxation and social security	4,482	3,111
Other creditors	17,819	14,195
	22,301	17,306
	22,301	17,306

11. UNRESTRICTED INCOME FUNDS

	Balance at 1 April 2016	Income	Expenditure	Transfers	Balance at 31 March 2017
	£	£	£	£	£
General funds	53,061	2,435	-	-	55,496
	53,061	2,435	-	-	55,496
	53,061	2,435	-	-	55,496
Previous year:					
	Balance at 1 April 2015	Income	Expenditure	Transfers	Balance at 31 March 2016
	£	£	£	£	£
General funds	55,221	6	- 2,166	-	53,061
	55,221	6	- 2,166	-	53,061
	55,221	6	- 2,166	-	53,061

OXFORDSHIRE ADVOCACY

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

12. RESTRICTED INCOME FUNDS

	Balance at 1 April 2016	Income	Expenditure	Transfers	Balance at 31 March 2017
	£	£	£	£	£
Cancer and Older Person Advocacy	-	39,003	- 38,887	-	116
Community	-	48,711	- 48,486	-	225
Independent Mental Capacity Advocacy and RPR	11,395	78,827	- 74,411	-	15,811
Independent Care Act Advocacy	-	70,185	- 66,056	-	4,129
NHS Complaints	-	80,448	- 80,448	-	-
Independent Mental Health Advocacy & Prison Service	1	140,952	- 140,952	-	1
Appointment Buddies	-	4,994	- 4,994	-	-
Total funds	<u>11,396</u>	<u>463,120</u>	<u>- 454,234</u>	<u>-</u>	<u>20,282</u>

Previous year:

	Balance at 1 April 2015	Income	Expenditure	Transfers	Balance at 31 March 2016
	£	£	£	£	£
Cancer and Older Person Advocacy	-	43,925	- 43,925	-	-
Non Statutory	2,636	57,581	- 60,217	-	-
Independent Mental Capacity Advocacy and RPR	-	90,966	- 79,571	-	11,395
Independent Care Act Advocacy	-	70,192	- 70,192	-	-
NHS Complaints	-	81,448	- 81,448	-	-
Independent Mental Health Advocacy & Prison Service	-	146,985	- 146,984	-	1
Total funds	<u>2,636</u>	<u>491,097</u>	<u>482,337</u>	<u>-</u>	<u>11,396</u>

13. KEY MANAGEMENT PERSONNEL

The key management personnel of the charity comprise the trustees and the Director. The total employee benefits of the key management personnel were £30,101.

14. TRUSTEE REMUNERATION & RELATED PARTY TRANSACTIONS

No member of the board of trustees received any remuneration during the year.

No trustee or other person related to the charity had any personal interest in any contract or transaction entered into by the charity during the year.

15. POST BALANCE SHEET EVENTS

Since the balance sheet date no events have occurred which would have a material effect on these financial statements.

OXFORDSHIRE ADVOCACY

We would like to thank the following organisations who kindly gave funds in 2016/17:

Monument Community Trust

University of Oxford - Community Funds

St Michael's All Saints

Stanton Ballard Trust

Oxfordshire Community Fund

Mr & Mrs J A Pye's Charitable Settlement

Souter Charitable Trust

PF Charitable Fund

Waitrose - Abingdon branch

St Michael at the North Gate

Barton Healthy Newtown Grant Programme
