Evaluation of OCD Action's current Advocacy project

This is an evaluation of OCD Action's Advocacy project, focusing on the following areas:

1. The history of the project
2. An overview of our current project
3. How many people have benefited
4. What impact our project is having on the lives of our beneficiaries
5. Which areas of the project have worked well
6. Which areas of the project have not worked so well and we would like to address
7. How we'd like to develop and expand our project
8. Conclusion and recommendations for further funding

1. History of OCD Action's Advocacy project

'Advocacy is helping people to say what they want, secure their rights, represent their interests and obtain services that they need. Advocates and Advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion and social justice.'
Action for Advocacy

OCD Action's OCD-specific Advocacy service was designed in response to a need identified by our Members and Service Users via our Helpline, Forums and national conferences. People affected by OCD repeatedly told us about the difficulties they were having accessing treatment for their OCD and the problems arising in education, housing and employment due to their condition.

Following further consultation with our current service users and potential beneficiaries, plus our own research, we found that generic health Advocacy services did not understand OCD or the needs of people with the condition. It was decided that it would not be appropriate to signpost people to these services and we took on the task of creating the first, and still the only, professional specialist OCD Advocacy service in England.

Why was it important to create a specific Advocacy service for people with OCD?

"For the first time in over 35 years of suffering from OCD I know that there are genuine people who want to try to help OCD sufferers. But not only that, they have an understanding of how OCD impacts differently to each individual. I believe this service to be a lifeline to people who suffer from this evil illness."

- Generic services are not equipped to provide specific information regarding treatment and rights in relation to OCD.

- The severity of OCD is often underplayed by generic services but our advocates understand the serious and debilitating nature of the condition. Many have personal experience of the disorder and so can properly empathise with their clients.

- Symptoms of intrusive thoughts about harming others are not commonly understood as being OCD. People who experience this form of OCD are generally reluctant to disclose their symptoms for fear of how they will be treated. They are more likely to disclose to an OCD advocate who understands the breadth & range of OCD symptomology.

- Advocates with a real understanding of OCD can provide a more flexible service than generic advocacy services in terms of accessibility and method of delivery. For example: We might not send a client letters in the post if we know they have contamination fears or associated hoarding disorder.

In our recent advocacy survey which was sent out to all advocacy clients and volunteers for whom we had an advocacy address, 100% of respondents said that it was 'very' or 'somewhat' important for there to be a specific advocacy service for people with OCD.

Funding history

OCD Action first secured funding from Lloyds TSB Foundation to run a pilot advocacy service in late 2008.

- An Advocacy Manager was recruited in May 2009.
- Advocacy support was initially offered to people in the Manchester, Liverpool and Birmingham areas.
- The first advocacy volunteers were recruited and trained mid-2010 and were based in the Midlands, South East and North West England.

Following a successful pilot, Comic Relief recognised the need to continue the project to improve the lives of people with OCD and granted 3 year funding, starting in January 2012.

2. Overview of our current Advocacy project

Our current Advocacy work falls broadly into the following categories:

a) **Information queries** from people with OCD or carers of people with OCD requiring information. Generally these queries are not currently dealt with by volunteers but by the Lead Advocate or Advocacy Manager. This can involve:
   - Researching the information - internet research, making phone calls and sending emails. Some information queries often require detailed information to be gathered over a number of interactions.
   - Ensuring that people are signposted to suitable local/regional organisations that can continue to support them.

b) **Information leading to self-advocacy support**: where adults with a diagnosis of OCD require an advocate to provide them with information which they can then use to self-advocate. These clients frequently return to the advocacy service for further information/ongoing support until the issue is resolved. This is central to the advocacy ethos, as it is at the heart of empowering clients.

c) **Advocacy cases**: where adults with a diagnosis of OCD require us to provide them with information and we then advocate on their behalf. It entirely depends on the facts of the case, but some of these cases can be very in-depth and require a great deal of work over a considerable period of time. We provide advocacy support over the telephone and via email and, where we have a volunteer in the client's area, we can offer face-to-face advocacy including accompanying them at any relevant meetings. This work is currently done by both volunteers and the Advocacy Manager or Lead Advocate.

Monitoring & Recording

To enable us to monitor and evaluate our project, we use the following:

- **Referral Form** (see Appendix 1) for a referrer or self-referrer to complete with details of the potential client's name, contact details, ethnicity, sexuality and the nature of their advocacy issue.
- **Case Opening Outcomes Questionnaire** (see Appendix 2) which asks the client specific questions about their ability to speak up for themselves, their knowledge of their rights in relation to their advocacy issues and their relationship with their service provider/employer. For clients with issues around Accessing Treatment, the questionnaire also asks whether they are aware of the treatment options for OCD and if they know how to access treatment.
- **Case Closing Outcomes Questionnaire** (see Appendix 3) At the end of the advocacy case we ask clients whether there has been any improvement in the areas covered in the initial questionnaire. So we have a sense of whether the advocacy process has improved their confidence, knowledge and their relationship with their service provider/employer.
- **Evaluation Form** (see Appendix 4) which focuses on whether the service has been able to achieve the outcome they were seeking e.g. accessing specialist OCD treatment, reasonable adjustments in the workplace. The Evaluation Form also gathers information on the client's view of the service.

Recording: All information on a client is held on a web-based database that only the Director, Advocacy Manager & Lead Advocate have access to. All monitoring information is kept on the database along with case notes and any correspondence relating to the case. Clients can access their case files if they request to do so and they are informed of this right by the Advocacy team when the initial referral is taken and it has been identified that there is an advocacy issue that the service could help with.

Policies & procedures

We have a number of policies and procedures in place including: Confidentiality / Complaints / Code of Conduct / Recording & Storing Information / Lone Working & Personal Safety / Safeguarding Vulnerable Adults & Children / Equal Opportunities / Use of phones.

Volunteers

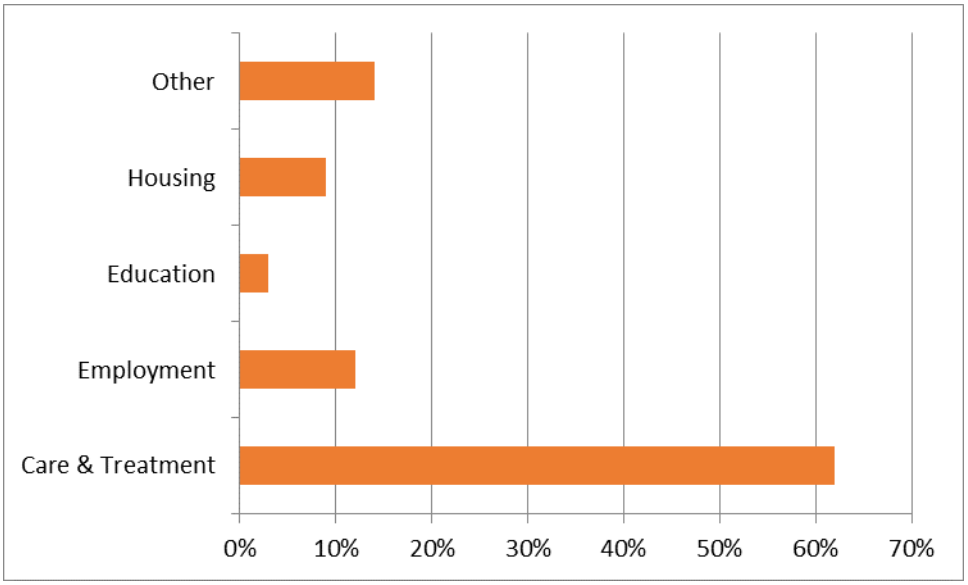
Volunteer structure – We currently have 50 volunteers, 22 of whom are very active, based in London & South East, North West, South West & North East England, South Wales and Yorkshire. We advertise for volunteers through universities, local volunteer bureaus and via social media and our website. Prospective volunteers are sent a role description and an application form and are then interviewed rigorously usually by phone. Selected volunteers are invited to attend 2 days of training during which we have the opportunity to get to know them and make a better judgement of their potential and their commitment to the important role of being a volunteer advocate. This training is tailor made to equip the volunteers with the knowledge and skills needed to meet the specific demands of the role. We then apply for a DBS check and obtain 2 references for those who successfully complete the training. All our volunteers complete and sign a Volunteer Agreement, which details the expectations of both the volunteer and OCD Action, and are provided with:

- A Volunteer Handbook, induction and login information for the generic advocacy email and volunteer website, which has extensive training materials as well as template letters and information resources.

- An OCD Action mobile phone.

Issues dealt with in Advocacy

Obsessive Compulsive Disorder can affect all areas of an individual's life. The table below shows the main issues clients have brought to us throughout our project:



Accessing Treatment: From this table we can see that Accessing Treatment for their OCD is by far the biggest issue facing our clients. This is despite NICE Guidelines that detail the clinically effective treatment for OCD as Cognitive Behavioural Therapy (CBT) with Exposure Response Prevention (ERP) and which recommend that someone's treatment be 'stepped up' in terms of specialism and intensity if treatment is not effective. Accessing appropriate treatment for OCD can mean the difference between a person getting better and spiralling into despair, and it is essential that support is offered in this area.

OCD Action usually becomes involved when someone has either exhausted all local services or where they are already too unwell to access local services and need to have their care stepped up to specialist treatment in line with Nice Guidelines.

Our role will involve providing the individual with information on national & specialist/highly specialised services and their referral & funding routes. Often we will write on the client's behalf (and with their input) to their consultant psychiatrist to provide the clinical team with information regarding Nice Guidelines, specialist centres and funding/referral routes.

The other key issues are:

- **Housing:** Typically these cases involve a housing tenant requesting advocacy support with their landlord.

Case study: We supported a client with severe contamination issues to not have her windows replaced or her bathroom modernised as part of her social landlords capital works programme. The client involved was feeling bullied and misunderstood by her housing provider and becoming increasingly distressed at the thought of having workmen in her home which was exacerbating her OCD. Having an advocate from a national OCD charity speak on her behalf resulted in her concerns being listened to, the work being cancelled and her mental health improving.

- **Education** – This is usually where a university student is struggling to remain on their course due to the symptoms of their OCD. Depending on the instructions of the client we often either write to or meet with the course Tutor/Student Disability Service to explain the difficulties the student is having, to remind them of their responsibilities under the Equality Act & to ask for/agree reasonable adjustments.

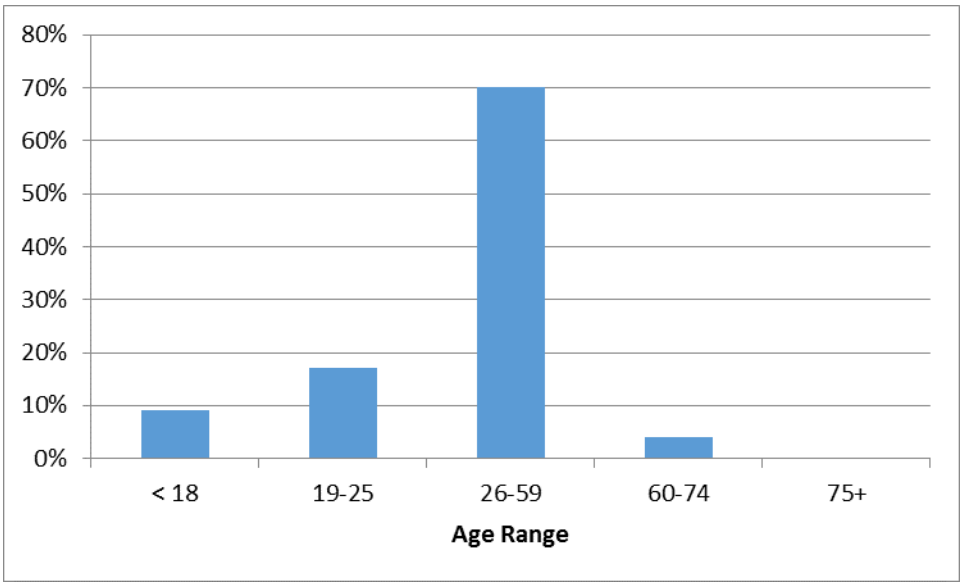
- **Employment** – Sometimes people struggle to get to work on time, leave or meet set targets because of the symptoms of their OCD. We support people to liaise with their line manager, human resources or personnel team to disclose their OCD, detail how their symptoms are impacting on their role as an employee and to ask for reasonable adjustments so that they can remain in work with an employer who has a better understanding of their needs and rights.

- Other issues which people seek advocacy support with include:
  - **Benefits:** Where we might help someone write a statement as to how their OCD impacts on their daily life to be included in an application for a benefit.
  - **Child Protection:** Where someone is at risk of losing their child because of their OCD, sometimes because health & social care professionals misunderstand the risk that someone with intrusive thoughts might present.
  - **Goods and services:** **Case study -** We supported someone who was receiving complaints from the staff at a swimming pool they attended due to the time they were taking to use the facilities. We were able to relay the difficulties the client was having, as a result of their OCD, to the pool staff and negotiate reasonable adjustments which meant that they could continue to attend. For this client going to the swimming pool played an essential role in them staying well and without it their OCD would have become unmanageable for them.

3. How many people have benefited from our Advocacy project?

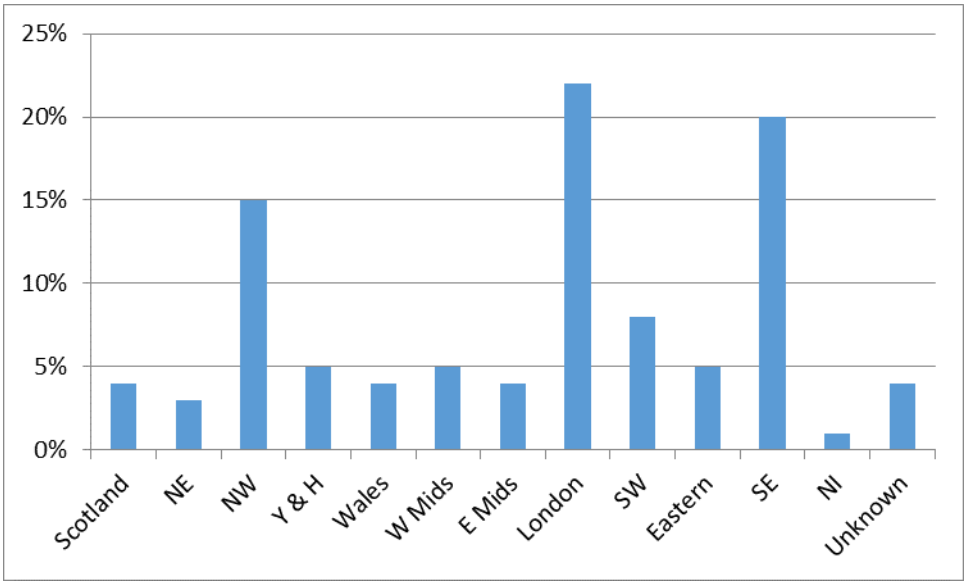
We have provided one-to-one Advocacy support to 528 clients who have a diagnosis of OCD. Through our monitoring of the project, we can see how this breaks down in terms of age, region, ethnicity and gender:

Age: The table below shows the age ranges of clients we have worked with:



The majority of our clients have been aged between 26 and 59. Where the client has been a young person aged 11-18 year old, we have provided the parent with the support to help them advocate for the young person. In future we would like to break down the 26-59 age range into smaller ranges to get a clearer picture of our clients' age and enable us to identify possible promotional needs.

Region: The table below shows our clients by geographical region:

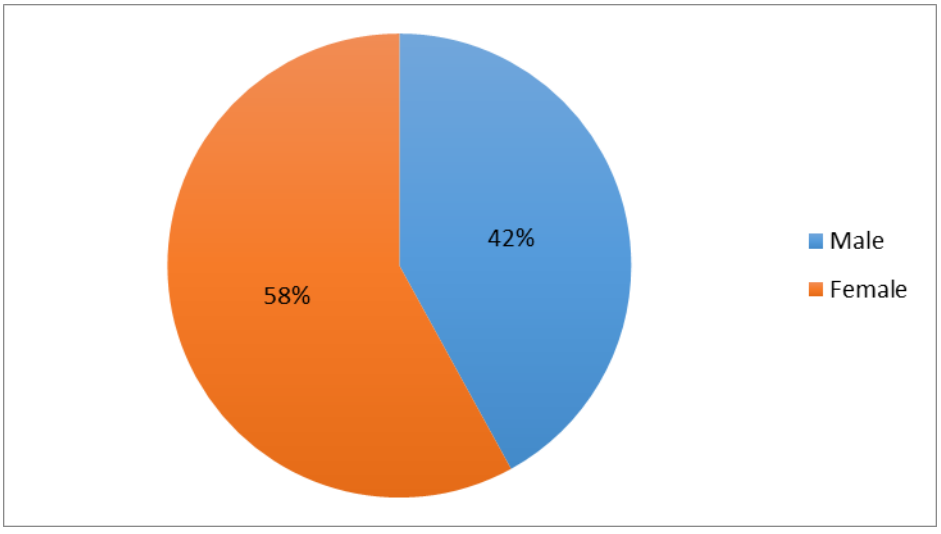


This graph shows that we work with more clients in the London, North West and South East of England, which is most likely due to the fact that these areas have a longer history of service provision.

Ethnicity

Overall 9% of the clients we have worked with to date have been from Black & Minority Ethnic communities. Over the course of the project we have looked for ways to increase our reach to people from BME communities and we have worked with significantly more clients from BME communities as the project has progressed. In 2013, 17% of our clients were from BME backgrounds, compared with only 3% between 2009 and 2012.

Gender: The chart below shows the gender of our clients:



We have worked with very similar numbers of male and female clients which is what we would expect as OCD affects both genders equally. It is widely accepted that women generally are more likely to seek help with any issue they might have and this is reflected in the slightly larger percentage of female clients referred to the service.

4. What impact is our project having on the lives of our beneficiaries?

"I don't know where we'd be without your help. You helped my son stay at university and get a 2:1…. It makes such a difference that someone's got a life when originally his prospects were so poor."

Alongside supporting people with specific Advocacy issues, our aim is to equip our service users with the knowledge, skills and confidence they need to improve their lives in the long-term.

To monitor the impact of the service, all clients are asked to complete a Case Closing Outcomes Questionnaire at the end of their involvement with us. This is used to assess whether the Advocacy process has improved their confidence, knowledge and their relationship with their service provider.

The number of people reporting change: The following table shows the percentage of clients who reported gaining long-term benefits after working with an OCD Action's Advocate:

As can be seen from this chart:

- 96% reported that they had a better knowledge of their rights
- 94% of people reported an increased confidence in speaking up for themselves
- 92% said they had better knowledge of treatment options after working with an advocate.
- 76% said they had an improved relationship with their service provider/employer

By working with clients to develop these important life skills the service not only helps people to achieve their desired outcome for a particular issue but also leaves them better able to cope with future problems that they may face. This is the long lasting impact of our work.

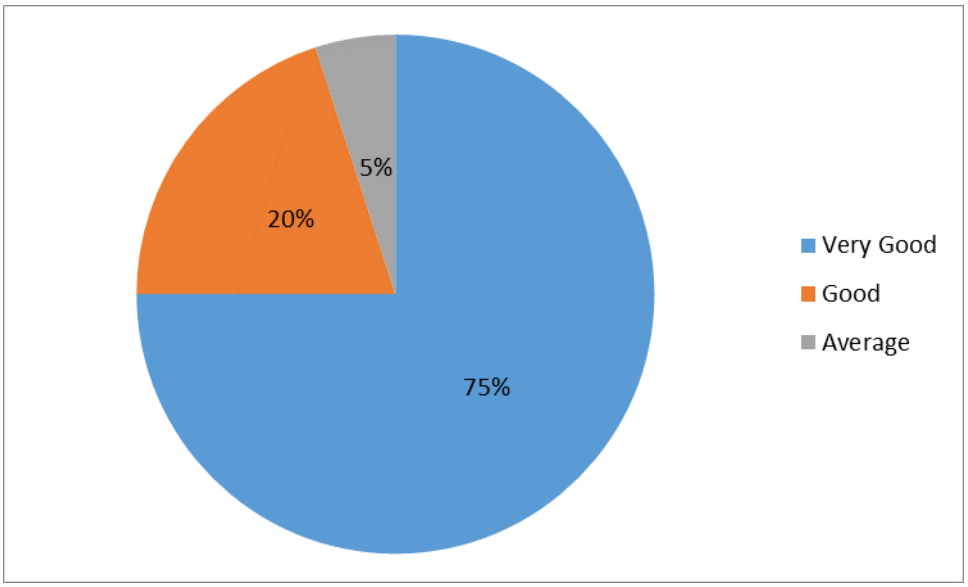
5. OCD Action's Advocacy Project: What's worked well

The quality of Advocacy offered. OCD Action's Advocacy project has a strong staff team – the Advocacy Manager and the Lead Advocate. Both staff members bring knowledge and experience in mental health and Advocacy, which has ensured the Advocacy service can offer the quality, specialist support.

Service user satisfaction: All clients are asked to complete an Evaluation Form when their case is closed and are asked to rate the Advocacy service.

"I would rate OCD Action's Advocacy Service as very good as they're very helpful and it's a lifeline for me because I don't know where I would have gone from here. It feels like you've rescued me, I don't know what I would have done without your help."

The table below shows service users' responses to: **'How would you rate the Advocacy service?'**

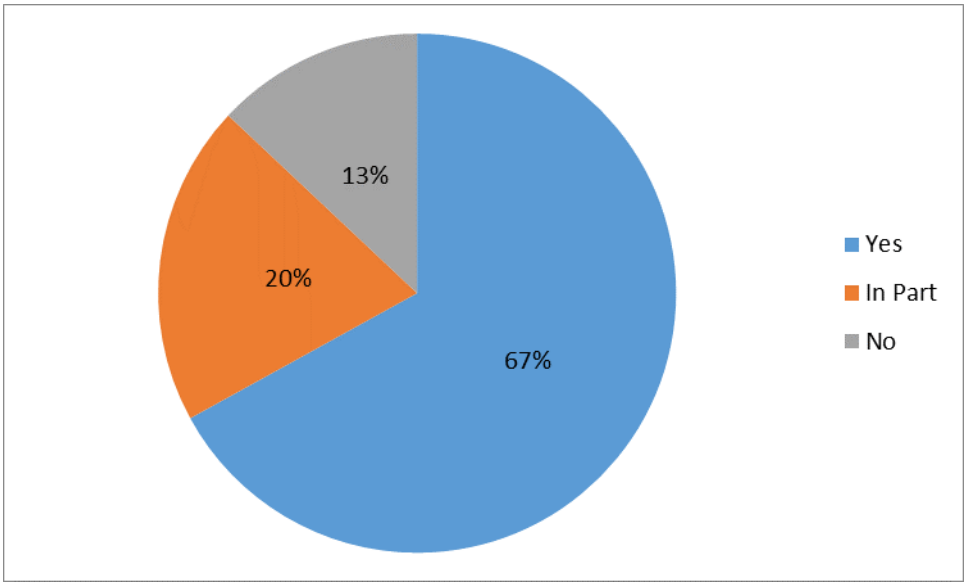


95% of people who use the service rate it highly and none marked 'poor' or 'very poor'.

Achieving positive outcomes: Our service users were asked 'Did the service achieve your desired outcome? 87% of service users gave a positive response. This demonstrates how effective the service is in improving the lives of those who have a diagnosis of OCD and are facing a problem because of their condition.

"Your involvement at the inquest had a direct impression on the Coroner and his better understanding of OCD and indeed on the understanding of all those present including the local mental health services who stated they had no specialist knowledge. This lack of specialist knowledge failed my daughter-in-law and led to her suicide. Hopefully a raised awareness of OCD will help future patients of this local health authority."

The table below shows service user's response to: **'Did the service achieve your desired outcome?'**



As an Advocacy Service, we can never guarantee that we will be able to achieve the outcome a client would like. Sometimes the client will have come to us too late for our intervention to be effective, or we have seen how increasingly difficult it has become for people to access local funding for national and specialist treatment centres sometimes because they are told that there is a blanket ban locally on such funding.

However, having the support of an Advocate who understands the nature & extent of a person's OCD and who is on their side can have a profound and long lasting impact on them.

Monitoring & Outcome Data: Over the course of the project we have reviewed our methods used to gather outcome and monitoring data. We now offer to take referral information, outcome data and feedback on the service from our clients over the phone, along with written forms. This better meets the needs of many of our specific client group who often struggle with completing forms or receiving post due to the symptoms of their OCD such as perfectionism or contamination fears.

We have taken guidance from the Charities Evaluation Service to ensure that our monitoring methodology is robust enough to provide the quality of information we need.

Promoting the Advocacy service: It is essential that as many people with OCD as possible are aware of the support we can offer, if they are facing issues due to their condition. To ensure widespread promotion, our volunteers have become more involved in publicising the Advocacy service in their local area. This is not something we envisaged at the start of the project but, due to its effectiveness, it is something we would want to keep as an integral part of the volunteer Advocates' responsibilities in the future.

For example, here are organisations we have linked with in the Norfolk area:

Norwich and Central Norfolk Mind
Norfolk & Waveney Mental Health NHS Foundation Trust
Norfolk Mind
The Priory Clinic Norwich
Boundary House Care Home
Elsdon Hospital
Julian Support: Mental Health Charity
Quartz Healthcare
Little Plumstead Hospital
Norfolk Mental Health Care NHS Trust
Broadland Community Mental Health Team
Norwich Community Hospital

Similar promotional work has been done in regions across the country by local volunteers.

As the project has developed, we have seen a significant rise in the number of new referrals: from 79 in 2012 to 131 in 2013.

6. OCD Action's Advocacy Project: What's not worked so well and what would we like to address?

High volume of volunteers: We have trained 60 volunteers over the course of the project and at times it has been a challenge to support such a large number. We have also found that some volunteers have not been able to build up their experience in working with clients by taking on a range of casework. This, in turn means that they require more oversight and support from the staff team.

At present there are 22 experienced and dedicated volunteers who have taken on the majority of cases. These volunteers are based in London & South East, North West, South West & North East England, South Wales and Yorkshire.

How we will address these issues? We feel it would be more effective to have a smaller number of more highly skilled and knowledgeable volunteers working on the project. We would aim to recruit a maximum of 20 volunteers, 75% of whom would have personal experience of OCD.

Demand for face-to-face Advocacy support has been less than we predicted due in part to our clients often preferring to resolve things by letter or not being able to leave the house due to the severity of their OCD. This means that there is less need to have volunteers in as many geographical areas, especially if volunteers are willing to travel within a set region.

A smaller number of volunteers will enable us to offer targeted training, ongoing mentoring and personal development and will ensure that each volunteer has an active case load.

These volunteers will be trained not only in one-to-one Advocacy and OCD, but also in a range of other skills such as promotional work, facilitation and networking, thus giving them the ability to play a key role as OCD Champions in their local area and regionally.

7. The continuation and development of our project

"I would recommend this service to other OCD sufferers who need help as they may not know their rights and be suffering in silence. The advocacy service gives us a voice and helps stop discrimination."

We know from the OCD community that there is a demand for the service to continue. In March of this year we surveyed everyone who had used the service and all our advocates both past and present. All who responded stated that we should continue to provide advocacy support on care & treatment, housing, employment and education issues. This view was echoed by the Charity's Clinical Advisory Group of leading clinicians and academics working in the field of OCD.

People with OCD continue to approach us looking for advocacy support and in recent years we have seen a significant rise in the number of new referrals: from 79 in 2012 to 131 in 2013. But, since our Advocacy service began in 2009, the issues that people with OCD struggle with have remained unchanged.

Accessing Treatment: The single biggest issue for our clients continues to be accessing good quality OCD-specific care & treatment in a timely fashion despite NICE Guidelines which detail clinically proven effective treatment pathways. Due to cuts to NHS services we have seen people with more severe symptoms or who have exhausted treatment available in primary care struggle even more than ever to access OCD-specific Cognitive Behavioural Therapy (CBT) from psychological therapy services or Community Mental Health Teams. There seems also to be an increased reluctance at local level to fund treatment at National and Specialist OCD services.

Facing discrimination: Similarly, 5 years on, we are still supporting clients who are struggling to remain in work, in their home or in education as their employer, housing provider or place of study does not understand the severity of their OCD or that it meets the criteria of mental impairment under the Equality Act.

For the future we feel it is vitally important to carry on the essential one-to-one advocacy support we provide to people with OCD in these main areas. Our work to date has resulted in people being able to access specialist treatment and ensured people remain in their home, in employment or education. This has had a profound effect on their chances of getting better and staying well.

However in order to improve the lives of the wider OCD community, we now recognise the need to take action on a wider scale to address the collective issues that people with OCD face.

At our last Stakeholder Event in November 2013 we held discussions as to how we as a charity might develop to further meet the needs of people with OCD. Attendees were very clear that there was a need for us to do more work at a national level to complement our one-to-one advocacy work in order to have a wider impact on the whole OCD community. This input directly influenced our plans for the future of the project.

8. Conclusion and recommendations for further funding

OCD Action's Advocacy service remains the only professional specialist OCD advocacy service in England. We have extensive knowledge of the issues affecting people with OCD not just on a personal level but also the collective issues they face regionally and nationally.

We know that our one-to-one Advocacy service is still very much needed to improve the lives of people with OCD. We believe that the problems that people with OCD face are increasing and are best served by us.

OCD Action's Advocacy service works with some of the most vulnerable members of society and for many, without our support, life would become intolerable. For this reason, we are committed to providing an Advocacy service for people with OCD and expanding on this work to secure a better deal for the whole OCD community.

With further funding, we will:

- Maintain our specialist Advocacy service providing one-to-one support to people in need
- Update all print and online resources and create a new Self-Advocacy pack
- Increase Advocacy training to broaden the reach of the project, including to local OCD Support Group leaders
- Map and analyse regional and national trends in OCD treatment provision
- Work directly with regional service providers and national government to improve access to quality treatment for people with OCD
- Improve awareness and understanding of OCD and the Equality Act amongst service providers and employers.
- Undertake a national OCD 'experience' Survey and repeat every 2 years to assess the impact of our Advocacy project on the wider OCD community.
- Share our learnings with local and national charities, service providers and the media.

Appendix 1

OCD Action Advocacy Referral Form

This Section for Office Use Only

Client ID _____

Date Received _____

Referrals can be made by phone, fax or post. This form will be kept confidential. It is to be used for initiating advocacy involvement.

Please forward this form or telephone through the details to:
OCD Action, Davina House, Suite 506-507, 137-149 Goswell Road, London EC1V 7ET
Tel: 020 7253 5272

If you are referring yourself, please fill in the following. You are not required to complete every box should you choose not to. We may use some information you provide for monitoring purposes, to support us with future funding applications, to provide evidence of the work we've done and to ensure that we are reaching a wide range of individuals. Please note that all personal details will be kept confidential.

Date of referral: ..... **Is this a first referral?** YES/NO

Full name: .....

Title: Miss ☐ Mrs ☐ Ms ☐ Mr ☐ Other ☐ please specify: .....

Gender: (please tick) Male ☐ Female ☐

Current Address, Telephone Number, Email address:

.....

.....

Age group: (please tick) **11-18** ☐ **19-25** ☐ **26-59** ☐ **60 -74** ☐ **Over 75** ☐

Ethnicity (please tick):

White British	☐	Asian or Asian British Indian	☐
White Irish	☐	Asian or Asian British Pakistani	☐
White Other	☐	Asian or Asian British Bangladeshi	☐
		Asian or Asian British Other	☐
Black or Black British Caribbean	☐	Mixed White & Black Caribbean	☐
Black or Black British African	☐	Mixed White & Black African	☐
Black or Black British Other	☐	Mixed White & Asian	☐
		Mixed Other	☐

Other ethnic category (Please specify) ☐ ……

Sexual Orientation (please tick)**:**

Heterosexual ☐

Homosexual ☐

Bisexual ☐

Prefer not to say ☐

Do you have any communication needs the advocate needs to be aware of?

YES ☐ (please specify) **…….**

NO ☐

Disability (if any) **……**

How did you hear about OCD Action's Advocacy Service?

……

Brief details of why you would like advocacy involvement:

Important dates/meetings you would like the advocacy service to be aware of.

Any other relevant information:

If you are filling this form in on behalf of someone else please provide your details here:

Date of Referral: .....

Name of Referrer: .....

Relationship to person referring: .....

Organisation (if applicable): ……

Contact Telephone Number: ……..

Email: ……..

Address: ……..

……

……

Has the client given permission for this referral to be made: Yes ☐ No ☐

Please note that we are only able to work with clients who wish to use the advocacy service and we are therefore unable to contact someone who has not given their permission for the referral.

Appendix 2

Case Opening Outcomes Questionnaire

Client Name: ..... **Date: .....**

1. Do you feel able to speak up for yourself with your service provider/employer?

Very able ☐
Fairly able ☐
Not at all able ☐

2. Are you aware of your rights in relation to the issue(s) you are bringing to advocacy?

Very aware ☐
Fairly aware ☐
Not at all aware ☐

3. How would you rate your relationship with your service provider/employer?

A good relationship ☐
A reasonable relationship ☐
A poor relationship ☐

4. Are you aware of the treatment options available to you for your OCD?

Very aware ☐
Fairly aware ☐
Not at all aware ☐

5. Do you know how to access that treatment?

Know very well ☐
Have some idea ☐
Not at all ☐

Appendix 3

Case Closure Outcomes Questionnaire

Client Name: ..... Date: .....

1. Do you feel more able to speak up for yourself with your service provider/employer after working with an Advocate?

A lot more able ☐
A little more able ☐
The same ☐
Less able ☐

2. Are you more aware of your rights after having worked with an Advocate?

A lot more aware ☐
A little more aware ☐
The same ☐
Less aware ☐

3. Has your relationship with your service provider/employer changed as a result of working with an Advocate?

A lot better ☐
A little better ☐
The same ☐
Worse relationship ☐

4. Are you more aware of the treatment options available to you as a result of working with an Advocate?

A lot more aware ☐
A little more aware ☐
The same ☐
Less aware ☐

5. Have you been able to access that support as a result of working with an Advocate?

Yes ☐
No ☐

Please detail: .....

.....

If you have any further comments you would like to make, please make them here:

Comments:

.....
.....
.....
.....
.....
.....
.....
.....

Appendix 4

Advocacy Service Evaluation Form

Name: _____

Date: _____

Advocate: _____

Please could you complete this form as accurately and as fully as possible. Thank you.

Please circle/highlight most appropriate answer:

How would you rate OCD Action's advocacy service?

Very Poor Poor Average Good Very good

Please elaborate:

Has the Advocacy service helped you achieve the outcomes desired?

YES / NO

Has the advocacy service enabled you to:

Resolve care and treatment issues YES / NO

Resolve work issues YES / NO

Resolve housing issues YES / NO

Resolve education issues YES / NO

Resolve discrimination issues YES / NO

Resolve any other issues - please elaborate YES / NO

……

Could you list the specific outcomes the advocacy service has helped you achieve and how it has helped you achieve them:

Could we improve our advocacy service?

YES / NO

If yes, please elaborate:

Would you recommend OCD Action's advocacy service?

YES / NO

Please elaborate:

If you have any outstanding or new issues for which you require advocacy support please contact Collette Byrne, Advocacy Manager, on 020 7253 5272 or at: collette@ocdaction.org.uk

THANK YOU