

Our Vision & Intentions for Adult Advocacy

2019 -
2024



A co-produced
commissioning strategy
for adult advocacy
in Gwent.



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Rhanbarthol Gwent
Gwent Regional
Partnership Board

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Our vision for adult advocacy in Gwent.

I am very pleased to introduce Our Vision and Intentions for Adult Advocacy in Gwent, 2019-24. This commissioning strategy has been co-produced over two years with the active involvement of a wide range of stakeholders. Its purpose is to guide the future procurement of adult advocacy services across the region. Together with Aneurin Bevan University Health Board, Blaenau Gwent County Borough Council, Caerphilly County Borough Council, Monmouthshire County Council, Newport City Council and Torfaen County Borough Council have adopted the strategy and are committed to implementing the four main priority areas identified and outlined in this document.

What we mean by advocacy

Advocacy has an important role in ensuring that people who need Social Services and support are able to identify and achieve their well-being outcomes. The Social Services and Well-being (Wales) Act 2014¹ (“the Act”) was designed for this purpose. The Act recognizes that support should be built around what matters to people.

People must have voice and control at every stage of their involvement with Social services. Advocacy is one way of supporting people to express what they want from support and services, and to have this taken into account when decisions are being made that affect them. The Welsh Government’s Part 10 Code of Practice (Advocacy)² places certain requirements on Local Authorities which we aim to meet and exceed where possible.

We regard advocacy as being complementary to the role of social workers, who also provide a type of ‘formal advocacy.’ Although independent advocates are sometimes required to adopt an adversarial position on behalf of their clients, most of the time they simply enable individuals to be clear about what they want, and support them to speak up and feel in control.

We also recognise that there is a fundamental difference between these roles. Whereas Social Services are required by law to act in what they consider to be individuals’ best interests, advocates are primarily concerned with supporting

people to express their views, wishes and feelings. Independence is key to the role of advocacy.

Types of advocacy

In general, advocacy is not considered to be an emergency service, although in some circumstances it may be helpful in preventing individual situations from escalating into a crisis. There are many other ways in which advocacy may be helpful in supporting people to have voice and control.

To meet these different needs, advocacy comes in various forms, ranging from informal advocacy provided by Carers, family and friends at one end of the scale, to statutory independent professional advocacy at the other end. All forms of advocacy seek to support individuals to self-advocate whenever possible.

We particularly value the role of peer and citizen advocacy groups in supporting people with Learning Disabilities to speak up for their rights. We also acknowledge that other groups have specialised needs for advocacy, such as Deaf British Sign Language users whose concerns may arise from cultural and linguistic barriers.

Similarly, Independent Professional Advocacy (IPA) has a vital role in protecting adults at risk who have been abused or neglected or who are at risk of abuse or neglect. Ensuring access to IPA for people in these situations is central to enabling people to have voice and control at a time when they may be extremely vulnerable.

Shared goals

The main aims of the commissioning strategy are to ensure that everyone has equal access to the forms of advocacy that are most appropriate for them, that all advocacy services are of a high quality, and that they support clients effectively. Another vitally important aim is to raise awareness and understanding of advocacy among both Social Care and Health professionals and the wider public.

During the consultation it became clear that an “active offer” for adult advocacy, similar to that for children and young people’s advocacy, would be welcomed. We have started work on defining what this could be and will co-produce a solution with partners as we move into the procurement phase.

Funding

We are very ambitious about developing advocacy in Gwent, although this does present some significant challenges, including funding. Rather than being a cost-cutting exercise, this commissioning strategy is a means of ensuring that our collective resources are used more effectively.

As a first step we submitted a successful bid to the Integrated Care Fund³ (ICF) for a two year pilot project which stakeholders have called Gwent Access to Advocacy⁴. This will enable us to establish a single point of access to advocacy services in the region, run an advocacy awareness raising campaign for both citizens and professionals, and build the capacity of providers within the advocacy sector. Chapter 11 sets out what we intend to do to develop advocacy in the region.

Co-production

We place a high value on ensuring that Gwent citizens can access appropriate advocacy services and will continue to work with providers and other partners to co-produce solutions that work for individuals.

Indeed, the co-production which has led to this strategy might be just as important as the strategy itself. It has been, and continues to be a rich learning experience for everyone involved which is already seeing improvements in information sharing to

support citizens. We are extremely grateful in particular to the citizens and clients of advocacy services, advocacy providers, and other stakeholders who have helped to shape this commissioning strategy. We look forward to continued co-production as we work to implement the strategy.

Alyson Hoskins - Head of Adult Services, Blaenau Gwent County Borough Council 14 June 2019

Ensuring that all our citizens are able to make their voices heard is vitally important if we are to truly transform and improve our Health and Social Care Services to be fit for the twenty first century. We know that the care system can be overly complex and that it is not always easy for citizens to find and access the information and support that can best help them.

Advocacy has a vital part to play in making sure that all voices are heard. We recognize that this is an important service that needs to be available equitably, where and when needed. This has to be understood across both Social Care and Health, and is a key message for all our staff.

We also recognise that advocacy is a specialised skill - or rather set of skills - in its own right, and we want to ensure that the Gwent region has high quality advocacy services to support our citizens. With this in mind I am very pleased that a co-productive approach - involving citizens, providers and commissioners - has been taken to produce a single adult advocacy commissioning strategy for Gwent. This is very much the way that we, as a Regional Partnership Board (RPB), should be working and sets a benchmark for other integrated work that we need to do.

As a practical way of supporting co-productive working I am pleased that as an RPB we were one of the sponsors of the Co-production Network for Wales 2019 annual conference. I look forward to further development of co-productive working in the region as we continue to take the transformation agenda forward.

Phil Robson - Chair of Gwent Regional Partnership Board, 14 June 2019

Our Vision and Intentions for Adult Advocacy in Gwent, 2019-24 has been co-produced by citizens, providers and commissioners. It establishes a vision for the development of a regional approach to adult advocacy services and states our intentions for taking this forward.

Other arrangements are already in place for commissioning advocacy for children and young people through a regional framework linked to national outcomes. The strategy should be regarded as a 'living document' which is likely to evolve through continued co-production.

What we mean by advocacy

Our Vision seeks to meet and, where possible, go beyond the requirements set out in Welsh Government's Part 10 Code of Practice (Advocacy). It takes a balanced approach to providing a statutory Independent Professional Advocacy (IPA) service to some people in the Social Services system, whilst also supporting development of the wider advocacy sector.

Extensive engagement and consultation with stakeholders led us to submit a successful Integrated Care Fund (ICF) bid for a 2 year pilot project from 2019-21. Named Gwent Access to Advocacy this will:

- establish an independent single point of access to adult advocacy services to ensure that individuals receive the most appropriate form of advocacy.
- run a high profile advocacy awareness raising campaign for both the public and Social Care and Health professionals.
- build the capacity of the advocacy sector to manage increasing demand.

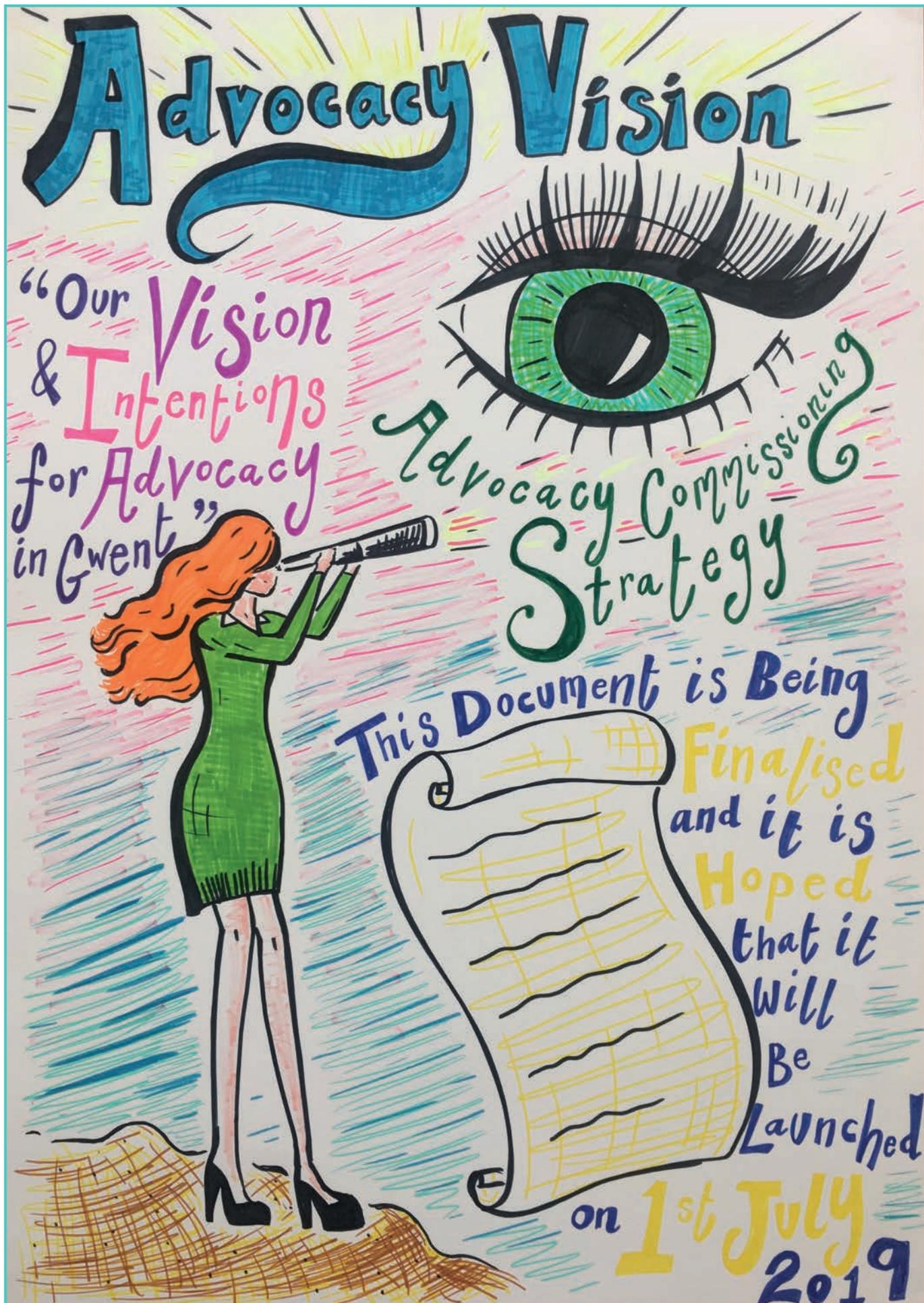
Data from the pilot will enable commissioners to identify gaps in provision and plan for future demand more accurately.

We have also committed to working with partners to define an active offer for adult advocacy. For practical reasons it is likely that this will initially be limited to statutory IPA, but it may also serve to embed consideration of need for advocacy more firmly in the assessment process for each individual.

The Foreword to this document establishes our vision for adult advocacy and Chapter 11 states what we intend to do to achieve the vision. To summarise, Our Vision is:

- to ensure that everyone has easy and equal access to the forms of advocacy that are most appropriate for them.
- to build on the strengths and professionalism of current advocacy provision, ensuring that services are viable and sustainable in the long term.
- to ensure that all advocacy services for adults are of a high quality, and that they support clients effectively.

The five Local Authorities and Aneurin Bevan University Health Board have worked together with partners to develop this regional approach to adult advocacy. However, recognising the different demographics, geography and approaches to delivering Social Services in each locality, we do not propose that all five Local Authorities should commission adult advocacy in exactly the same way. Instead, we have agreed to adopt a set of common principles to inform future advocacy commissioning. Drawn from the Part 10 Code of Practice and the Advocacy Quality Performance Mark⁵, these principles are set out in Annex 2.



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In 2015 the Part 10 Code of Practice (Advocacy) ('the Code') was issued by Welsh Government under the Social Services and Well-being (Wales) Act 2014 ('the Act').

The Code adopts a widely accepted definition of advocacy:

"Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice." (Action for Advocacy, 2002).

The Code covers advocacy both for adults and for children and young people. At present the Regulation and Inspection of Social Care (Wales) Act 2016⁶ (RISCA) applies only to children and young people's advocacy, but is likely to be extended to include adult advocacy in future. This strategy covers adult advocacy only, but commissioners should ensure that adequate arrangements for advocacy are in place for young people aged 16+ who are in transition from children's to adult services.

Chapter 8 of the Code describes several different forms of advocacy, including 'formal advocacy' as part of the role of Health and Social Care professionals. The graphic below shows that these different forms of advocacy cover a spectrum from early intervention and prevention to high level needs and crisis intervention. All forms of advocacy support people to self-advocate whenever possible.



Graphic 1: The spectrum of advocacy services

Independent Professional Advocacy is also referred to as “statutory IPA” or “IPA under the Act” (i.e. for purposes relating to care and support). This distinguishes it from non-statutory IPA which may be accessed for a much broader range of issues.

Paragraph 7 the Part 10 Code of Practice requires Local Authorities to:

- A]** Ensure that access to advocacy services and support is available to enable individuals to engage and participate when Local Authorities are exercising statutory duties in relation to them, and
- B]** Arrange an Independent Professional Advocate to facilitate the involvement of individuals in certain circumstances.

These ‘certain circumstances’ are defined in paragraph 47 of the Code:

Local Authorities must arrange for the provision of an independent professional advocate when a person can only overcome the barrier(s) to participating fully in the assessment, care and support planning, review and safeguarding processes with assistance from an appropriate individual, but there is no appropriate individual available.

The ‘barriers’ are described in Chapter 12 of the Code. These include barriers to understanding, retaining, using or weighing information, or to communicating views, wishes and feelings. If a judgment is then reached in partnership with the person that there is no appropriate individual or other form of advocacy available, they must be referred to an IPA service.

The role of the appropriate individual is described in Chapter 13 of the Code and includes supporting someone’s full engagement and participation in determining their well-being outcomes. A person cannot be an appropriate individual if they are:

- Someone the individual does not want to support them.
- Someone who is unlikely to be able to, or available to, adequately support the individual’s involvement, or

- Someone implicated in an enquiry into abuse or neglect or whose actions have influenced a Local Authority decision to consider adult protection and support order actions or protection activity in respect of a child.

Making Voices Heard

The Older Peoples’ Commissioner for Wales’ report on advocacy Making Voices Heard (May 2018)⁷ made some important recommendations, including:

- Local Authorities and Health Boards must ensure that their workforces are sufficiently skilled and trained so that they are knowledgeable on independent advocacy and the benefits of its use, and this should include sufficient knowledge and competencies on the legal entitlements to statutory independent advocacy. Local Authorities and Health Boards must scrutinise the effectiveness of workforce competencies in relation to independent advocacy.
- Local Authorities and Health Boards must improve the offer of statutory and non-statutory independent advocacy, with the Welsh Government mandating an ‘Active Offer’ to include older people living in care homes and older people awaiting hospital discharge.

Regional context

The Code requires Local Authorities and Health Boards to “assess as part of their Population Needs Assessment the range of advocacy services in their area and secure and promote their availability as part of their portfolio of preventative services.”

The Gwent Population Needs Assessment⁸, published in 2017, stated that:

Through the joint Area Plan we will bring third sector partners and commissioning teams together to fully map advocacy services and identify good practice and gaps in provision. We will also promote independent advocacy provision and work closely with the third sector umbrella organisations to identify solutions.



The Gwent Area Plan⁹, published in 2018, undertook to deliver a regional advocacy programme to achieve:

- alignment of advocacy provision to identified priorities across partner agencies.
- a joint approach to advocacy provision with third sector partners especially in promotion of independent advocacy.

The programme was to include:

- developing a strategic plan for advocacy commissioning in the region in 2019-2024, covering both IPA and wider forms of advocacy.

Scope of the strategy

Partners agreed that the overall aim of the commissioning strategy is to develop a regional approach to adult advocacy in 2019-24 which meets the requirements for both statutory IPA and wider forms of advocacy.

The requirement for provision of statutory IPA creates a potential opportunity for joint commissioning of a single service to provide this more costly 'high end' form of advocacy on an equitable basis across the region.

Each Local Authority is taking a different approach to provision of wider forms of advocacy through their local strategies for developing community-based preventative services, including through integrated well-being networks¹⁰.

The advocacy principles and outcomes set out in Annex 2 will be drawn upon by commissioners to inform further development of each Local Authority's prevention strategy, and to support development of local advocacy services.

The strategy recognises that Gwent Advocacy Providers Network, together with the Gwent Advocacy Co-production Forum and the Citizens Advocacy Reference Group also have an important role in the on-going co-production and continuous development of advocacy across the region.

Early in 2016 Newport City Council and Aneurin Bevan University Health Board (ABUHB) jointly responded to the requirements of the Part 10 Code of Practice by procuring contracts for provision of statutory Independent Professional Advocacy. The ABUHB contract covers people with Mental Health issues and their Carers, whilst Newport CC have focused on all other groups. Both contracts are being delivered by Dewis Centre for Independent Living¹¹ which operates the Newport contract as part of a consortium led by the housing support provider Reach.

The Newport contract was designed as a framework contract which the other Gwent Local Authorities had an option to access. However, most have continued to commission advocacy separately in the interim period to enable them to consider their whole system approach to preventative services.

Some stakeholders, particularly some of the smaller, specialist advocacy providers who were unsuccessful in the competitive tender process, have expressed concern about the impact of reduced funding on their ability to continue providing services. Whilst this is a legitimate concern, it is not the intention of this strategy to reduce the current scope and range of the services that already exist, but rather to encourage whole sector working and a collaborative approach to meet the wide range of advocacy needs more effectively.

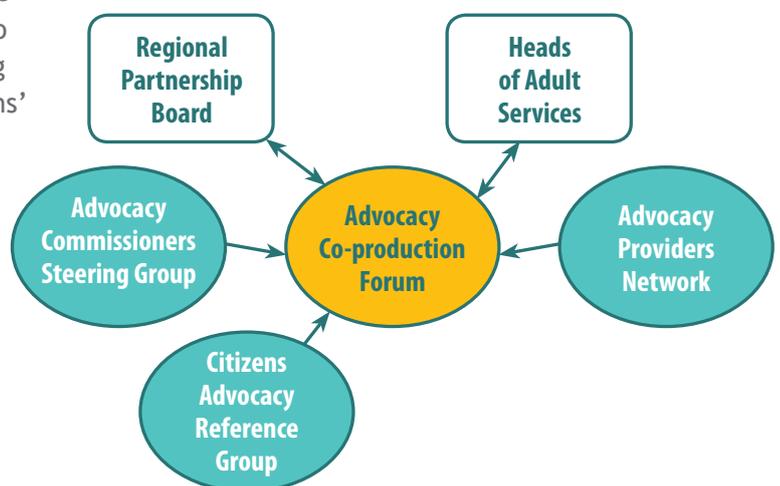
The Local Authorities which do not have IPA contracts in place have continued to spot purchase advocacy as required, or have rolled over existing advocacy contracts. There is considerable variation in the amount of funding that is currently allocated to advocacy provision. These different contracting arrangements have led to inequalities in citizens' ability to access advocacy services.

Since November 2016 Gwent Regional Partnership Board¹² (RPB) has worked with service providers and citizens to co-produce a regional approach to adult advocacy. The RPB includes the five Local Authorities (Newport City Council, Caerphilly County Borough Council, Torfaen County Borough Council, Monmouthshire County Council and

Blaenau Gwent County Borough Council), Aneurin Bevan University Health Board (ABUHB), Gwent Association of Voluntary Organisations (GAVO) and Torfaen Voluntary Alliance (TVA).

The RPB and Heads of Adult Services have committed to addressing inequalities of access by agreeing to develop this regional commissioning strategy for both IPA and wider forms of advocacy in 2019-24.

In line with Welsh Government policy directives, the partners also agreed to adopt a co-productive approach to developing this strategy. As shown in the graphic below, a unique infrastructure to support co-productive commissioning has been put in place, consisting of an Advocacy Commissioners Steering Group, an Advocacy Providers Network, a Citizens Advocacy Reference Group and an Advocacy Coproduction Forum. The Forum brings together representatives of the other three groups to co-produce plans for development of advocacy services across the region.



Graphic 2: Gwent structure for co-productive advocacy commissioning



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Multi-stakeholder workshops.

Two multi-stakeholder workshops were held in March 2018, in Ebbw Vale (General Office) and Newport (Rodney Parade). The workshops were attended by a total of almost 100 people.

Co-facilitated by the Golden Thread Advocacy Programme¹³ (GTAP) and the Co-production Network for Wales¹⁴, delegates were asked to consider “What are the key issues to be addressed in the Gwent Adult Advocacy Commissioning Strategy?”

A Summary Engagement Report¹⁵ from the events identified four main priorities:

- Co-production.
- Service design, including equitability of access to advocacy.
- Awareness and understanding of advocacy, including the role of the appropriate individual.
- Advocacy in the NHS.

Chapters 6-9 address each of these issues in turn.

People with Learning Disabilities

Discussions were held with representatives of the Gwent People First groups to determine the best way of including the voice and views of people with Learning Disabilities in the strategy. People with Learning Disabilities are members of the Citizens Advocacy Reference Group and are represented on the Advocacy Coproduction Forum. A consultation workshop for people with Learning Disabilities was held in November 2018.

Other groups

In addition to geographical equality of access, the strategy must consider the advocacy needs of diverse stakeholder groups. Some groups have specific advocacy requirements, e.g. Deaf British Sign Language users need a Deaf advocate (i.e. someone who understands Deaf culture) to work with them as well as a signer/interpreter. Some people with sensory impairment have other specialist needs, as do people on the autistic spectrum, people with acquired brain injury and other neurological conditions. Some individuals with more complex communication barriers may require specialist

non-instructed advocacy. Carers may also have a need for advocacy, and some Carers and parents of people with Learning Disabilities may require specialist advocacy, e.g. in court situations.

A strong message from the first phase of engagement was that whilst a generic service is likely to be adequate for many people who need advocacy, a one-size-fits-all approach at the expense of specialist advocacy provision would not be viable.

Consultation workshops

A public consultation on development of the draft strategy was launched on 23 November 2018 with a deadline of 14 January 2019, which was extended to 25 January 2019. Two consultation workshops were held, the first for people with Learning Disabilities (in the Community Council Chamber, Cwmbran) and the second for other groups (Riverside Arts Centre, Newport). The first workshop was attended by 21 people, including members of all five local People First groups and their support workers. During the workshop a draft list of their key concerns was reviewed and subsequently revised. The final list is included in Annex 3.

People First members who attended the first workshop were invited to present their concerns at the start of the second workshop, which was attended by over 40 people. The agenda included discussion of some key aspects of service design, including different models for a single point of access, and a set of model advocacy outcomes. Feedback and comments from the workshop, together with a summary of the workshop evaluation forms was compiled into a Summary Consultation Report¹⁶.

Co-Production.

Co-production is one of the core principles of the Act and lies at the heart of the process of developing the Gwent adult advocacy commissioning strategy. The Co-production Network for Wales is supporting the commissioning project and has produced some helpful materials on co-production¹⁷. Briefly, co-production may be understood as enabling citizens and professionals to work together in equal partnership, sharing power and responsibility for decision making.

The Gwent Regional Area Plan 2018/19 includes a commitment to “adopt a co-productive approach to advocacy commissioning”. Whilst co-production is not a new concept, the Gwent Advocacy Co-production Forum is one of the first initiatives of its kind. The early signs are that, if successful, there may be potential for transferring this learning to the commissioning of other aspects of public services.

Successful co-production, like innovation, is unlikely to happen in public services without a supportive structure. We established four stakeholder groups to enable co-production and make it happen in practice (see graphic 2 at the end of Chapter 4).

The Co-production Forum brings together representatives from the other three groups to put co-production into practice. It is a forum for discussion and negotiation in which power and responsibility for decision making are shared equally. This is a pioneering approach to co-production in advocacy commissioning. Because of this there is a great deal of learning involved for all participants.

The process of “competitive dialogue”¹⁸ is compatible with co-productive commissioning and consideration will be given to using it to support procurement of services to deliver the commissioning strategy. It is a process that enables commissioners to dialogue with providers and draw upon their expertise prior to finalising a service specification, thus ensuring that a range of different solutions are considered before the tender commences in 2020/21.

We need to ensure that co-productive commissioning is sustainable in the long term. Citizens have a vital role in this and we will continue to support their involvement as effectively as possible, including through provision of appropriate training.

Conclusions & recommendations

- A solid foundation and structure has been established for continued co-production of advocacy commissioning. This could be further developed by using a “competitive dialogue” approach to procurement.
- A new model of regional advocacy provision is achievable and requires a pro-active commitment from all partners to co-producing and delivering this.
- This new model requires a mature and collaborative approach through strengthened partnership arrangements, including a willingness to work together to meet individual needs and to draw upon partners’ resources as appropriate.
- Providers are key to shaping and sustaining an active offer for adult advocacy in the Social Services system because of their knowledge and expertise. The role of the Advocacy Providers Network is therefore considered to be of vital importance going forward.
- The role of citizens in co-productive commissioning is also vitally important. Their contribution should be highly valued and supported in practical ways, including through relevant training.

Service Design, Principles & Outcomes for Advocacy Services.

Commissioners agreed from the start that the commissioning strategy should cover both statutory IPA and other forms of advocacy, as required by the Part 10 Code of Practice.

Consideration was given to prioritising IPA, but stakeholder feedback consistently called for a balanced approach which meets this statutory requirement whilst also supporting development of the wider advocacy sector, including self-advocacy.

This commissioning strategy recognises the importance of ensuring that diverse low level forms of advocacy are available when needed to support people with requirements that fall outside the criteria for access to statutory IPA. In this respect, early intervention through advocacy can contribute to the prevention of need for more complex support.

This strategy also recognises the importance of ensuring availability of specialist forms of advocacy, including non-instructed advocacy¹⁹ for people who, because they cannot communicate their views and wishes, are unable to instruct an advocate. Other specialist forms of advocacy include Deaf and Deafblind Advocacy, and advocacy for parents of children involved in Court of Protection proceedings.

Commissioners considered a range of service design options prior to further discussion during the first meeting of the Advocacy Co-production Forum, and again at the second consultation workshop.

Key considerations included:

- Single or multiple providers.
- Generic and/or specialist provision.
- Internal or independent provision of a single point of access.

Aspects of each of the different models presented were considered to have value. Significantly, it was suggested that regardless of which model is adopted, ensuring that the service is underpinned by the right principles, and that it aims to achieve the right outcomes, is of greater importance.

Commissioners concluded that whilst this discussion of service models will prove valuable in the next phase of procuring services to achieve strategic aims, the commissioning strategy should focus on identifying an appropriate set of service principles and outcomes for adult advocacy. An approach to this, drawing upon existing, well-established and widely supported publications, is set out below and in Annex 2.

In due course it is likely that providers of statutory IPA, and possibly other forms of advocacy for adults, will be subject to regulation under the Regulation and Inspection of Social Care (Wales) Act (RISCA). At present the requirements and timescale for this are unclear. Providers of advocacy for children and young people are already subject to RISCA.

Principles for commissioning effective advocacy services

The five Local Authorities and Aneurin Bevan University Health Board have worked together with partners to develop this regional approach to adult advocacy. However, recognizing the different demographics, geography and approaches to delivering Social Services in each locality, we do not propose that all five Local Authorities should commission adult advocacy in exactly the same way. Instead, we have agreed to adopt a set of common principles to inform future advocacy commissioning, drawn from the Part 10 Code of Practice and the Quality Performance Mark for Advocacy Providers.

Service outcomes

The consultation established that a set of model outcomes for statutory IPA services proposed by the Golden Thread Advocacy Programme are considered to be comprehensive. These are included in Annex 2.

The National Development Team for Inclusion²² (NDTi) have also developed a comprehensive Advocacy Outcomes Framework and Toolkit²³. This provides a means of demonstrating achievement of advocacy outcomes and value for money, and aims to “ensure continual improvement and better advocacy outcomes for people.”

This is quite a complex approach to measuring achievement of outcomes, some of which may be helpful in prompting conversations about continuous improvement between providers and commissioners, and in designing appropriate performance measures for contract monitoring purposes. However, the consultation established a clear preference for a simplified approach to outcomes performance measurement which focuses on the individual and avoids “making an industry out of monitoring outcomes.”

An additional outcome for providers was proposed by a consultation respondent:

- Transparency in addressing complaints through the system, showing accountability and oversight.

Whilst most of these principles and some of the outcomes are appropriate for all forms of advocacy, it may not be possible to produce a single performance framework that covers the diversity of advocacy services in the region. For instance, people with Learning Disabilities have identified some key issues to be addressed in this strategy which are of particular concern to them (Annex 3). Deaf BSL users have some different issues²⁴, arising from their specific cultural and linguistic needs. Among various other groups, Carers who need advocacy have different concerns.

It was proposed that in many cases it may be sufficient to simply ask “Did you get the support you needed? If not, what could be done better?”

Conclusions & recommendations

- The strategy should make a clear and balanced commitment to both provision of IPA under the Act and supporting development of the wider advocacy sector, including self-advocacy.
- Whichever model is chosen it must be based on the right principles and these should be set out in the strategy to guide future procurement.
- Further engagement is required, particularly with providers to clarify the active offer, develop a collaborative approach, improve equality of access, raise awareness and understanding of advocacy and deliver a comprehensive and inclusive service that successfully meets individuals’ different needs for advocacy.
- The regional service should be provided through a combination of generic and specialist advocacy.
- Flexibility is a key requirement of future services, to ensure that individuals can access the form of advocacy support that is right for them.
- There must be sufficient time allowed to enable trusting relationships to be built.
- A single point of access that is independent of both Social Services and advocacy providers might be ideal, but the advantages of this must be weighed against costs. [Note: this question will be tested further by the Gwent Access to Advocacy pilot project].
- A clear, simple and open access referral process - including a check that issues have not re-started - should be produced and widely disseminated.
- Service specifications should incorporate the established principles and standards of a quality advocacy service, as described in the Part 10 Code of Practice, the Quality Performance Mark, the Advocacy Charter for Advocacy Schemes, and the Advocacy Code of Practice for Advocates.
- A simplified approach to outcomes measurement is strongly preferred, along the lines of “Did you get the support you needed, yes or no?”

Awareness & Understanding of Advocacy.

Citizens and professionals need a shared understanding of what advocacy is and how it can help. The vital importance of raising awareness and improving understanding of advocacy has been a consistent message from the start of the commissioning process. Without this, take-up of the advocacy offer for adults in the Social Services system may remain patchy, referrals are likely to remain low, and individuals who could benefit from advocacy will continue to miss out on the specialised form of support that advocacy provides. This is a general issue that is not unique to Gwent.

The Social Care Wales Information and Learning Hub²⁵ provides a range of training materials on advocacy under the Act. The Social Care Institute for Excellence (SCIE) also provide some more detailed information²⁶ about the different types of advocacy that are outlined in Chapter 8 of the Part 10 Code of Practice.

Recognising the importance of awareness raising, Gwent Safeguarding have produced a video of short clips of people talking about their experience of advocacy²⁷. Gwent Safeguarding also offered a series of well-attended half day advocacy awareness raising workshops for professionals in January-March 2019.

The Older People's Commissioner has also produced an advocacy video²⁸, as has the Golden Thread Advocacy Programme (GTAP), together with a range of other materials aimed mainly at the general public²⁹. Wide dissemination of these materials could be part of a coordinated Gwent-wide advocacy awareness raising campaign.

This will need appropriate funding. The pilot project outlined in the bid to the Integrated Care Fund (ICF) included a budget for this purpose.

A working group should co-produce an action plan for the awareness raising campaign. This will cover all forms of advocacy, including self-advocacy.

Consideration is also being given to developing a network of advocacy champions as part of the awareness raising campaign. It is anticipated that this approach may improve access to advocacy for

people who are considered to be "hard to reach", including Black, Asian and Minority Ethnic (BAME) communities, the Deaf community and other disabled and marginalized groups. A North Wales Race Equality Network resource pack³⁰ to support advocates working with cultural diversity may be helpful in this regard.

The campaign will also include promoting awareness of the role of the Appropriate Individual, as described in the Part 10 Code of Practice. There is broad recognition that this aspect of the Code is not yet well understood by either Social Care professionals or recipients of Social Services and their Carers.

Conclusions & recommendations

- Raising awareness and increasing understanding of all forms of advocacy for both Social Care and Health professionals and public should be regarded as a 'critical success factor.'
- The ICF funded pilot project should facilitate a wide-scale advocacy information and awareness raising campaign. An action plan should be developed to enable this.
- This awareness campaign should involve citizens, commissioners and providers to demonstrate co-production in practice.
- Taking forward a network of advocacy champions with appropriate training will be helpful, to reach out to all parts of the community.



Advocacy in the NHS.

ABUHB were the first Health Board to commission a statutory IPA service for people who have, or who are at risk of developing, Mental Health issues and their Carers. Dewis Centre for Independent Living (CIL) have provided this service since 2016, alongside a similar IPA contract for other groups commissioned by Newport City Council. The role of IPA under the SSWB Act is comparable to, but distinct from, that of Independent Mental Capacity Advocacy (IMCA) under the Mental Capacity Act 2005 and Independent Mental Health Advocacy (IMHA) under the Mental Health Act 1983.

The importance of addressing advocacy in the NHS was highlighted at the Newport multi-stakeholder workshop in March 2018. During a small group discussion on 'How to get advocacy into the NHS culture' delegates noted that:

- Whilst there is clarity about the role of Local Authorities in the Part 10 Code, there is much less clarity re: Health.
- Advocacy tends to be brought in as a last resort, which can be too late and costly.
- Advocacy is reasonably well-established in the NHS re: Mental Health and Learning Disabilities, but other patient groups should be considered, including neurodiversity.
- Not clear where advocacy sits in the Health Board structure - Patient Experience may be the best fit.
- Social prescribing is a potential key for getting advocacy into GP surgeries.

Commissioners agreed that addressing issues concerning advocacy in the NHS should be a high priority for the commissioning strategy, particularly in light of the importance placed on integration and seamless services across Health and Social Care in Welsh Government's 'A Healthier Wales: our Plan for Health and Social Care'³¹.

Furthermore, Welsh Health Circular 'WHC (2016) 028'³² issued by Welsh Government's Director of Social Services and Integration stated that:

'The advocacy code of practice sets out Local Authorities' responsibilities for securing advocacy

support to enable adults and children to be able to express their views, wishes and feelings in relation to the exercise of duties under the Act. The Code recognises the shared responsibilities for the provision of advocacy support across the NHS. The code therefore reinforces the opportunities to coordinate commissioning arrangements through formal and informal partnership arrangements under Part 9 of the Act'.

Partners subsequently agreed that the longer-term aim is to develop a single, integrated commissioning strategy for both IPA and wider forms of advocacy across Health and Social Services. It is recognised that, to some extent, joint commissioning of advocacy services is contingent upon progress with pooled funding for older people living in nursing care homes.

In December 2018 ABUHB's Mental Health and Learning Disabilities Division - which has begun a major system transformation project - announced its intention to conduct a competitive dialogue process to purchase a range of support services, including advocacy, from April 2020.

Integrated Well-being Networks are one of the Regional Partnership Board's priorities. The Social Prescribers and Community Connectors at the heart of these networks have a key role in ensuring that advocacy services feature on the map of local assets and are appropriately signposted to. The Networks, and the advocacy services within them, also have an important role in supporting the transformation of primary care.



There are considerable challenges involved in raising awareness of advocacy in the NHS, where there may be less acceptance of a need for the role. Some Health professionals do provide a form of advocacy on behalf of their patients, but as with the ‘formal advocacy’ provided by Social Services professionals, this cannot be considered to be independent advocacy.

There is potential for raising the profile of advocacy in some sections of the NHS where advocacy is already quite well understood, e.g. hospital discharge, cancer services, older people’s services, nursing homes, intermediate care and palliative care. The Gwent Mental Health and Learning Disability Alliance may also provide an avenue for advocacy awareness raising.

Conclusions & recommendations

- It will take time to change the NHS culture with regard to advocacy. The regional advocacy awareness raising campaign should start to address this.
- There are models of good practice in provision of independent advocacy within Health settings which can be considered when developing NHS advocacy services³³.
- We should aim to fully involve the NHS in developing advocacy champions.

In January 2019, following presentation of a report on the consultation exercise to Heads of Adults Services, a funding bid was submitted to the Integrated Care Fund (ICF) to seek support for a two year pilot project.

Drawing upon feedback from nearly 12 months engagement and consultation with stakeholders, outlined in Chapter 5, the bid outlined three main objectives:

- to establish an independent single point of access to adult advocacy services for citizens and professionals to ensure that individuals receive the most appropriate form of advocacy.
- to run a high profile advocacy awareness raising campaign for both the public and Social Care and Health professionals.
- to build the capacity of the advocacy sector to manage increasing demand.

The rationale for the pilot project also highlighted the potential benefits of enabling consistent data collection across the region. This would help identify gaps in provision and map demand more accurately, thus providing important information to commissioners that would help shape the design of a future regional advocacy service.

Following award of the requested funding, arrangements were put in place with ProMo-Cymru³⁴, a Cardiff-based social enterprise, to provide information, advice and support with signposting and referrals to adult advocacy services. ProMo-Cymru do not provide advocacy themselves and are consequently independent from both Local Authorities and advocacy providers.

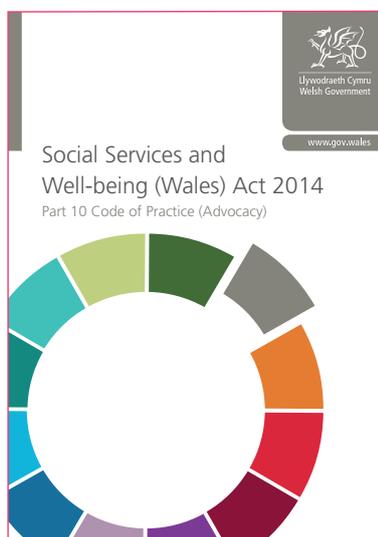
Named Gwent Access to Advocacy, the service will provide a single point of



contact for the whole of Gwent which is available to both citizens and Social Care and Health professionals. However, the current advocacy provider in Newport, Dewis CIL, will continue to provide the local point of contact there, with ProMo-Cymru re-directing any inquiries received from Newport back to Dewis CIL.

Set-up of the pilot project commenced in April 2019. The Citizens Advocacy Reference Group, the Advocacy Providers Network and the Commissioners Steering Group all contributed to the design of the service, and the Advocacy Co-production Forum will continue to have an on-going role in monitoring and evaluating implementation of the project. Some of the promotional materials are included in Annex 4.

It is anticipated that the Gwent Access to Advocacy phone line (0808 801 0566) will go live in July 2019.



A summary:

In the Foreword we gave an overview of our vision for adult advocacy in Gwent for the next five years. Co-production is at the heart of this vision.

We will continue to work with partners to co-produce an approach to advocacy commissioning which meets and, where possible, exceeds the requirements set out in the Part 10 Code of Practice.

At the same time, we recognise that there are different demographics, geography and approaches to delivering Social Services in each locality. Although we do not propose that all five Local Authorities should commission adult advocacy in exactly the same way, we do recognise the importance of ensuring equality of access to advocacy for all Gwent residents. To achieve this, we have agreed to adopt some common principles to inform future advocacy commissioning. For clarity these have been set out in Annex 2.

Our overall aim is to build on the strengths and professionalism of current advocacy provision and to ensure that services are viable and sustainable in the long term. We anticipate that there will be increasing demand as a result of our commitment to raising awareness and understanding of advocacy amongst both public and professionals. To meet this demand, we will work with partners to develop innovative ways of building the sector's capacity.

A number of specific issues were highlighted in the Foreword. We will now state what actions we intend to take to address them.

We said:

We particularly value the role of peer and citizen advocacy groups in supporting people with Learning Disabilities to speak up for their rights.

This is what we intend to do:

We will continue to work closely with third sector organisations that support people with Learning Disabilities. The Gwent Charter for Working Together³⁵ provides a well-considered

platform to enable this. We will encourage organisations which sign up to the Charter to report on the steps they have taken to implement it in practice. We will review the current monitoring and evaluation mechanisms to ensure that they are fit for purpose.

We said:

We also recognise that other groups have specialised needs for advocacy, such as Deaf BSL users whose concerns may arise from cultural and linguistic barriers.

This is what we intend to do:

We have made a commitment to ensuring equality of access to advocacy for all adults, regardless of their location, health condition, impairments or other characteristics. To enable this, we will design service specifications that require provision of both generic and specialist forms of advocacy. We will monitor gaps in provision through the single point of access as part of our two year pilot project and take this information into account when we commission new services.

We said:

The main aims of the commissioning strategy are to ensure that everyone has equal access to the forms of advocacy that are most appropriate for them, that all advocacy services are of a high quality, and that they support clients effectively.

This is what we intend to do:

The Gwent Access to Advocacy pilot project is designed to identify which form of support is best suited to each individuals' specific needs.

By establishing a single point of access through an independent organisation which does not provide advocacy we will ascertain whether this model has any advantages over the current model, where access is through the advocacy provider.

We have adopted the national independent advocacy Quality Performance Framework as the minimum requirement for ensuring that advocacy is provided to a high standard. This requirement will be included in all future service specifications for adult advocacy in Gwent.

Although feedback from our engagement and consultation events indicates a preference for keeping outcomes measurement simple, we will take the NDTi Advocacy Outcomes Framework into account when designing new monitoring and evaluation processes. These will be designed to ensure transparency and accountability.

We said:

Another vitally important aim is to raise awareness and understanding of advocacy among both professionals and the wider public.

This is what we intend to do:

Advocacy awareness raising has become one of our highest priorities. We believe that for advocacy to be effective for adults in Gwent, more people must understand what it is and how to access it. This includes professionals as well as citizens. Advocacy in its various forms is quite complicated to understand and there are some misconceptions about what it is. We want everyone to be clear about how advocacy can help in different situations, and to understand in particular the right to IPA under the Social Services and Well-being (Wales) Act.

Because awareness raising is so vital to the successful development of advocacy in Gwent, including in the Health Service, we have decided to approach it as a high profile coordinated campaign. We will build on previous work by the Safeguarding Board and co-produce a set of materials in a variety of different formats. The campaign will continue throughout the 2 year pilot project and we will maximise every opportunity to promote and publicise awareness.

An advocacy awareness raising working group will be established to co-produce an action plan and ensure that the campaign is effective. The working group will consider the potential for developing a network of advocacy champions, consisting of citizens and professionals, focusing in particular on improving access to advocacy for people who are considered to be “hard to reach.”

We also believe that the role of the ‘appropriate individual’ is vital to ensuring that more people can access their rights. We do not believe that this form of advocacy is well understood and our regional awareness raising will highlight the role. We will listen to people’s views on what specific information and training may be required to enable appropriate individuals to perform the role effectively.

We said:

During the consultation it became clear that an “active offer” for adult advocacy, similar to that for children and young people’s advocacy, would be welcomed. We have started work on defining what this could be and will co-produce a solution with partners as we move into the procurement phase.

This is what we intend to do:

Children and young people who are looked after or involved in child protection proceedings have a new legal right to an active offer of advocacy. This means that eligible children receive an automatic referral to an advocacy service, who will inform them of what advocacy is and how it might help. They can then choose to opt out if they wish.

Although there is no statutory requirement to introduce an active offer for adult advocacy, the desirability of doing so has been a consistent message throughout our engagement and consultation. We have therefore opened up a conversation with partners to co-produce some criteria for an active offer. For practical reasons this is initially likely to apply only to the relatively small number of people who may be eligible for statutory IPA. But we believe that taking this step may have a positive influence on the system as a whole, potentially leading to an increase in referrals.

We said:

We are very ambitious about developing advocacy in Gwent, although this does present some significant challenges, including funding. As a first step towards addressing this we submitted a successful bid to the Integrated Care Fund (ICF) for a two year pilot project. This will enable us to establish a single point of access to advocacy services in the region, run an advocacy awareness raising campaign, and build the capacity of providers within the advocacy sector.

This is what we intend to do:

The Gwent Access to Advocacy pilot will be central to the development of adult advocacy services in 2019-21. It will help put advocacy more firmly on the map for citizens and will also help improve the status of advocacy from the perspective of Social Care and Health professionals. We will ensure that all practitioner teams are fully aware of both the pilot and our broader vision for advocacy development going forward.

The pilot will enable us to evaluate the effectiveness of different models for providing a single point of access. It will also help identify gaps in provision and give us a better understanding of the demand for different types of advocacy. This information will then be used to shape procurement of advocacy services from 2021 onwards.

We said:

We recognize that this is an important service that needs to be available equitably, where and when needed. This has to be understood across both Social Care and Health, and is a key message for all our staff.

This is what we intend to do:

The advocacy awareness raising campaign will include provision of information on advocacy to professionals in both Health and Social Care. We will give particular attention to raising the profile of advocacy in the NHS.

We said:

We place a high value on ensuring that Gwent citizens can access appropriate advocacy services and will continue to work with providers and other partners to co-produce solutions that work for individuals.

This is what we intend to do:

We believe that working co-productively on advocacy has added a new dimension to the role of commissioning teams. The infrastructure that we have put in place to enable co-production is innovative and unique in Welsh Social services. It has enabled citizens and providers to have a much stronger voice in service design, whilst at the same time enabling commissioners to access deeper knowledge and expertise to inform their planning.

We are strongly committed to the on-going development of co-production as a creative approach to advocacy commissioning. We will therefore continue to invest resources in supporting co-production throughout the pilot project and into the procurement phase.



Awareness Raising Campaign

it was Agreed
that the Advocacy
Reference group will

Look at Raising
Awareness about
Advocacy

How much
Money is Available
for this?



On behalf of the Regional Partnership Board and Heads of Adult Services, we wish to acknowledge and express our appreciation for the invaluable contributions of numerous people who have helped to co-produce this commissioning strategy.

In particular, we would not have been able to “do co-production” without the passionate commitment and enthusiasm of those citizen representatives who have attended engagement and consultation workshops and participated in the Citizens Advocacy Reference Group.

We share their enthusiasm for co-production and recognise that it has great potential for improving outcomes and quality of life for the citizens of Gwent who use our services.

Thank You!

Alyson Hoskins (Head of Adult Services, Blaenau Gwent County Borough Council)

Phil Robson (Chair of Gwent Regional Partnership Board)

- 01] <http://bit.ly/SSWbAct>
- 02] <http://bit.ly/Part10Code>
- 03] <http://bit.ly/ICFguide>
- 04] <http://www.gata.cymru>
- 05] <http://bit.ly/advocacyQPM>
- 06] <http://bit.ly/RISCA16>
- 07] <http://bit.ly/OPCmvh>
- 08] <http://bit.ly/GwentPNA>
- 09] <http://bit.ly/GwentAP>
- 10] <http://bit.ly/IntWBNet>
- 11] <https://www.dewiscil.org.uk>
- 12] <http://www.gwentrpb.wales>
- 13] <http://bit.ly/GTAPhome>
- 14] <https://copronet.wales>
- 15] <http://bit.ly/GwentEngage>
- 16] <http://bit.ly/GwentConsult>
- 17] <https://info.copronet.wales>
- 18] <http://bit.ly/COMPdi>
- 19] <http://bit.ly/NonIA>
- 20] <http://bit.ly/AdvChart>
- 21] <http://bit.ly/AdvCode>
- 22] <http://bit.ly/NatDevTi>
- 23] <http://bit.ly/AdvOutcomes>
- 24] <http://bit.ly/GTAPoct18>
(see pp8-9)
- 25] <http://bit.ly/SCWadvocacy>
- 26] <http://bit.ly/SCIEtypes>
- 27] <http://bit.ly/GwentSBvid>
- 28] <http://bit.ly/OPCvideo>
- 29] <http://bit.ly/GTAPaware>
- 30] <http://bit.ly/AdvRaceEqual>
- 31] <http://bit.ly/WGAHWales>
- 32] <http://bit.ly/WHC28>
- 33] <http://bit.ly/NHSadvocacy>
- 34] <https://www.promo.cymru>
- 35] <http://bit.ly/GwentC4WT>

We have tried to make this document as reader-friendly as possible but it may be helpful to refer to the following list of terminology and acronyms when necessary.

The list includes some terms which are not included in the document itself but are often used during the commissioning and procurement processes.

TERMINOLOGY

■ **Appropriate Individual**

An informal advocacy role described in Chapter 13 of the Part 10 Code of Practice (Advocacy). An Appropriate Individual may be someone who is known to a person with care and support needs - possibly a Carer, family member, friend or someone else in their wider social network - who has a good understanding of the Social Care system and is both available and able to support, represent and facilitate the person's involvement in the assessment, care and support planning, review or safeguarding processes.

■ **Block contract**

A binding agreement that guarantees a given volume of business to a service provider over a set period of time, enabling the purchaser to obtain a cheaper price and the provider to plan more effectively (see also spot contract below).

■ **Carer**

Someone who provides care and support for a family member or friend, usually on an unpaid basis.

■ **Care Worker**

Someone who is trained and paid to provide professional care and support.

■ **Commissioning**

The process of identifying need and designing, planning and reviewing services which make the best use of available resources and produce the best outcomes for the local population. Distinct from procurement (see below).

■ **Competitive dialogue**

An approach to the tendering process which permits discussion of different options with potential providers before a particular solution is chosen.

■ **Consortium**

A group of third sector organisations which agree to collaborate in order to deliver a service together.

■ **Co-production**

A process that enables citizens and professionals to work together in equal partnership, sharing power and responsibility for decision making.

■ **Framework agreement**

An arrangement between a purchaser and provider which establishes the terms under which contracts can be entered into, or 'called-off' when particular needs arise.

■ **Independent Professional Advocacy**

A form of advocacy provided by a trained and paid advocate who is independent of both public services and organisations which provide care and support. May be either statutory - for purposes relating to care and support, under the Social Services and Well-being (Wales) Act 2014 or non-statutory - for other purposes, e.g. housing, welfare benefits etc. Local Authorities must arrange provision of statutory Independent Professional Advocacy for people in certain circumstances, which are set out in the Part 10 Code of Practice (Advocacy).

■ Outcomes

The impacts, benefits or changes over time that result from a project or organisation's activities, e.g. satisfaction levels, improved well-being etc.

■ Outputs

The direct products of a project or organisation's activities, e.g. workshops delivered, publications produced etc.

■ Part 10 Code of Practice (Advocacy)

A guidance document issued by Welsh Government to set out the requirements placed on Local Authorities and Health Boards for provision of advocacy under the Social Services and Well-being (Wales) Act 2014.

■ Procurement

The process of purchasing services from providers to meet needs identified by the commissioning process.

■ Purchaser

In the context of this document, the Health Board or Local Authorities which wish to buy a new service to meet identified needs.

■ Service specification

Part of a contract which provides a clear, accurate and full description of the purchaser's needs and states the requirements and standards expected of providers in delivering the services.

■ Spot contract

A flexible arrangement between a purchaser and provider which enables services to be purchased on an individual basis, as and when needed (see also block contract above). This is usually more expensive for the purchaser and more challenging for providers to plan for.

■ Stakeholder

An individual or organisation that has an active interest in a particular issue, e.g. citizens, providers, commissioners etc.

ACRONYMS

ABUHB

Aneurin Bevan University Health Board.

BSL

British Sign Language.

GAVO

Gwent Alliance of Voluntary Organisations.

GTAP

Golden Thread Advocacy Programme.

ICF

Integrated Care Fund.

IPA

Independent Professional Advocacy.

NDTi

National Development Team for Inclusion.

RISCA

Regulation and Inspection of Social Care (Wales) Act 2014.

RPB

Regional Partnership Board.

SCIE

Social Care Institute for Excellence.

SCW

Social Care Wales.

TVA

Torfaen Voluntary Alliance.

Advocacy Principles and Outcomes.

Advocacy Principles & Outcomes

The principles set out in the Advocacy Quality Performance Mark are summarised as follows:

■ Independence

Allowing services to be led by and responsible to the client, and enabling self-advocacy when possible.

■ Clarity of purpose

Ensuring that everyone understands what advocacy is, and is not.

■ Confidentiality

As the basis for establishing trusting relationships between advocates and their clients.

■ Safeguarding

To ensure that advocates are suitably knowledgeable and experienced in identifying safeguarding issues.

■ Empowerment & putting people first

Ensuring that advocacy services work in a way that encourages independence.

■ Equality, accessibility and diversity

Requiring advocacy services to be proactive in ensuring easy and equitable access.

■ Accountability and complaints

Having clear, transparent and accessible processes in place, including support for complainants, and ensuring that feedback is acted upon.

■ Supporting advocates

Through adequate training and supervision to ensure high quality advocacy provision.

Service outcomes for Statutory Independent Professional Advocacy

The Golden Thread Advocacy Programme has produced a proposed set of model service outcomes for clients of advocacy services. The outcomes are that people:

- Are more informed about, and have a better understanding of the care and support options available to them so they can make informed choices and decisions about their personal arrangements.
- Are better able to identify their personal well-being outcomes, the barriers to achieving those outcomes and how they can be addressed.
- Can participate more fully in Social Services processes and have increased control over and their care and support plan.
- Are better able to communicate, and have acted upon, their views, wishes and feelings to Health and Social Care professionals and others involved in their care and support.
- Are better able to challenge and, when necessary, make complaints about Health and Social Services processes, or be represented to do so.
- Have a better understanding of their rights and how to uphold them.
- Feel more informed, safe and better able to protect themselves when there are safeguarding concerns.
- Feel that they are treated with more dignity and respect.
- Are better able to access information in their preferred formats and to communicate in their language of choice.
- Feel more empowered and confident in their interactions with Social Care and Health professionals.

Providers of statutory IPA should aim to maximise the following outcomes:

- Access to and use of the service by a more diverse range of clients.
- Client satisfaction with the quality of support received from the service.
- Continual learning from comments, suggestions and complaints.
- Opportunities for clients to be involved in the service's governance and decision making, and in the co-production of service developments.

Key concerns of people with Learning Disabilities.

- 01] Funding for self-advocacy and peer advocacy to be protected.
- 02] Value and strengthen self-advocacy and peer advocacy in particular.
- 03] Ensure that people with Learning Disabilities are fully informed about the role of all forms of advocacy, particularly statutory and non-statutory Independent Professional Advocacy.
- 04] Enable people with Learning Disabilities to have easy access to provision of all forms of advocacy.
- 05] Ensure that advocates are allowed sufficient time to build trusting relationships with people with Learning Disabilities.
- 06] Ensure as much consistency as possible when clients have subsequent needs for advocacy.
- 07] Ensure that Health and Social Care professionals have good awareness and understanding of different forms of advocacy so that people with Learning Disabilities who may need advocacy are fully informed about how it can help and how to access it.
- 08] Ensure that people with Learning Disabilities and the Social Care and Health professionals who work with them all have a good understanding of disabled people's rights.
- 09] All organisations that sign up to the Gwent Charter for Working Together to put the principles into practice, with agreed monitoring and evaluation processes.
- 10] Ensure that the advocacy strategy and all information leaflets about the different forms of advocacy and the services that provide them are available in Easy Read versions.



Gwent Access to Advocacy promotional leaflets.



**Un pwynt
cyswllt ar gyfer
gwybodaeth a
chyingor
eiriolaeth**

**Your single
point of contact
for information
and advice on
advocacy**

 FFONIWCH YN
RHAD AC AM DDIM
0808 801 0566

 CALL FREE
0808 801 0566

 LLUN - GWENER,
10yb - 3yp
www.mieg.cymru

 MONDAY - FRIDAY,
10am - 3pm
www.gata.cymru



My advocate really listened and helped me feel included in what was happening. They understood the system and gave me the confidence to be involved and speak up, even though I didn't get everything I wanted.

How can an advocate help?

An advocate is someone who will:



- << be there just for you and take your side
- << help you to find and understand information
- << help you to consider your options and make your own decisions
- << ensure that your views, wishes and feelings are listened to and considered
- << speak on your behalf when you need them to

Is the advocacy helpline for me?

Yes if:



- << you are 18+, live in Greater Gwent (Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen), and need help talking to professionals in public services about your care and support needs
- << you are a carer aged 18+, live in Greater Gwent and need help talking to professionals in public services about either your own care and support needs or those of someone you care for
- << you are a relative, friend or professional who thinks a person may benefit from advocacy

Gwent Access To Advocacy is provided by ProMo-Cymru a social enterprise, registered company No: 1816889 and charity No: 1094652

What happens when I contact the advocacy helpline?

We offer information, advice and support with signposting and referrals to adult advocacy services. As we are independent of local authorities, the NHS and advocacy providers, we can ensure that you receive the type of advocacy that is right for you.



We will:

- << ask you for some basic information, including contact details (in line with data protection regulations)
- << ask you to briefly describe your situation
- << inform you about different kinds of advocacy
- << discuss which form of advocacy might be most suitable for you
- << provide information about available advocacy services and how to contact them

www.gata.cymru

Leaflets & Promotional Materials



Website

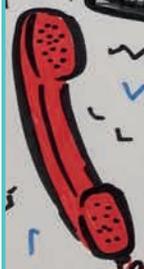


LARGER Print



Pictures/ Illustrations

Free phone Numbers



Leaflet



• What is Advocacy?
• How can it Help?
• Logo is OK



