

2023 - 2027

Our West Wales Adult Advocacy Strategy

DRAFT



Foreword

Advocacy is recognised, in all recent health and social care legislation, as being fundamentally important in situations within which individuals and marginalised groups need support to have their voices heard and their rights respected. Advocacy is designed and delivered to facilitate participation by individuals and groups within the decisions and processes that affect their lives.

This Adult Advocacy Strategy seeks to shape the commissioning arrangements of Hywel Dda University Health Board, Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council in order to meet their statutory duties. However, more importantly it seeks to ensure that good quality advocacy is readily and equitably available to those who want, or need it, in the West Wales region of Ceredigion, Carmarthenshire and Pembrokeshire.

Increasingly, it is recognised that significant numbers of people who require health or social care services also need forms of support that allow them to have an equal voice and control of how these services are planned and provided. The range of advocacy provision in our region looks to address this key support need and also encourages the development of individuals' confidence and skills to participate and express their own voices and choices through self-advocacy.

There are certain groups within our communities who need a significant level of support to be able to have their voice heard and their rights and entitlements fully met. This includes people with specific difficulties expressing their wishes and preferences, for example but not restricted to, people with learning disabilities, people with autism, people with dementia, people with complex mental health issues, some people with multiple or sensory impairments and some carers. It is to those groups which this strategy sets out to shape our future commissioning and provision of advocacy.

We intend that, through working in partnership with our communities and stakeholders, we will, in the next five years, be able to shape, through our commissioning arrangements, how the most appropriate forms of advocacy in the region will meet the range of advocacy needs. We intend to build upon what is already a solid base of existing provision whilst looking to develop advocacy provision in areas that require development. We intend to prioritise advocacy support to those individuals and groups who most need it.

We look forward to meeting these important challenges to ensure that access to, and the quality of, advocacy provision in our region is of the highest possible standard and reflects what our communities need from advocacy provision.



Judith Hardisty
Chair, West Wales Regional Partnership Board

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BACKGROUND & CONTEXT

To set the overall context in which the Adult Advocacy strategy for West Wales will operate we undertook a review of Welsh legislation that impacts this area.

Social Services and wellbeing act

The Social Services and Wellbeing Act (2014) requires that the three regional Local Authorities must [commission statutory Independent Professional Advocacy](#) services and for the Local Authorities to promote access to the [spectrum of advocacy provision](#).

Advocacy should be considered as an inherent part of the Act to focus social care around people and their well-being. Advocacy helps people to understand how they can be involved, how they can contribute and take part and whenever possible, to lead or direct the process.

(Wales) Act Advocacy Code of Practice p.8

Social Services and Well-Being

The Social Services and Wellbeing Act (2014) places a lot of emphasis on voice and control for people who need care and support, and carers who need support.

Advocacy has an important role to play in relation to voice and control and underpinning the wider requirements of the Act in terms of well-being, safeguarding and prevention. It can greatly assist people to express their views and make informed choices, thereby ensuring they have access to relevant services.

Social Services and Well-Being (Wales) Act Advocacy Code of Practice p.2

National Outcomes Framework & Wellbeing of future generations

The National Outcomes Framework (Social Services) and the Well-being of Future Generations Act place the concept of individual voice and participation at the centre of the approach to achieving well-being in Wales.

**My voice is heard and listened to.
My individual circumstances are considered. I speak for myself and contribute to the decisions that affect my life or have someone who can do it for me.**

National Outcomes Framework statement relating to achieving personal well-being.p.5

Mental Health Act & Mental Capacity Act

There are similar requirements in the Mental Health Act and the Mental Capacity Act for the Hywel Dda University Health Board to commission Independent Mental Capacity Advocate and Independent Mental Health Advocate services across the region.

West Wales Population Needs Assessment & Area Plan

Effective commissioning needs to draw upon the information ascertained through [co-production](#) and the demographic data in the [West Wales](#) Area Plan 2018-23 and the West Wales Population Needs Assessment.

What Is Advocacy and Who Needs It?

A widely accepted definition of advocacy is set out below:

'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.' [National Development Team for Inclusion](#) Advocacy Charter 2018



The diagram above, produced by the [Golden Thread Advocacy Project](#), illustrates the [spectrum of advocacy provision](#). Each form has particular benefits:

Type	Description
Self-Advocacy	When individuals represent and speak up for themselves
Informal Advocacy	When family, friends or neighbours supporting an individual in having their views wishes and feelings heard which may include speaking on their behalf.
Peer Advocacy	One individual acting as an advocate for others who shares a common experience/ background.
Collective Advocacy	Involves groups of individuals with common experiences, being empowered to have a voice and influence change and promote social justice.
Citizen Advocacy	Involves a one-to-one long-term partnership between a trained or supported volunteer citizen advocate and an individual.
Independent Volunteer Advocacy	Involves an independent and unpaid advocate who works on a short term, or issue led basis, with one or more individuals.
Formal Advocacy	May refer to the advocacy role of staff in health, social care and other settings where professionals are required as part of their role to consider the wishes and feelings of the individual and to help ensure that they are addressed properly.
Independent Mental Health Advocacy (Statutory)	Specially trained advocates who support people to speak up and have their voices heard around their mental health care and treatment. It is a type of statutory advocacy.
Independent Mental Capacity Advocacy (Statutory)	An Independent Mental Capacity Advocate (IMCA) helps people who lack capacity so that they can be involved in decisions that are being made on their behalf. It is for people who have been assessed as lacking the mental capacity to make a decision for themselves.
Independent Professional	Involves a professional, trained advocate working in a one-to-one partnership with an individual to ensure that their views

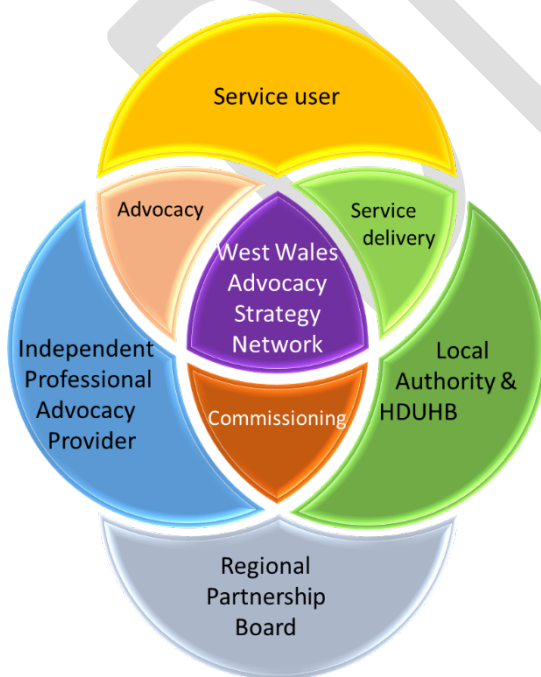
Advocacy (Statutory)	are accurately conveyed and their rights upheld. This might be for a single issue or multiple issues.
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There is an important distinction to be made between instructed and non-instructed advocacy. Instructed advocacy is when advocates are instructed by the individual, even if the latter didn't refer themselves to the advocacy services. Together, they are able to establish a relationship and identify the advocacy issues, goals and intended outcomes in accordance with the wishes/preference of the service user.

The non-instructed form of advocacy may be needed when matters of communication and capacity mean that instruction and expression of choices and concerns are not apparent. This would involve taking affirmative action with or on behalf of a person who is unable to give clear indication of their views or wishes in a specific situation. Non-instructed advocates seeks to uphold the persons right, ensure fair and equal treatment, ensure access to services, and make certain that decisions are taken with due consideration for their unique preferences and perspectives (Social Services and Well-being (Wales) Act 2014)

West Wales Position Statement

Key Stakeholders



There has been a coordinated focus on advocacy in West Wales for a number of years, with the Three Counties Advocacy Network having been in existence for over 12 years. Representing providers of both statutory and non-statutory advocacy services across Carmarthenshire, Ceredigion and Pembrokeshire, the Network's aim is to improve, promote, and develop advocacy services whilst providing training opportunities for those services. This sits alongside an Advocacy Working Group which brings together the commissioners of advocacy services across West Wales, which include Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council. These relationships are demonstrated in the adjacent Venn diagram.

Regional Review




The original proposal was developed through a co-productive approach, as proposed by the [Golden Thread Advocacy Programme](#).

In 2017, the Three Counties Advocacy Network was awarded funding to undertake engagement work following a self-assessment exercise which identified areas for potential to improve practice, as part of the [Golden Thread Advocacy Programme](#). Engagement work, supported by the [West Wales Care Partnership](#), was undertaken with individuals, professionals, and other [stakeholders](#) from across the region, which included a survey (142 responses), five county events and one regional event.

This work, and the resultant report, culminated in the definition of and design of the proposed regional service model - key features include what was told to be important to those involved in the engagement: a single point of contract; local delivery; the continued recognition of specialisms (child protection, carers, learning disabilities); and the importance of linking with information, advice and assistance (IAA) services. The service model recognises the crucial role of [IPA](#) within a wider support context of non-statutory forms of advocacy. The so-called 'fried egg' model is presented below.

Three County Advocacy Network Proposal for IPA Framework - February 2019



	Supported groups or organisations in the wider network. Some may be working towards becoming IPA providers
	Generic and Specialist IA providers across the area meeting required standards for IPA
	Wider advocacy network including the Advocacy Strategy Network

Commissioning of [Independent Professional Advocacy Services](#)

In responding to the review, the local authorities in the Region agreed to jointly commission a single [IPA](#) service for adults (separate and distinct arrangements exist for children). This was influenced in part by the [West Wales Care Partnership's](#) commitment to regional commissioning, under Part 9 of SSWBA, and it was proposed that the service be supported by an associated pooled fund arrangement – made up of existing spend devoted to advocacy.

Whereas both Carmarthenshire and Pembrokeshire had existing contractual arrangements for the supply of advocacy, Ceredigion was providing ad hoc [IPA](#) on a 'spot-purchase' basis. The absence of existing contracts meant that arrangements for Ceredigion were a priority; and due to the risk of destabilising the market elsewhere, it was agreed to pilot the intended regional approach in Ceredigion initially, prior to wider rollout. The pilot approach also had an advantage in being an opportunity to assess (as then, unquantified) demand for [IPA](#), versus other types of advocacy.

The Ceredigion pilot commenced 1st October 2019, with the intention that subject to evaluation, a regional commissioning exercise would follow in 2020. However, the COVID pandemic which started in March 2020, has resulted in regional commissioning plans for the [IPA](#) service being delayed in to 2022

Commissioning of Independent Mental Health Advocacy and Independent Mental Capacity Advocacy

Commissioning of Community Advocacy Services

Hywel Dda University Health Board are recommissioning Community Advocacy across the West Wales region, with a view to provide Community Advocacy services for those who are experiencing low level Mental Health concerns.

Community Advocacy is to be community focused and is to support individuals to be heard and treated with respect to live within their community, safely, independently and feeling supported.

This type, and level of Advocacy, is to provide early support and early intervention in order to reduce pressures on Primary Care Services as well as reduce escalations of Mental Health concerns and demands on larger advocacy services.

Current regional provision of advocacy services

Across West Wales, advocacy provision can be broadly categorised as statutory and non-statutory provision. Building on work undertaken by the Three Counties Network, and noting the work outlined above, the current provision of advocacy services (June 2021) is as follows:

Service	Area	Commissioner	Provider (as at April 2021)
Independent Mental Health Advocacy	Carmarthenshire Ceredigion Pembrokeshire	Hywel Dda University Health Board	Advocacy West Wales
Independent Mental Capacity Advocacy	Carmarthenshire Ceredigion Pembrokeshire	Hywel Dda University Health Board	Mental Health Matters
Independent Professional Advocacy	Carmarthenshire Ceredigion Pembrokeshire	Regionally Commissioned by all 3 Local Authorities	3CIPA
Non-Statutory Advocacy	Carmarthenshire Ceredigion Pembrokeshire		Advocacy West Wales

Working Together – Our Shared Vision

Prior to the pandemic our vision for advocacy was as follows:

The [West Wales Care Partnership](#) will ensure equitable access to high quality advocacy in our area.

Since the pandemic and since this vision was drafted, a lot of work has been done to ensure equitable access to high quality advocacy in the region. A prime example of this work includes a jointly re-commissioned regional IPA service with a contractual framework.

Members of the Advocacy Working Group felt it was important that we kept this old vision in the final strategy as a means of highlighting distance travelled over the last 2-3 years in terms of regional advocacy provision.

Naturally, this vision is no longer suitable as it doesn't fit the aspirations held for advocacy services. Therefore, a new vision will be developed and will require a co-productive partnership with all key agencies, community forums and stakeholders to ensure that developments reflect the actions needed. This vision is to be agreed in a newly created regional advocacy steering group which will be set up in line with the publishing of this strategy.

All significant planning and development will be agreed within a co-productive regional advocacy steering group, terms of reference and membership to be developed, which will serve as a sub-group of the Commissioning Group which in turn acts on behalf of the West Wales Care Partnership (WWCP). The WWCP will have responsibility for ensuring this strategy meets our agreed aims.

Working with individuals who access care and support services, and their representatives will be central to our approach. The regional Advocacy Strategy Network (ASN), made up of local advocacy organisations, will be a key reference point for developments. It is essential that developments are not only co-produced but also collectively owned by all the different partners, stakeholders and people who

The strategy will be framed by a set of nationally agreed advocacy principles set out in the Social Services and Well-Being Act (Wales) Advocacy Code of Practice:

Advocacy services should:

- be led by the views and wishes of the individual
- be champions of the individual's rights and needs
- be well publicised and easy to use
- work exclusively for the individual
- be well managed, prompt, responsive and provide value for money
- respect confidentiality
- have effective, accessible Compliments and Complaints procedures
- promote and monitor equality

use services.

Underpinning these principles is the need for advocacy organisations to have both organisational governance and operational independence.

NEEDS ANALYSIS

This strategy is based on an extended period of engagement with citizens, especially those who engage with health and social care services, advocacy organisations,

health and social care practitioners, statutory commissioners and other relevant [stakeholders](#). This engagement began in 2016 and continued through till 2019 and was led by the national [Golden Thread Advocacy Programme \(GTAP\)](#), a project funded by the Welsh Government, to develop effective Local Authority commissioning of the [Independent Professional Advocacy](#) services which are now a requirement under the Social Services and Well-Being Act (Wales).

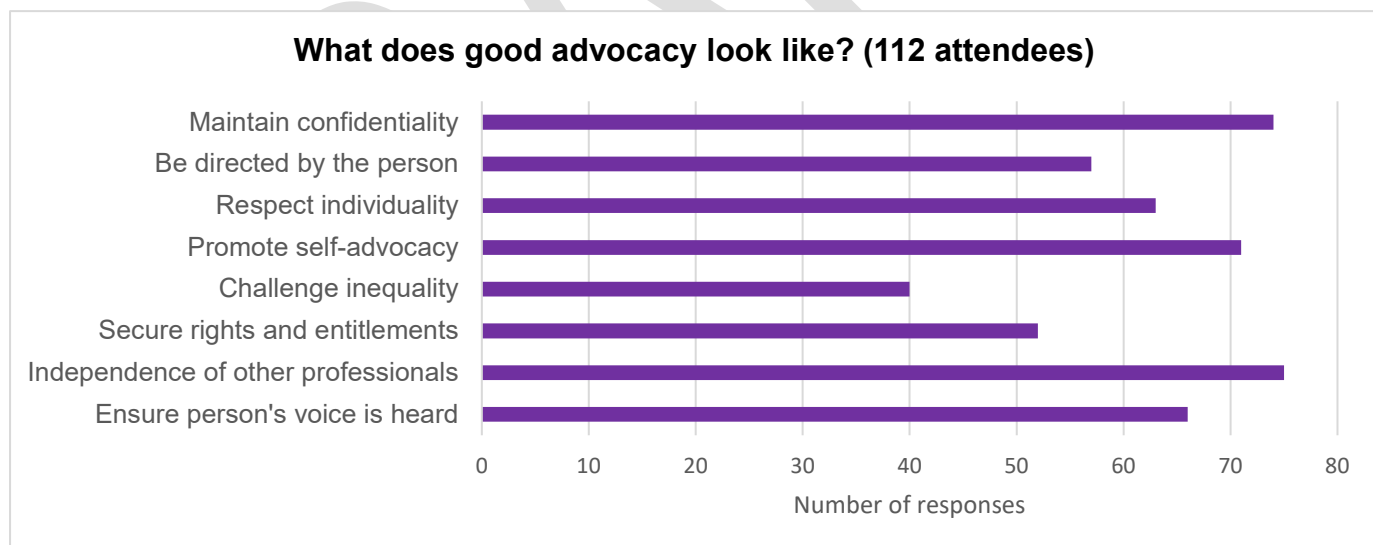
Working together with commissioners and the Three County Network, [Golden Thread](#) arranged a series of engagement events across the region and [service-user](#) groups which culminated in an Open event in Ceredigion in March 2019.

These events asked two questions:

1. What does good advocacy look like?
2. What is needed in terms of advocacy for West Wales?

What does good advocacy look like?

Recognising that this will mean different things to different people, there was general agreement that good advocacy should support people to have their voice heard, be independent, secure individual's rights and entitlements, challenge inequality, promote [self-advocacy](#), be directed by the person, be respectful of individuality and be confidential.

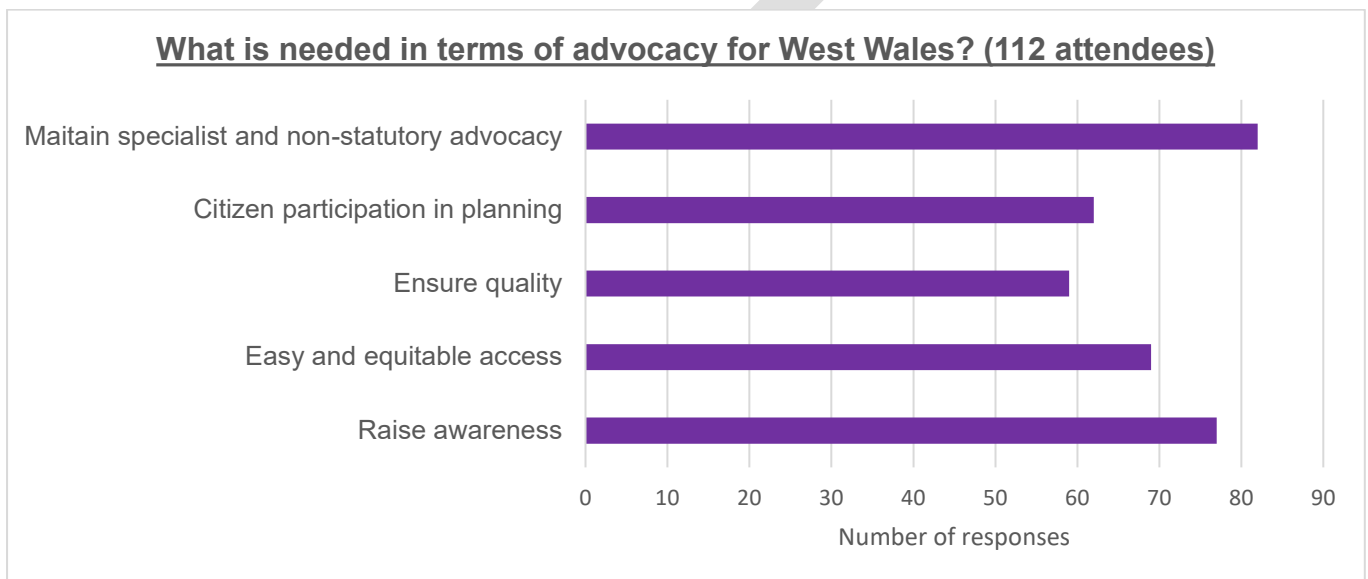


What is needed in terms of advocacy for West Wales?

Responses in relation to what is needed were quite diverse and differing priorities were identified from the different groups involved. However, it was possible to identify some shared themes from these responses which then informed the second phase of [co-production](#) engagement:

The need to:

1. Raise awareness amongst professionals and communities about the different forms of advocacy and the potential benefits of each.
2. Be able to access advocacy more easily and to make it equitably available across our region, particularly for individuals and groups who have to date not found it easy to access the right form of advocacy.
3. Ensure that the quality of advocacy services is of a high and consistent standard and that outcomes of advocacy can be effectively evaluated
4. Maintain and develop the full participation of citizens, communities and a range of organisational partners in how advocacy services are developed and delivered.
5. Support specialist and non-statutory forms of advocacy



Through 2020, a Project Lead within the [Regional Advocacy Development Project](#), held a series of individual discussions and focus groups exploring in more detail how these themes could translate into a detailed strategy.

When the COVID pandemic made it difficult to have face to face engagement further surveys and questionnaires were conducted. The WWCP is confident that sufficient information and views have been gathered to inform the strategic priorities. Ongoing [co-production](#) action planning will review and refine the strategy implementation as it evolves.

As we emerged from the COVID pandemic the Advocacy Working Group felt it was necessary to conduct further engagement again to not only bolster/supplement existing engagement but also ensure those closest to advocacy services have their voices highlighted prominently within the strategy. These were gathered via a series of virtual focus group events and also by attending existing forums/groups with stakeholders of advocacy provisions.

In this more recent engagement, responses from [service-users](#), carers, organisations delivering advocacy, other [stakeholders](#) and health and social care

professionals showed a significant level of agreement on key priorities. These aligned closely with the five key findings from the earlier [GTAP](#) engagement.

What service-users said there is a need for:

In addition to the [GTAP](#) findings, a significant number of [service-users](#) expressed the preference to receive advocacy from a family member or close friend. They felt that if there was a need for an independent advocate, they should be allowed sufficient time to develop trust and that this would require a reasonable amount of time.

“My family help me to explain to Social Workers and Doctors the sort of help I want”

- Diane

“I need an advocate who takes time to get to know me”

- Matthew

“I want to speak up for myself most of the time. I only want support on the big decisions in my life”

- Gregg

What individual organisational stakeholders said was needed.

In addition to the [GTAP](#) findings a significant number of people from [organisations](#) felt the strategy needed to reference the need for greater co-operation and collaboration between advocacy organisations and related organisations providing [Information, Advice and Assistance](#) as a way of improving outcomes for people.

“Most advocacy is good but it’s not easy for people to find the right advocacy for them”

- Mary

“People would get better outcomes if advocacy, advice and other forms of support were better joined up”

- Paul

What advocates and their managers said was needed

In addition to the [GTAP](#) findings:

More secure and longer term-funding arrangements as a means of sustainable service planning.

The introduction of an ['active offer'](#) approach to accessing advocacy. [Active offer](#) is a more facilitative approach taken by professionals when discussing the engagement of advocacy support.

“If more people were given good and timely information about advocacy, we could provide better advocacy support to those who most need it”

- Kelly

“I get frustrated that we are not able to make long-term plans to develop our service because our contract is short term and insecure”

- Jason

“Social Workers should always consider if a person would benefit from advocacy support”

- James

What professionals working in health and social care said was needed.

In addition to the [GTAP](#) findings:

The ability to deal with the complexity of advocacy need in relation to:

- Having well-resourced services that can cope with increases to demand on services
- Able to be flexible and responsive to deal with specialist and unknown issues arising in the future

““have we got enough advocates for in advocacy services to actually match? If you like the referrals that that are coming in, it's about capacity”

- Susan

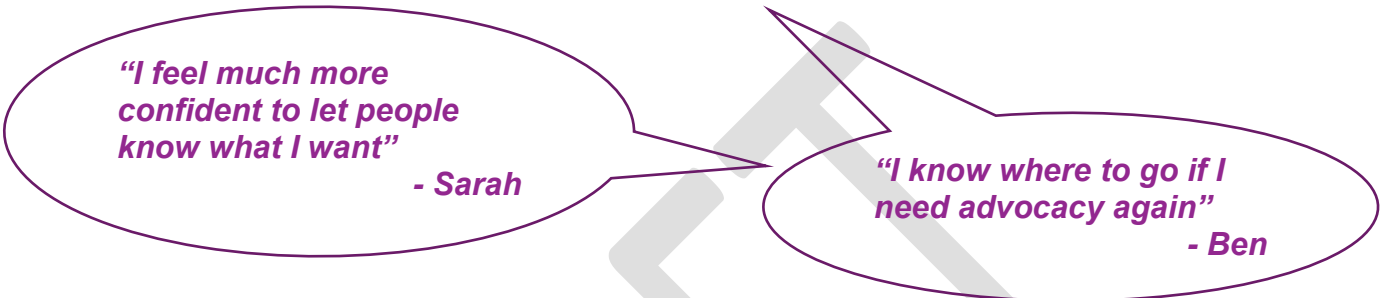
“Even before COVID, we had issues with things like access to carers assessments and backlog of waiting lists for carers assessments”

- Lorraine

General view of what is working well and what needs to change

From those people who had received advocacy support there was a very positive view of the benefits it had delivered. Of the forty-three people who had received advocacy support within our survey, only one said that it was not entirely helpful.

Once they were aware of the availability of advocacy support and how to access it, they felt things worked well. They felt that they would return for further advocacy support when they needed it and were also more confident to self-advocate.



"I feel much more confident to let people know what I want"

- Sarah

"I know where to go if I need advocacy again"

- Ben

The key challenge individuals felt was gaining initial access to the right type of advocacy support and at the right time. They felt that much more focus on providing information about advocacy and making it easier to access was crucial.

What Are We Going to Do?

This Adult Advocacy Strategy has five priority areas, all aimed at improving outcomes for people who need advocacy. The priorities have been defined in the light of co-productive activity to date, engagement, the Regional Population Assessment, and in response to legislative requirements.

The strategy will promote and support a shared commitment amongst key partners to implement developments equitably across the region.

Our five key priorities are.

The need to:

Priority 1. Maintain and develop further our co-productive approach

Priority 2 Raise awareness of, and understanding of, advocacy.

Priority 3. Ensure advocacy is easily accessible and equitably available

Priority 4. Ensure advocacy is of a consistently high standard of quality

Priority 5. Maintain specialisms and non-statutory forms of advocacy

Why is it important?

[Co-production](#) is central to the way the Welsh Government requires all health and social care services to be planned, commissioned and delivered.

[Social Care Wales](#) (formerly known as the Care Council for Wales), Planning, Commissioning and [co-production](#) Code of Practice defines [co-production](#) as **‘the concept of genuinely involving people and communities in the design and delivering of public services, appreciating their strengths and tailoring approaches accordingly.’**

Voice, participation and responsibility will each lead to ensuring that action planning will reflect developments that all partners and [stakeholders](#) will feel that they have shared and collective control and ownership of.

It is important that those providing advocacy services are fully engaged in the detail of action planning, tendering and commissioning arrangements as they are uniquely placed in terms of their specialist knowledge and experience. Ensuring effective communication, engagement, reflection and learning helps to ensure that commissioning teams are fully informed of the practical application of advocacy and how positive outcomes are best achieved.

Closer collaboration and integration within health and social care planning is considered essential by the Welsh Government in terms of offering better outcomes for individuals and communities.

The WWCP is fully committed to ensure that the development and implementation of this strategy, through its associated action plan, will be maintained and strengthened.

What is the situation in West Wales?

The Regional Advocacy Strategy Network, which represents regional advocacy organisations, has established links with the [WWCP](#). The Network has been a key reference point in the development of this strategy and will have a significant ongoing role in action planning decisions. There has been active co-operation between the Network and Regional Commissioners through a process of effective communication, engagement, reflection and learning in the recent tendering of advocacy services which has led to improvements in service specifications, delivery and evaluation.

The Hywel Dda University Health Board (HDUHB) is a key partner in the [WWCP](#). In terms of the strategy, appropriate levels of collaboration and integration between the

Board and the three Local Authorities are agreed within the [WWCP](#) decision-making framework.

What will we do?

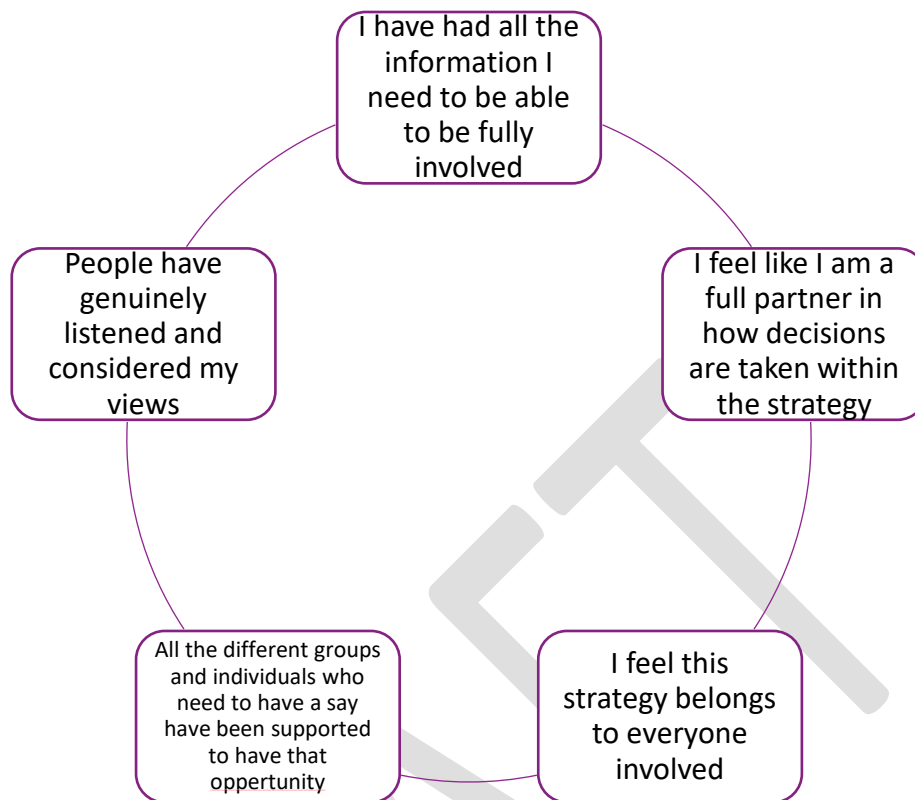
We will through co-produced action plans:

1. Ensure the necessary structures will be supported to develop a culture of effective and meaningful co-production ensuring broad representation of stakeholders across the region who can inform and shape decision-making reflecting what matters most
2. Adopt principles of effective communication, engagement, reflection and learning to shape and inform the approach to commissioning and tendering
3. strengthen the link between the [WWCP](#) and the Regional Advocacy Strategy Network
4. explore opportunities for closer collaboration and integration in advocacy planning and commissioning arrangements between statutory bodies

What will success look like?

- The contributions of citizens, [service-users](#) and carers will be acknowledged and valued
- Decision-making within action-planning to implement the strategy will have been significantly informed by citizens, particularly [service-user](#) groups and carers
- There will be a flow of relevant information between the different groups and structures within [co-production](#) including the Advocacy Strategy Network (ASN), service user groups etc.
- A culture of responsibility and ownership will have been created within the [co-production](#) partners.
- There will be regular engagement between the [WWCP](#) and the Regional Advocacy Strategy Network
- Building on the new regionally commissioned IPA services by ensuring we are working collaboratively to develop service

People receiving advocacy will say?



Priority 2: Raise Awareness Of, And Understanding Of, Advocacy.

Why is this important?

Advocacy provides an essential support service allowing people's voice to be heard, their rights protected and their entitlements to be secured. Raising awareness, and understanding of advocacy, will promote improved access to advocacy, especially for those who need it most.

Our engagement clearly evidenced that there is not always awareness and understanding of, the different forms of advocacy, their functions and the benefits that each can offer. There is significant scope to develop both awareness and understanding within professional disciplines, [service-users](#) and key [stakeholders](#).

This commitment to further develop awareness of, and understanding of advocacy, will offer increased opportunities for individuals, especially those in most need, to access the right form of advocacy and in that way ensure that their voices are heard, their rights respected, and their entitlements secured. It is important to remember the correlation between awareness/promotion of advocacy and the number of referrals a service will receive. Advocacy providers must be supported to create well-resourced services that has the capacity to meet this additional demand.

What is the situation in West Wales?

The provision of informational and marketing materials by each advocacy organisation which relates to their own services is apparent but more general awareness and understanding could be further developed.

The rurality of our region presents particular challenges in terms of being able to reach out equitably to isolated individuals, groups and communities in terms of awareness-raising.

There are a range of different advocacy organisations in the region offering different forms of advocacy and this [spectrum of advocacy provision](#) does present challenges in terms of understanding and awareness. [Service-users](#) and professionals have awareness of advocacy services to which they have familiarity and contact but may be unaware of other provision that could also be appropriate.

There is scope for staff working for care providers, including residential and nursing homes, to have a better understanding of advocacy services.

There is scope for advocacy organisations and organisations providing [Information, Advice and Assistance](#) to work more collaboratively to raise awareness and understanding.

What we will do?

We will through a co-produced action plan:

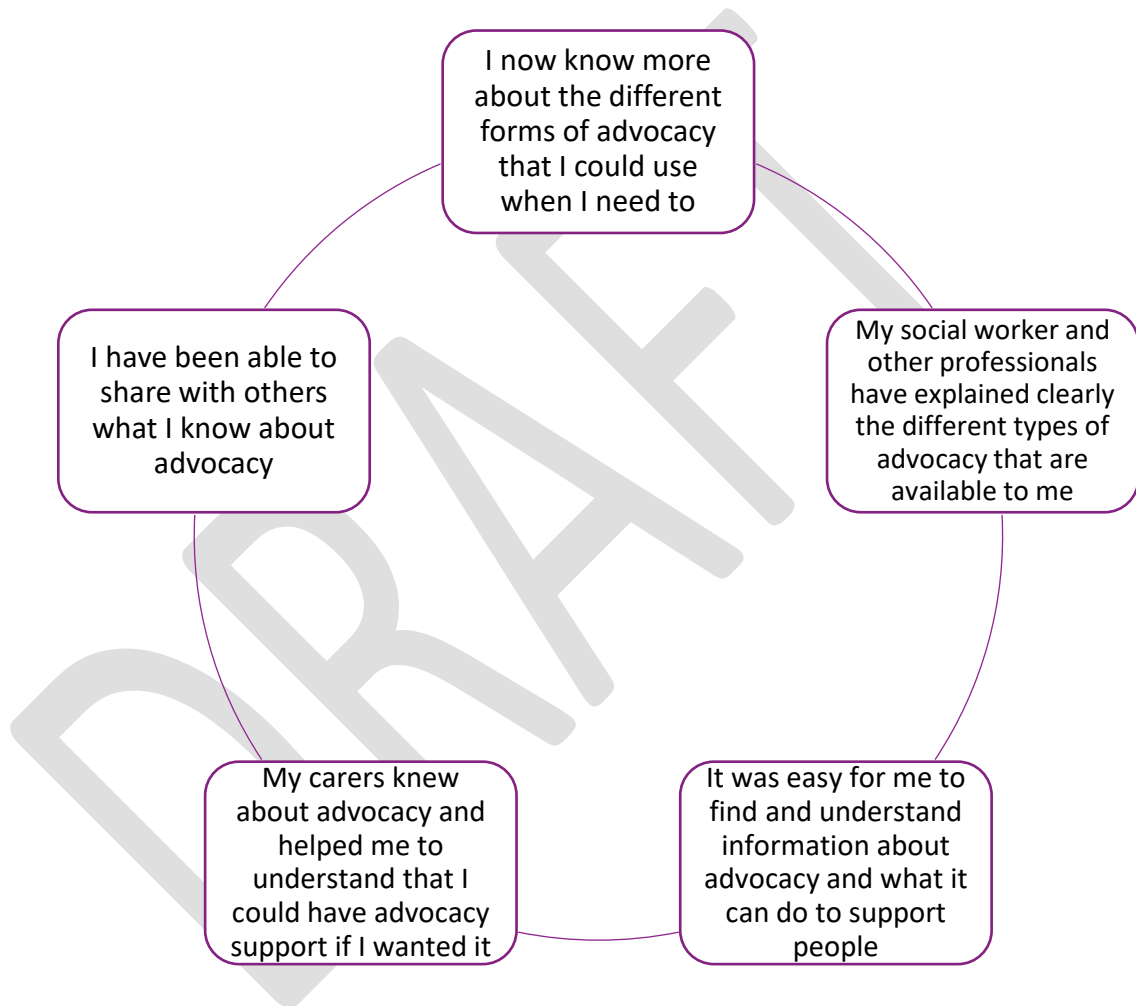
1. Agree a shared and structured approach to raising awareness and understanding of advocacy amongst citizens, [service-user](#) groups, health and social care professionals, care providers and other relevant [stakeholders](#).
2. Explore opportunities for using creative approaches to awareness-raising, including the range of digital platforms
3. Ensure that commissioned advocacy services provide information in the most accessible formats
4. Support & promote collaborative arrangements between advocacy organisations and those organisations offering [Information, Advice and Assistance](#)

What will success look like?

- There will be improved and updated informational materials in a range of accessible formats covering the [spectrum of advocacy provision](#) which will be widely distributed.

- Other creative approaches, including digital platforms, will have been further developed
- All relevant professionals will have an awareness and understanding of advocacy provision and its functions
- Those who are eligible to access advocacy support will know what the different types of advocacy can offer

People receiving advocacy will say?



Priority 3: Ensure Advocacy Is Easily Accessible and Equitably Available

Why is this important?

For advocacy to be able to provide support to those who need it most, it must be easy to access and equitably available.

Our [co-production](#) engagement identified that it was not always easy for people who would benefit from advocacy to get in touch with the most appropriate advocacy

organisation to support them. It was also clear that advocacy services were not always equitably distributed across the region. A more equitable geographical spread of the range of advocacy services, would allow individuals from different [service-user](#) groups to access advocacy support more locally.

The various engagement events evidenced that whilst there is a range of provision available, some people find it difficult to navigate to find the service that is right for them.

A key requirement in the Social Services and Well-Being Act Advocacy Code of Practice is for advocacy services to be engaged at an early stage in social care processes as an aspect of the 'preventative agenda'. This requires referrals from professionals being made at the earliest possible time allowing advocacy support to be meaningful and effective by ensuring that an individual's voice is heard when it most matters and to prevent issues escalating.

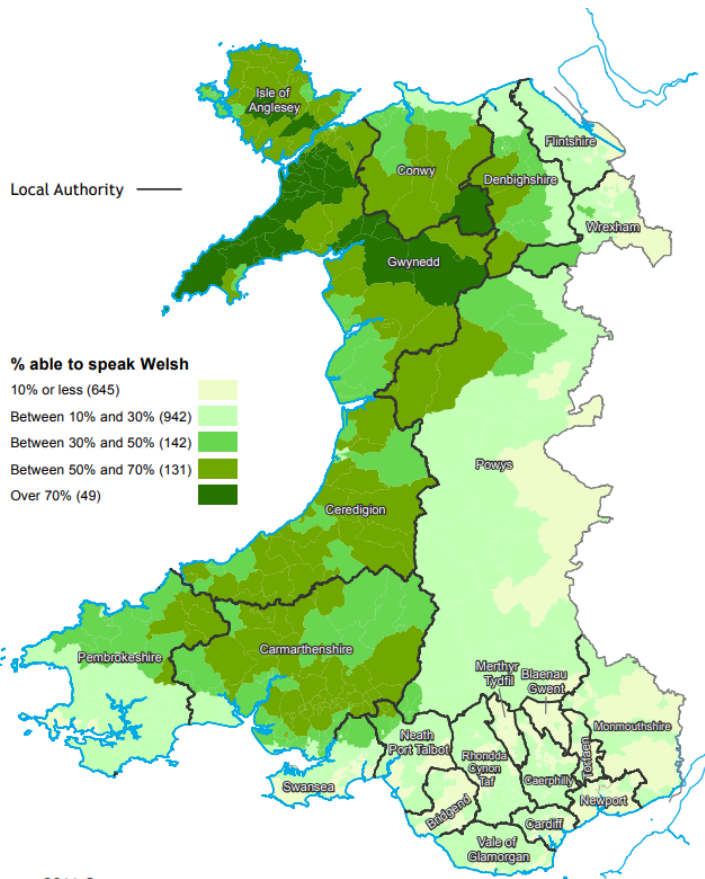
Similarly, [the Act](#) stresses the key role of advocacy support in [Safeguarding](#) processes and how advocacy referrals need to be made at the early stage of involvement to allow individuals the support they need to fully participate in decision-making and to achieve the most positive person-centred outcomes. A consistent and equitable approach to engaging [Independent Professional Advocacy](#) at the right time is essential.

Situation in West Wales

Advocacy provision in West Wales is relatively well established in our region, particularly in relation to specialist support for people with learning disabilities and people with mental health needs. For other [service-user](#) groups and carers generic [IPA](#) services are now in place and becoming established. This means that for most people who require advocacy, services are available.

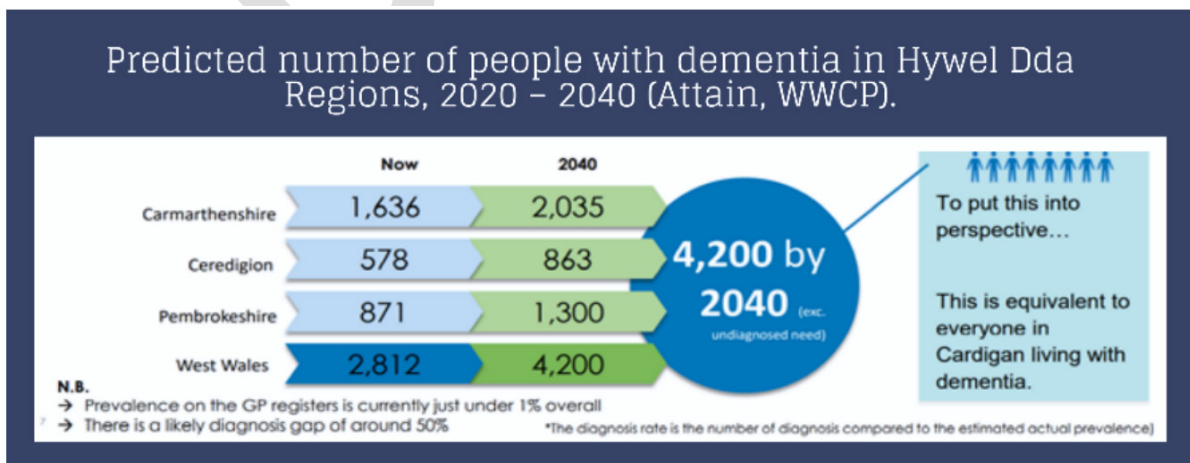
The predominantly rural nature, demography and geography of our region poses some challenges to facilitating physical access to most community-based health and social care services, including advocacy.

Similarly, we have significant numbers of Welsh speakers in our region and for our advocacy services to provide equitable access there is a need to ensure that advocacy services can be accessed through the Welsh language.



% of Welsh Speakers in Wales (Population Census, 2011)

The most significant factor identified in the [West Wales Population Assessment](#) is the growing numbers of older people likely to need some level of support services and specifically a sharp increase in the projected number of people with dementia. These demographic changes are most significant in isolated rural areas. These demographic changes will also increase the number of people becoming unpaid carers. These changes are likely to require a greater focus on access to advocacy services for older people and carers in the region and particularly in the more rural areas.



West Wales Population Assessment (2022)

What we will do?

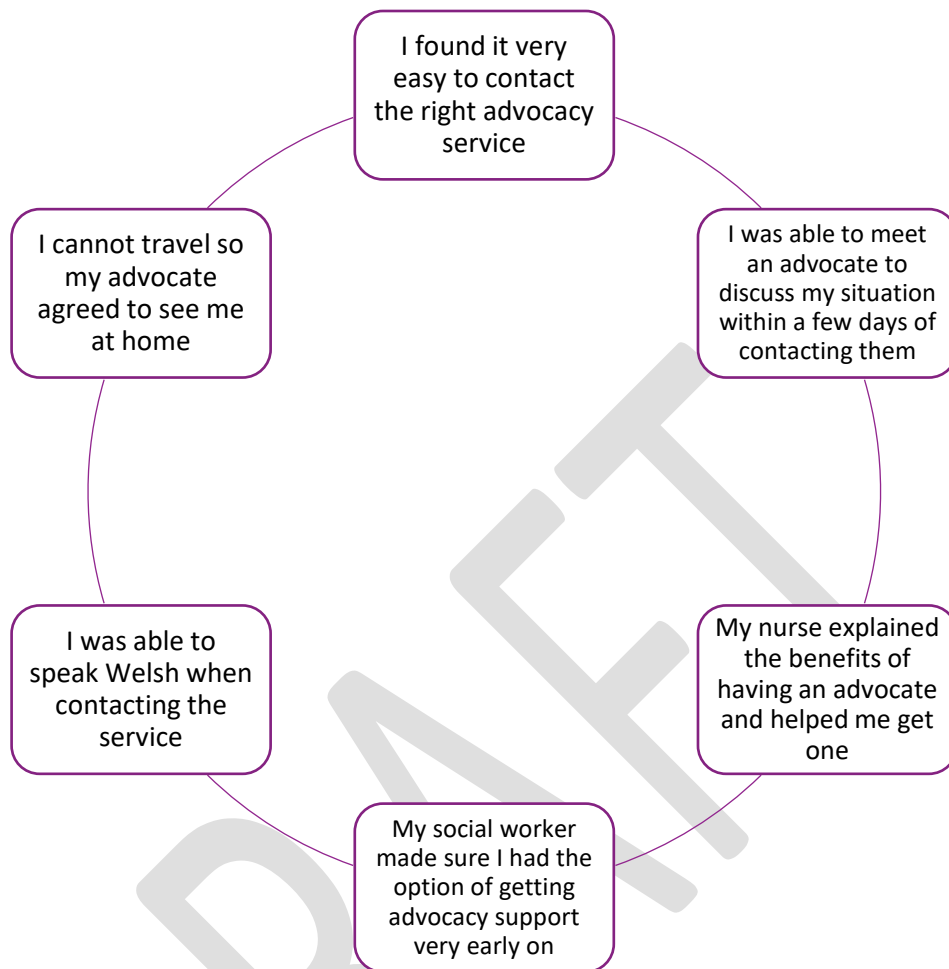
We will through a co-produced action plan:

1. Ensure improved access to advocacy provision and ensuring people who need it most can access it in a way suitable for them e.g. In Welsh, in person, online etc.
2. Develop an '[active offer](#)' approach to be employed by professionals which promotes and facilitates contact with an advocate so they can explain the support they can offer
3. Ensure that there will be equitable access to advocacy across our region taking into account the rurality and demography of our region
4. Evaluate the most effective referral '[gateways](#)' that facilitate ease of access

What will success look like?

- There will be easy ways by which people can access the form of advocacy that is right for them through the most effective referral '[gateway](#)' or '[gateways](#)'
- Advocacy will be made available at the earliest and most supportive time through the '[active offer](#)' approach
- People who prefer to access advocacy through the medium of Welsh can do so equitably
- People living in rural areas will have easy and equitable access to advocacy

People receiving advocacy will say?



Priority 4: Ensure Advocacy Is of a Consistently High Standard of Quality

Why is it important?

To achieve consistently positive outcomes for those receiving advocacy support there needs to be consistently high standards of quality in terms of governance and service delivery.

This priority was most significantly highlighted by organisations providing advocacy and other third sector organisations within the engagement process and is also key legal requirement on statutory bodies that commission advocacy services. A number of respondents felt that the quality of advocacy provision in the region was inconsistent and that all advocacy providers should have governance and delivery arrangements that met the highest standards.

Within the independent advocacy sector there has been a long-standing commitment to ensuring the quality of their advocacy. What has emerged over recent years has been the establishment of standards, as defined in the sector's own Advocacy Charter and Code of Practice and more recently the standards set out in the SSWBA Advocacy Code of Practice.

The key tool of quality assurance within independent advocacy is the [Quality Performance Mark\(QPM\)](#) which is independently assessed and awarded by the [National Development Team for Inclusion](#) (Advocacy) and this assurance is supported by the vocational [advocacy qualification](#) framework for advocates created by [Social Care Wales](#).

It is intended, in the near future, commissioned [Independent Professional Advocacy](#) will come within the [Regulation and Inspection of Social Care in Wales Act \(RISCA\)](#), once a framework can be agreed. When legally required this framework will need to be adopted within the strategy.

All forms of advocacy need to be able to evidence quality also need to evidence positive outcomes deriving directly, or indirectly, from their engagement. Outcome's frameworks and indicators vary across services and this does not always present an accurate comparative picture across services. There is scope for development and standardisation of [outcomes monitoring](#) and reporting in commissioned advocacy.

Quality in service delivery relies upon a reasonable period of service continuity. This allows for effective service delivery planning. Short term contractual arrangements do not support the development of quality in service delivery or accessibility. Contracts do need to be monitored and reviewed and periodically re-tendered. However, these processes should support the need to maintain quality in service delivery through a considered approach to appropriate continuity.

All advocacy services need to have systems that deal effectively with complaints and comments, as well as compliments. These systems, as a method of service improvement and learning from mistakes and successes, are a necessary aspect of quality.

The situation in West Wales

Most currently commissioned independent advocacy services in West Wales have either been awarded the [QPM](#) or are registered and working towards an award. Similarly, most also employ advocates who have achieved the appropriate independent [advocacy qualification](#) for their particular role, or, are registered and working towards the award. Support has been available through till Spring 2021, through the Advocacy Development Project, for those organisations that intend to register for both the [QPM](#) and their advocates for the relevant qualification.

[Outcomes monitoring](#) arrangements across commissioned advocacy services are inconsistent and there is scope for some degree of standardisation whilst

recognising that different services do meet different statutory functions and have different service specifications.

Some advocacy organisations have established arrangements for ongoing service improvement but there is some scope for the [WWCP](#) to support all advocacy organisations to focus on both quality assurance and service improvement.

There are issues of service continuity, especially in respect of non-statutory and specialist advocacy and there is scope for further consideration of how to balance tendering compliance and service continuity.

The [WWCP](#) is committed to ensure that all commissioned [Independent Professional Advocacy](#) along with other advocacy provisions in the region will be of a consistently high standard. This will ensure that all people receiving [Independent Professional Advocacy](#) support can expect a good quality service, wherever they live in the region

What will we do?

We will through co-productive action plans:

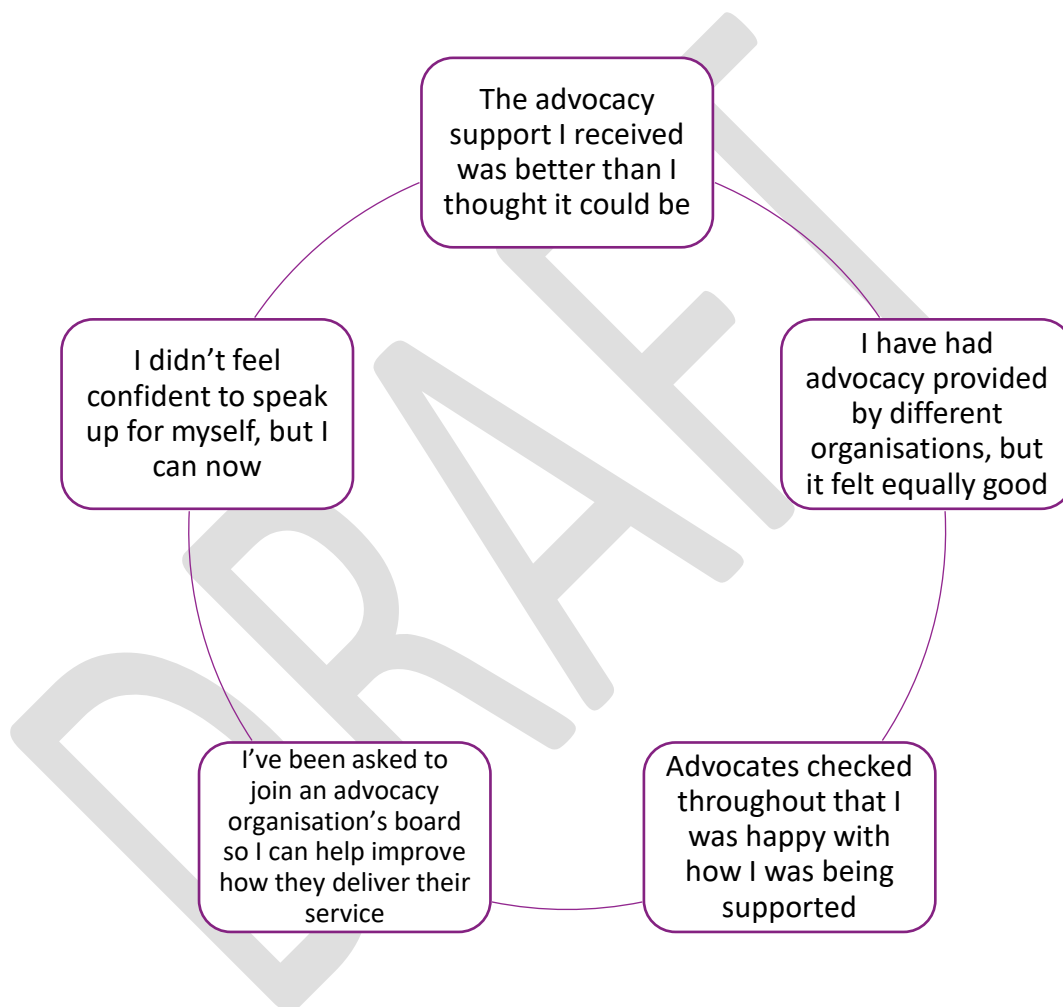
1. Commission sustainable independent advocacy services that can evidence and assure the quality of their governance and practice arrangements through recognised external quality assurance and practice competency systems.
2. Introduce the necessary quality assurance within commissioning arrangements required by any future [RISCA](#) advocacy framework
3. Support developments in the advocacy sector that progress service improvements in terms of quality and best practice, including in relation to learning from mistakes and complaints.
4. Introduce more standardisation in [outcomes monitoring](#) across the region and across comparable advocacy services

What will success look like?

- All commissioned independent advocacy will meet recognised quality assurance and practice competency standards.
- A culture of service improvement will be supported across all advocacy services
- Appropriate consideration will be given to service continuity in the tendering and contracting of commissioned advocacy services
- Any future requirements for advocacy commissioning under [RISCA](#) legislation will be fully introduced and embedded.

- A more robust and standardised approach to the [outcomes monitoring](#) and reporting of commissioned independent advocacy services will be introduced and embedded.
- All commissioned advocacy services will have effective systems for dealing with complaints and learning from mistakes.
- A high number of trained advocates to cope with high capacity and demand

People receiving advocacy will say?



Priority 5: Maintain Specialisms and Non-Statutory Forms Of Advocacy

Why is this important?

There are a wide range of circumstances within which people need advocacy support and many of these are not addressed or best met through statutory advocacy provision. Similarly, many individuals and groups get the best outcomes when this is delivered through specialist provision. In delivering advocacy services

we must ensure that individuals retain voice, choice and control over as many aspects of their lives as they can, for as long as they can. This can be achieved through a person-centred approach which understands each individual's personal circumstances, their history, future aspirations and what is important to them.

This strategy recognises there needs to be an appropriate balance between generic and specialist advocacy and similarly between statutory and non-statutory advocacy and that [service-users](#) should be able to have choice of which service provides their advocacy support.

Co-ordination and collaboration is needed to ensure that people receive the most appropriate form of advocacy to meet their particular needs and offer choice of provision.

Specialisms are particularly important in respect of [service-user](#) groups who have different communication needs, such as, people with learning disabilities, autistic people and people from the deaf signing community. Non-statutory mental health advocacy relies upon advocates having very specific knowledge of legal frameworks and services to be able to provide the best quality of advocacy support.

Non-statutory advocacy, both commissioned and grant-funded, is very important as it could provide advocacy support in the aspects of people's lives that statutory advocacy was not directly commissioned to address. It also allows issues to be addressed that prevent escalation in people's issues which then require statutory interventions. Non-statutory independent advocacy is also better placed to provide the enduring advocacy relationships that best facilitate empowerment and the capacity to self-advocate.

[Self-advocacy](#) groups, especially for people with learning disabilities, promote and facilitate the ability to self-advocate and as a result allows more participation in decisions impacting on their lives. This allows for more effective co-produced care planning and also promotes the prevention and [safeguarding](#) agendas.

Independent Advocacy often provides significant support to parents when engaged in child protection and legal hearing processes. As identified in the consultation exercise with advocates, this specialist work involves having knowledge of [safeguarding](#) and legal processes to be able to provide these parents the best possible support at these difficult times in their lives - "not forgetting the huge amount of work that I think all the advocate to do at the moment with child protection cases and parents going through child protection" (Stacey, Advocate)

What is the situation in West Wales?

The situation in West Wales offers both specialist and non-statutory advocacy for some [service-user](#) groups but not all. This seems to reflect the significant demands for these services from active community groups, such as, the learning disabilities and mental health communities.

The balance between statutory and non-statutory and between specialist and generic is felt by the learning disabilities and mental health communities to be appropriate.

Other [service-user](#) communities' advocacy needs are addressed within generic and statutory services. Our engagement indicates that there needs to be further consideration of this balance, when considering how to shape advocacy services for other [service-user](#) groups. These groups are now starting to become more aware of the potential benefits of specialist and non-statutory advocacy. This was most notable amongst carers responses through our engagement, in particular carers of older people with dementia. Projections suggest a significant increase in the demand for dementia services, including advocacy in the lifetime of the strategy. (see graph below)

There are established learning disabilities [self-advocacy](#) groups operating in the region but this is not currently equitably available across the region.

Required advocacy support for parents in child protection processes is available but there is an indication that specialist provision would produce better outcomes.

What will we do?

We will through co-produced action plans:

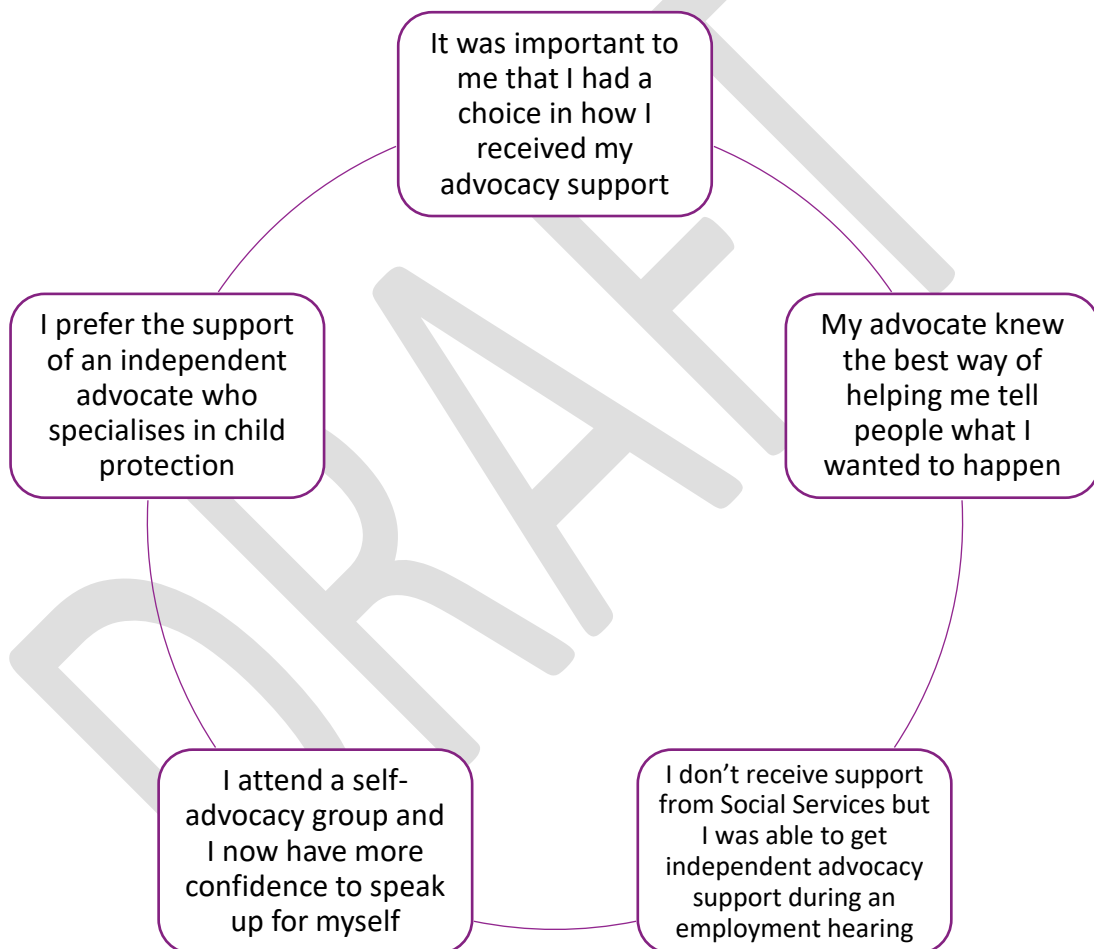
1. Ensure an appropriate balance between generic and specialist and statutory and non-statutory advocacy provision across all [service-user](#) groups in the region.
2. Ensure that people can access the most appropriate form of advocacy to meet their particular needs and offer choice.
3. Ensure that those with complex communication needs will be provided with the most appropriate form of independent advocacy support
4. Develop and support [self-advocacy](#) groups
5. Assess the need for a specialist independent advocacy service to support parents involved in child protection processes that have difficulties understanding key information

What will success look like?

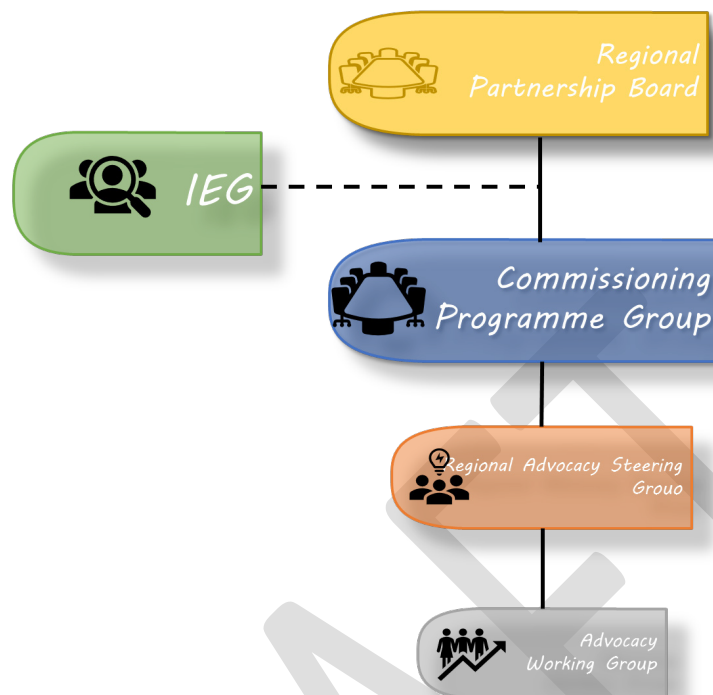
- There will be a range of specialist and generic provision available to reflect differences in individual need and choice.
- Non-statutory advocacy will be maintained and developed as required to best meet community need

- Individuals with complex communication needs will have access to specialist advocacy services that can best meet their communication needs.
- Endeavour to support the full spectrum of advocacy services such as [Self-advocacy](#)
- If the needs analysis indicates the need for a specialist advocacy service for parents involved in child protection processes, who need support to understand key information, a service will be commissioned

People receiving advocacy will say?



Reporting Our Progress



In line with this strategy a new regional advocacy steering group will be set up to oversee and scrutinise the progress made against the regional adult advocacy strategy. The group is to design and deliver a comprehensive regional implementation plan with clear and measurable actions to shape and guide regional advocacy in West Wales. The plan should align with the National Outcomes Framework (Social Services), the Regional Outcomes Framework and the Well-being of Future Generations Act.

This action plan will be regularly monitored and revised in the light of progress and new opportunities for improving outcomes for users of advocacy services - as part of an on-going commitment to working co-productively with users and providers.

The new regional advocacy steering group will be directly account to the Commissioning Programme Group who, on behalf of the West Wales Regional Partnership Board, will oversee the implementation of this strategy:

- Receiving and scrutinising regular progress reports from the Advocacy Working Group.
- Ensuring [WWCP](#) recognition of successes and issues for resolution.
- Ensuring co-productive contract monitoring arrangements are in place, where providers and users are active participants.
- Ensuring this strategy has the profile and resources for effective implementation.

Reports will be made to Hywel Dda University Health Board and the local authorities of Carmarthenshire, Ceredigion and Pembrokeshire.

Glossary

Term	Acronym	Explanation
<i>the Act</i>		Social Services and Well-being (Wales) Act 2014 (SSWBA)
<i>'Active offer'</i>		the process by which professionals facilitate a meeting between a person and an advocate allowing the advocate to fully explain their role and allow the person to decide if they would want advocacy support.
<i>Advocacy qualification</i>		the award given to independent advocates that evidences that they are appropriately trained and competent to practise independent advocacy, including any specialist areas, e.g. mental health
<i>the Code</i>		Part 10 of the Act, Code of Practice (Advocacy) updated 2019, which sets out the requirements on local authorities in relation to advocacy services
<i>Co-production</i>		the process of enabling citizens and professionals to work together in equal partnership, to share power and responsibility for decision-making and planning.
<i>Commissioning/commission</i>		the process by which Health Boards and Local Authorities identify needs then plan and review services they want other agencies to provide.
<i>Golden Thread Advocacy Programme</i>	GTAP	The Project funded by the Welsh Government and delivered by AgeCymru to support the commissioning of advocacy in Wales and in particular the Independent Professional Advocate services across Wales.
<i>Independent Professional Advocate</i>	IPA	a form of independent advocacy defined in the Code and delivered by qualified advocates working within quality assured organisations. There are certain circumstances when Local Authorities should instruct IPAs and others when they must, as set out in the Code.

Information, Advice and Assistance		services designed to identify the support people can access to prevent them needing a higher level of support in the future.
Instructed Advocacy		an advocate acts solely on the instruction and direction of the person being supported.
National Development Team for Inclusion	NDTi	an organisation that promotes best practice in terms of social inclusion. It administers the Advocacy Quality Performance Mark.
Non-instructed Advocacy		the person cannot provide instruction and the advocate strives to ensure decisions or actions taken on their behalf respect their rights and entitlements and take account of their known preferences and lifestyles.
Outcomes monitoring		the processes by which the intended benefits of an action are assessed and reviewed.
Quality Performance Mark	QPM	the process by which advocacy organisations evidence that their services operate to a high standard
Referral 'gateway'		the way that people wanting to access a service are able to make first contact.
Regional Advocacy Development Project		a Project funded by the WWCP to support the development of advocacy in the region
Regulation and Inspection of Social Care	RISCA	the process by which organisations providing social care support are registered to ensure that they are providing quality services
Self-advocacy		the ability of a person to effectively share with others the things that are important to them and how they wish to receive services. Self-advocacy is promoted within all forms of advocacy but has a specific focus within self-advocacy groups.
Service-user		a person in receipt of, or eligible for, support or care services
Safeguarding		the process of protecting children and vulnerable adults from harm, abuse or neglect and an ongoing education process designed to facilitate the identification of the signs and risks relating to abuse.
Social Inclusion		the process of supporting people and communities to be able to participate in

		decisions and actions affecting their lives.
Social Care Wales		<i>the social care workforce regulator in Wales who has responsibility for building confidence in the workforce and leading and supporting improvement in social care.</i>
Stakeholder		Any person or organisation that have an interest or involvement with an issue, e.g. Carers Forums, Peoples First Groups, etc.
Statutory		Processes that are required under legal frameworks and arranged and/or delivered by Public Bodies, e.g. Local Authorities, Health Boards, etc.
Spectrum of advocacy provision		The different types of advocacy including advocacy provided by; family and friends, social care and health professionals, volunteer advocates, collective self-advocacy and paid independent advocates.
West Wales Care Partnership	WWCP	A regional collaboration between the three West Wales Local Authorities, Hywel Dda University Health Board and also third sector, independent sector, service-user and carer representatives. Its role is to implement the transformation and development of health and social care in line with the intentions of the Social Services and Well-Being Act (Wales) 2014
West Wales Population Assessment		an overview of the population and demography of the region used to predict the future necessary service changes to meet the future needs of the population
West Wales		the three counties of Ceredigion, Pembrokeshire and Carmarthenshire

References and Links

Social Services and Well-being (Wales) Act 2014

<https://www.legislation.gov.uk/anaw/2014/4/contents>

Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions

<part-2-code-of-practice-general-functions.pdf> (gov.wales)

Part 10 Advocacy Code of Practice

<https://gov.wales/sites/default/files/publications/2019-05/part-10-code-of-practice-advocacy.pdf>

Advocacy Charter

<https://qualityadvocacy.org.uk/wp-content/uploads/2018/05/Advocacy-Charter-A3.pdf>

Regulation and Inspection of Social Care (Wales) Act (RISCA)

<https://careinspectorate.wales/sites/default/files/2018-06/180606-risca-guide-en.pdf>

West Wales Population Needs Assessment www.wwcp-data.org.uk/population-needs-assessment

Welsh Language Measures

<https://www.legislation.gov.uk/mwa/2011/1/contents?lang=en><https://www.legislation.gov.uk/mwa/2011/1/contents?lang=en>

National Outcomes Framework <https://gov.wales/sites/default/files/publications/2019-05/the-national-outcomes-framework-for-people-who-need-care-and-support-and-carers-who-need-support.pdf>

The Well-Being of Future Generations Act <https://www.futuregenerations.wales/about-us/future-generations-act/>

Statistical Focus in Rural Wales <https://gov.wales/sites/default/files/statistics-and-research/2018-12/080515-statistical-focus-rural-wales-08-en.pdf>

IMHA Code of Practice(incorporated into Mental Health(Wales) Act Code of Practice Chapter 6)

<https://gov.wales/sites/default/files/publications/2019-03/mental-health-act-1983-code-of-practice-mental-health-act-1983-for-wales-review-revised-2016.pdf#:~:text=The%20Mental%20Health%20Act%201983%20Code%20of%20Practice,being%20laid%20before%20the%20National%20Assembly%20for%20Wales.>

Code of Practice (incorporated into the Mental Capacity (Wales) Act Code of Practice chapter 10) <http://www.wales.nhs.uk/sites3/Documents/744/Code%20of%20Practice%20E.pdf>

Planning, Commissioning and Co-production, Care Council for Wales

https://socialcare.wales/cms_assets/hub-downloads/Planning_and_Commissioning_Resource_Guide_-_January_17.pdf

GTAP Commissioning Independent Professional Advocacy for Adults under the Social Services and Well-being (Wales) Act 2014

<https://www.ageuk.org.uk/globalassets/age-cymru/documents/golden-thread-advocacy-programme/programme-documents/commissioning-ipa-framework-english-oct-19.pdf>

West Wales Area Plan 2018-23

www.wwcp.org.uk › [west-wales-area-plan](#)