Our Vision & Intentions for Adult Advocacy

2024 - 2029

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

Bwrdd Partneriaeth Rhanbarthol Gwent
Gwent Regional Partnership Board

Working in Partnership

Contents

01 Foreword

Our vision for adult advocacy in Gwent.

Our Vision and Intentions for Adult Advocacy in Gwent 2024-29 builds on the priorities and ambitions of the current strategy (2019 to 2024) and has been co-produced 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 five main priority areas identified and outlined in this document.

The Covid-19 Pandemic has impacted the delivery of some the priorities and ambitions set out in the original strategy as local authority resources were reallocated to ensure the delivery of core services. The majority of advocacy providers in Gwent continued to provide advocacy services during the pandemic. However, smaller providers took some time to adapt to new ways of working. As services moved online digital inclusion became an issue with some providers having to source and loan tech to in order to support vulnerable citizens to have their views, wishes and feelings heard.

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 2014 ("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) 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.'

Types of advocacy

There are many 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 original commissioning strategy were 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 was to raise awareness and understanding of advocacy among both social care and health professionals and the wider public in Gwent.

These shared goals remain of key importance to this strategy review.

Funding

We remain 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. Funding for advocacy services has not increased since the development of the original strategy in 2019 and with the significant growth in parent advocacy, the general increase in demand of advocacy alongside increased costs, including NI contributions and wage increases, advocacy providers funded by GATA will have no option other than to offer a reduced service.

These budgetary issues coupled with increasing demand for advocacy services and increasingly complex referrals make future planning difficult.

In 2019 a two year pilot project was commissioned utilising the Integrated Care Fund (ICF) called Gwent Access to Advocacy (GATA). This enabled Gwent 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. Through the Regional Integrated Fund (RIF) we have been able to continue to fund GATA up to and including this financial year, 2024/25.

The Gwent Access to Advocacy helpline has helped:

- establish an independent single point of access to adult advocacy services to ensure that individuals receive the most appropriate form of advocacy.
- develop advocacy awareness initiative 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 has enabled commissioners to identify gaps in provision and plan for future demand more accurately.

The funding for the GATA service has remained static since its inception and we appreciate that this is effectively a funding decrease in real terms with the obvious impact that has on providers.

Should the RIF not continue, the 5 LAs and ABUHB will work together via Heads of Adult Services (HoAS) to consider the future funding options. Each year HoAS are updated on the funding situation and contingency plans are considered until RIF funding is confirmed. There is a reliance on the GATA service to provide advocacy across Gwent and LA partners have worked hard to develop a regional approach to advocacy; should GATA end due to lack of funding, this would have a significant impact on the advocacy services provided and the access citizens have to advocacy.

Co-production

We continue to 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 led to the original strategy might be just as important as the strategy itself and is a key strength of the policy. This strategy is seen regionally and nationally as a good example of how coproduction can work and we need to recognise this in itself is a positive outcome.

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 CBC

02 Executive Summary

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

The development of the regional, co-produced 2019-24 strategy was showcased at the launch of the national framework and toolkit for commissioning advocacy in October 2019 as an exemplar. The national framework and accompanying toolkit developed by GTAP outlined the commissioning approach that was adopted in Gwent.

At the time the co-production of Gwent's advocacy strategy was innovative and unique, and we remain committed to the ongoing development of co-production as a creative approach to advocacy commissioning. This strategy review has been co-produced with stakeholders from across Gwent to ensure the strategy remains relevant in the face of new challenges as well as opportunities.

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.

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 Heath 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. Each LA is very different and the impact of this on a regional approach cannot be underestimated; similarly, ABUHB's advocacy needs will differ to those of each LA. Drawn from the Part 10 Code of Practice and the Advocacy Quality Performance Mark , these principles are set out in Annex 2.

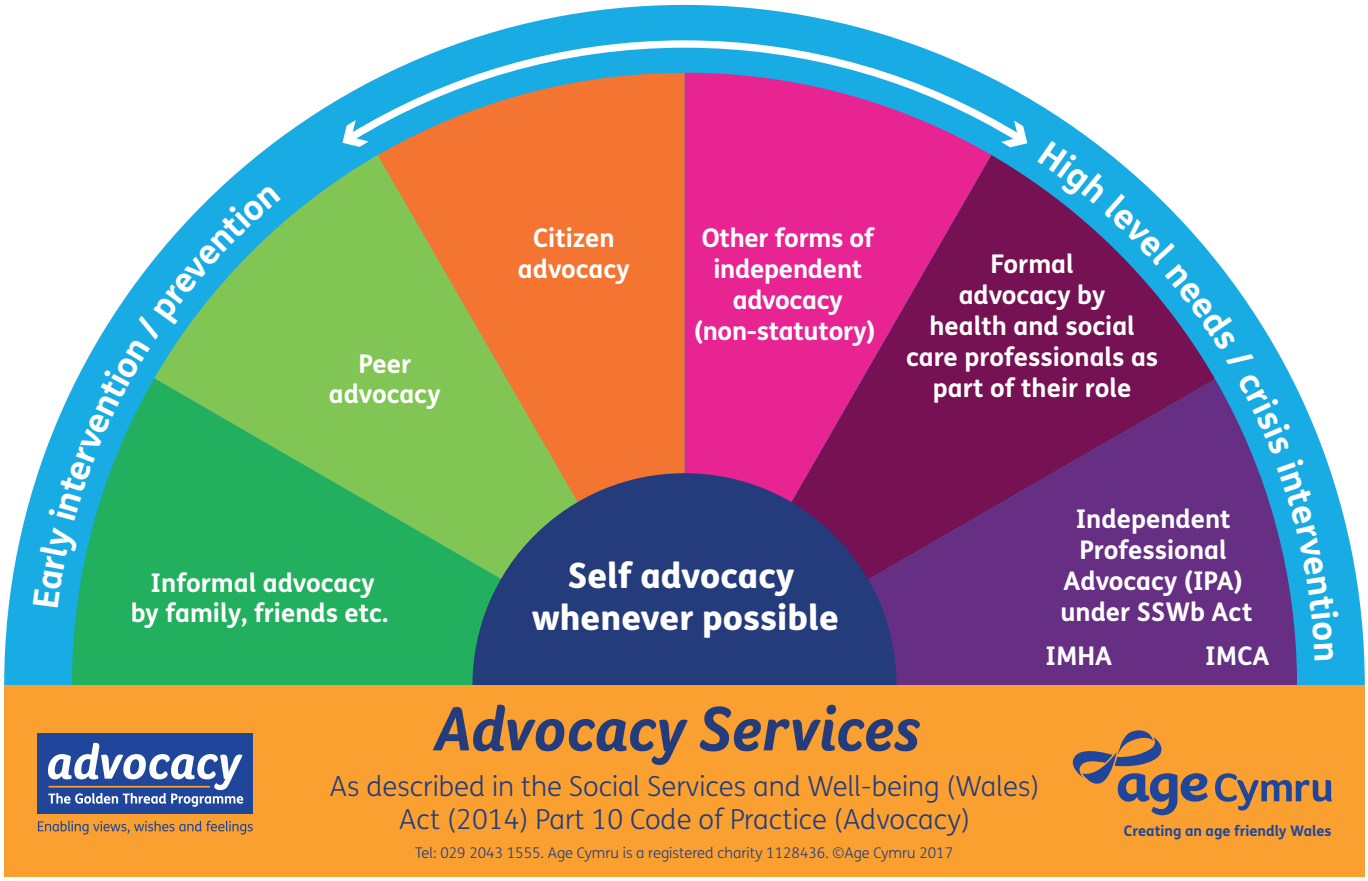
Background - National Context 03

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).

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

03 Background - National Context

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.

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 Assessment, 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 Plan, 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

The overall aim of the commissioning strategy is to deliver a regional approach to adult advocacy in 2024-29 that 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. This is still the intention in the long term, to provide IPA and non-statutory advocacy via a regional service

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 networks.

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 Commissioning Group also have an important role in the on-going co-production and continuous development of advocacy across the region. The working groups suffered something of a decline in attendance during the Covid pandemic but are now growing in strength and representation.

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 was established, consisting of an Advocacy Commissioners Steering Group, an Advocacy Providers Network, a Citizens Advocacy Reference Group and an Advocacy Coproduction Forum.

The Citizen Advocacy voice is now captured as part of the Regional Citizen Panel. The Coproduction Forum brings together representatives of the other three groups to co-produce plans for development of advocacy services across the region.

04 Current Position

Since November 2016 Gwent Regional Partnership Board (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 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.

Stakeholder Engagement

05

A day long workshop was held in Cwmbran on 12th September 2024, to review the existing Gwent Advocacy Strategy 2019-2024 and to shape the new strategy for 2024-29.

Participants were invited from commissioners, service providers, citizens and service users, across a broad range of organisations and backgrounds to ensure a good breadth of representation. 33 people participated on the day.

The event was facilitated by a Co-production Lab Wales consultant, with presentations that covered:

- an overview of the existing strategy's aims and what's been achieved in the past 5 years, with performance data and an example of practice from an IPA professional;
- a roundup of the intentions of the existing strategy, reflecting on progress and considering future prospects for each one, with an update from a Llais colleague on the "NHS" theme (see below).

The discussions were structured in 3 phases, each one informing the content of the new strategy in different ways:

- looking back: what's working well, and what's missing or not working as well as we could hope;
- looking around: past, current and future challenges that have impeded the implementation of the existing strategy, and which we should be alert to in the coming strategy;
- looking forward: 10 thematic discussions covering the existing strategic intentions and some new ones which have emerged over the past 5 years.

- Attendees felt the 4 strategic priorities identified in the original strategy were still relevant: 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.

2 additional strategic priorities were identified to be included as part of the strategy review:

- Parent Advocacy
- Workforce Development

Chapters 10 to 11 address each of these issues in turn.

Other groups

In addition to geographical equality of access, the strategy must consider the advocacy needs of diverse stakeholder groups.

The strategy recognises that meeting these needs has not been fully realised and that more work is required. The citizen group representation needs to be strengthened, and work is ongoing with the minority groups including the deaf/hard of hearing, Gypsy/Roma/Traveller, Gwent Integrated Autism service. The strategy acknowledges that the GATA service is good but doesn't meet all needs; work is ongoing but limited funding means that development is likely to be difficult.

06 Priority 1

Co-Production.

Co-production is one of the core principles of the Act and remains at the heart of the process of delivering the Gwent adult advocacy commissioning strategy. Briefly, co-production may be understood as enabling citizens and professionals to work together in equal partnership, sharing power and responsibility for decision making.

Successful co-production, like innovation, is unlikely to happen in public services without a supportive structure. Prior to the publication of the original strategy in 2019 a co-production forum was established four stakeholder groups to enable and support co-production to happen in practice. This was a pioneering approach to co-production in advocacy commissioning at the time and stakeholders continue to express how important it is that co-production remains a key priority of the strategy for stakeholders.

However, since the Covid-19 pandemic representation across the stakeholder's group has diminished. In particular the Citizens Advocacy Reference Group has continually struggled with finding representatives and a decision was made to stand down this group and use the existing Regional Citizen Pane to provide the opportunity for local citizens to provide their views and experiences of advocacy within Gwent. This is then fed into the Co-production forum via citizen representatives.

We established four stakeholder groups to enable co-production and make it happen in practice (see graphic 2 at the end of Chapter 4)

We need to ensure that co-productive service design 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

Stakeholders have asked for co-production to be strengthened through the development of partnership arrangements, this includes expanding representation to include minority ethnic and specific disability groups.

Give consideration to the full cycle of co-production in terms of creation, joint decision-making, co-delivery, co-evaluation and the co-commissioning of advocacy services.

- A solid foundation and structure has been established for continued co-production of advocacy and service design.
- To continue with the current model of regional advocacy provision with ongoing pro-active commitment from all partners. The current 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.
- 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.
- Widen participation and co-production to include minority groups.

Service Design, Principles & Outcomes for Advocacy Services.

Commissioners agreed from the start that the original 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 review 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 advocacy for people who, because they cannot communicate their views and wishes, are unable to instruct an advocate.

Principles for commissioning effective advocacy services

The five Local Authorities and Aneurin Bevan University Heath Board 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.

The Part 10 Code of Practice states that the following principles should be reflected in the arrangements for the planning, commissioning, monitoring and review of advocacy services in their area.

Advocacy services are:

- Led by the views and wishes of the individual.
- Champion the rights and needs of individual.
- Work exclusively for the individual. Are well publicised, accessible and easy to use.
- Provide appropriate assistance to individuals taking into account their specific needs.
- Are well managed and provide value for money.
- Listen to and reflect the views and ideas of individuals to improve the service provided.
- Are responsive and provide help and advice quickly when contacted.
- Operate to a high level of confidentiality and ensure individuals and partner agencies are aware of its confidentiality policies.
- Have an effective and easy to use complaints procedure, and
- Have clear policies to promote equality issues and monitor services to ensure that no-one is discriminated against.

Principles for providing effective advocacy services

The Advocacy Quality Performance Mark, the Advocacy Charter for Advocacy Schemes, and the Code of Practice for Advocates together provide a

robust framework for ensuring that independent advocacy providers deliver a professional, high-quality service to their clients. Providers of other forms of advocacy may draw upon these same principles and standards to guide their services.

The Advocacy Quality Performance Mark (QPM) describes a comprehensive set of standards against which independent advocacy providers can be assessed. The standards are based on the principles identified in the Advocacy Charter and the Advocacy Code of Practice. It is widely accepted that Local Authority commissioned advocacy providers should hold a QPM award or be working towards it.

The Advocacy Charter is a set of principles that independent advocacy providers' objectives and activities must align with. The Advocacy Code of Practice is a set of guidelines for independent advocates, managers and commissioners, linked to the principles of the Advocacy Charter, which outlines the expectations and purpose of independent advocacy. It describes what clients as well as commissioners should expect from service delivery.

The principles and practices described in this quality framework are summarised in Annex 1. They have been adopted as a standard for future provision of both statutory and non-statutory independent advocacy in the region.

Service outcomes

The service outcomes continue to be measured following the RIF outcome measuring processes, as part of the RIF reporting arrangements.

This follows the original strategy's clear preference for a simplified approach to outcomes performance measurement which focuses on the individual and avoids "making an industry out of monitoring outcomes."

There is not a single performance framework that covers the diversity of advocacy services in the region.

Conclusions & recommendations

- The strategy should continue to 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.

- Flexibility is a key requirement of future services, to ensure that individuals can access the form of advocacy support that is right for them.

Priority 3

08

Awareness & Understanding of Advocacy.

The importance of raising awareness and improving understanding of advocacy has remained a consistent message from stakeholders. Without this, take-up of the advocacy offer for adults in the Social Services system will 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.

Initially the Citizens Advocacy Reference Group sought to co-produce an action plan for an awareness raising campaign and the development of regional advocacy champions. However, this work was stepped down because of the Covid-19 pandemic.

Post pandemic there has been a focus on raising awareness of advocacy through existing channels and public facing wellbeing teams such as Community Connectors and those working in the third sector. We have also been a strong supporter of the annual, national Advocacy Awareness Week developed by the National Development Team for Inclusion.

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.'
- Raise awareness across all social service areas on the role of advocacy and how advocates can support individual citizens.
- Utilise this strategy review to raise awareness of advocacy across the appropriate Strategic Regional Partnerships.
- Explore how we might improve engagement with groups that are currently under-represented locally.
- Any awareness raising activity should involve citizens, commissioners, providers and community facing teams to demonstrate co-production in practice.

09 Priority 4

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.

In April 2023 the seven Community Health Councils that represented the interests of people in the NHS in Wales for almost 50 years was replaced by Llais,

Llais gather citizen experiences – good and bad – of health and social care services and provide support to make complaints. Since its creation we have sought to develop links with Llais through our existing advocacy stakeholder groups.

However, advocacy is more than just complaints, and advocacy within the NHS is therefore not completely covered by Llais. Independent Mental Capacity Advocacy (IMCA) and Independent Mental Health Advocacy (IMHA) also needs to be included. Advocacy Support Cymru has provided the Independent Mental Capacity Advocacy (IMCA) service in ABUHB since 2014, and the Independent Mental Health Advocacy (IMHA) service in ABUHB since 2015. These are both statutory advocacy services under The Mental Capacity Act 2005, and The Mental Health Act 1983, respectively.

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.

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'.

Integrated Well-being Networks are one of the Regional Partnership Board's priorities. 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. Recently we have sought to raise awareness of advocacy and advocacy services available across Gwent with Community Connectors.

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.

Parental Advocacy

When the Gwent Advocacy Strategy was published in 2019 parental advocacy did not factor as a key priority, but stakeholders have since requested that it is considered as part of the advocacy strategy review. Since the pandemic referrals for parental advocacy have increased significantly, generating higher workloads and increased training requirements for advocates, due to their complexity. This was very much an unexpected growth in need and utilised resources at a rate that far outstripped other advocacy needs.

Parent advocacy can enable parents to participate more meaningfully in decision-making about their children and help build positive relationships between parents and social workers.

Parent advocacy supports adults but is led by children's advocacy services often creating a gap in knowledge and skills. There are services in place to support parents at the early stages of child protection issues but as referrals progress through the child protection system and potentially to court, cases cannot be maintained by child advocacy services and are often passed to adult IPA providers which significantly impacts capacity. This is not unique to Gwent and is a pan Wales issue. Funding for parent advocacy is also an issue even where providers are receiving direct Welsh Government funding to deliver children's advocacy services.

Conclusions & recommendations

The rise in Parental Advocacy has resulted in an unexpected gap in provision, as such Welsh Government input is required.

The GATA service should maintain support of IPA providers in the short term, and work with them to develop the skills and knowledge of advocates.

Due to the nature of Parental Advocacy, funding of advocacy work is required across Adults and Children's service, with the risk that it falls somewhere in between.

Recruitment and Retention

Recruitment of advocates remains difficult. Like the wider social care sector pay is a key issue and impacted by the funding and resources available from local authorities. There is a general consensus amongst IPA as well as informal providers that the current rates of pay do not reflect the level of knowledge and skills required for the role of advocate.

There is also a lack of equity between advocates working within the NHS and those working in the commissioned and 3rd sectors. The fact that the GATA service relies on RIF funding and that each year then funding is somewhat uncertain is far from ideal and does not support provides to develop a stable workforce.

Advocates should also be trained and supported in their role and helped to develop their skills, knowledge and experience. This strategy recognises the importance of training but is realistic in that there are significant financial limitations in the support it can offer to providers to develop training packages.
There is a particular focus from stakeholders on the wellbeing and mental health of advocates given the complexity of cases that they are asked to deal with.

Conclusions & recommendations

Strengthen links with the Regional Advocacy Provider Forum and scope links into wider regional recruitment and retention workstreams.

The Advocacy Co-Production Forum will coordinate and represent the views and needs of local advocacy providers, service users and other key stakeholders in Gwent and ensure these are represented to the Regional Leadership Group and Regional Partnership Board.

Scope how the Advocacy Co-production Forum can best support advocacy organisations to build capacity and develop services.

Scope how the Advocacy Co-Production Forum can best support advocacy organisations to access relevant training and support.

12 Gwent Access to Advocacy

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.

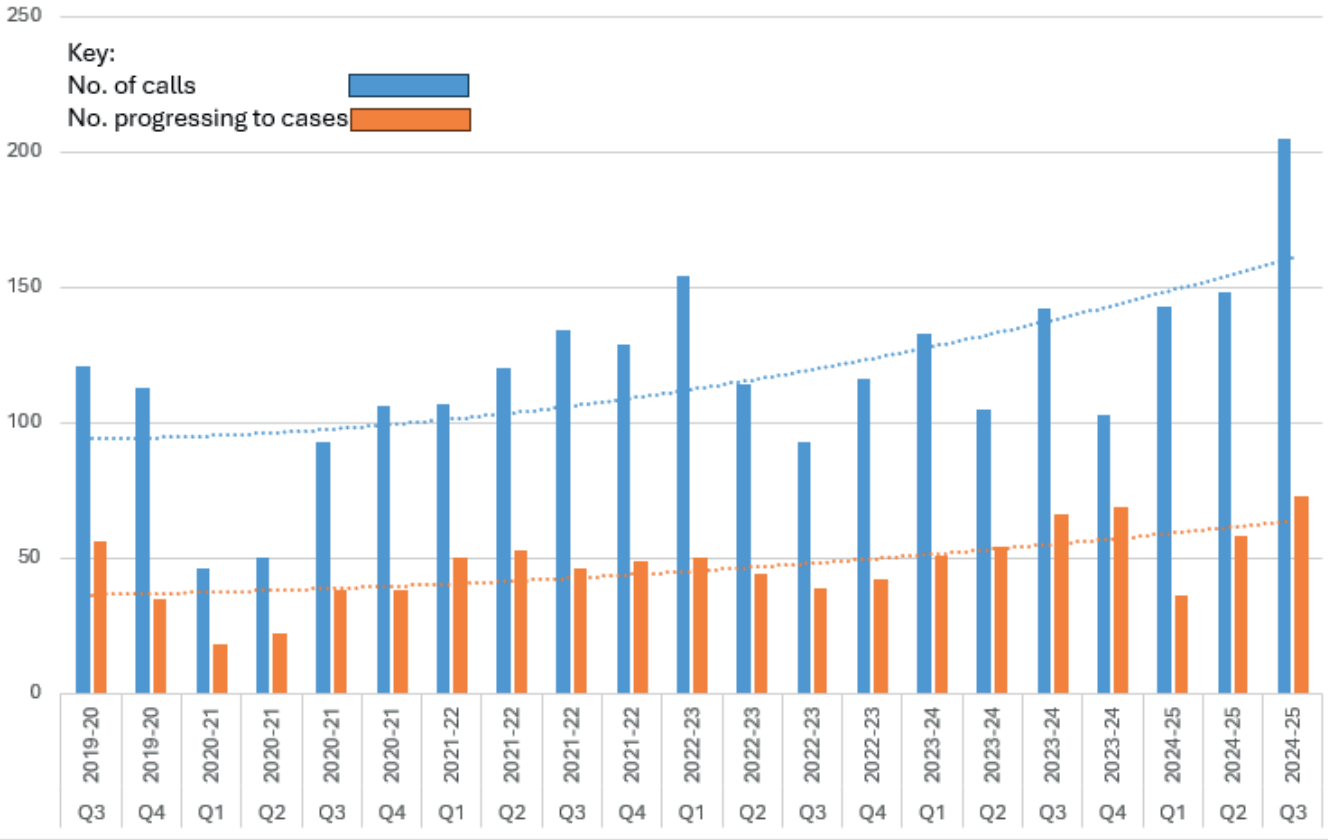
Following 12 months of engagement and consultation with stakeholders the bid outlined three main objectives:

- 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. The data collected via GATA has helped to 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.

The Gwent Access to Advocacy launched in 2019 and was initially funded through the Integrated Care Fund. The helpline continues to operate via the Regional Integration Fund. Pro-Mo Cymru a Cardiff based social enterprise, operates the helpline with DEWIS and Age Cymru Gwent receiving some block funding to provide Independent Professional Advocacy across the region.

Fig.1 All calls to GATA Helpline over time 2019-2024



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 provides 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.

GATA was initially conceived as a single point of access for professionals and citizens the decision was taken by commissioners to support direct referrals to IPA providers during the Covid-19 Pandemic. This has had an impact data collection and our ability to achieve a full picture of the advocacy requirements of the Gwent population. This decision was reviewed by the coproduction forum in 2022, and it was agreed that the direct referral route would continue to be supported alongside the GATA helpline.

Data has been gathered since the start of the project in 2019; Fig1 above shows the overall growth of people contacting the helpline. Whilst the reasons for people contacting the helpline have varied over time, it's clear that contacts are increasing, as are the amount of people accessing the website. From the data we have also been able to identify an increase in parent advocacy referrals; each parent advocacy referral is significantly more complex than general referrals and takes considerably more time and resources from all involved.

Feedback gathered from stakeholders' event in September 2024 suggested that we increase access points to the GATA helpline and provide face to face as well as phone support thus starting to address the challenge of digital exclusion.

Mynediad i Eiriolaeth Gwent
Gwent Access to Advocacy

AM DDIM | FREE
0808 801 0566

> *"Thank you so much, I made a breakthrough! I'm so glad I called, and I'm really glad that you answered. It's tough at the moment, but I've made that breakthrough, and I know this will make a real difference."*
> (GATA Caller)

13 What we will continue to do

We remain committed to working with partners to co-produce a regional approach to advocacy commissioning which meets and, where possible, exceeds the requirements set out in the Part 10 Code of Practice.

Our overall aim remains; To build on the strengths and professionalism of current advocacy provision and to ensure that services are viable and sustainable in the long term. Since the pandemic we have seen a marked increase in the demand for advocacy services coupled with increasing financial pressures across all social care and preventative services. To meet future demand, we must continue to work with partners to scope and develop innovative ways of building advocacy 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. valuation 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.

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.

We will focus on strengthening relationships and boosting awareness through existing partnerships and community-driven approaches.

Partnering with organizations like WeCare Wales could help amplify our voice in national discussions. This could involve collaborating on joint campaigns, contributing to reports, or utilizing their network for broader reach.

We noted about that the Provider Forum is growing in strength, we will increase our engagement with them.

We said:

We are very ambitious about developing advocacy in Gwent, although this does present some significant challenges, including funding.

This is what we intend to do:

The Gwent Access to Advocacy pilot has been central to the development of adult advocacy services in 2019-24. It has helped raise awareness of advocacy for Gwent citizens and has also improved the status of advocacy from the perspective of Social Care and Health professionals. We will continue to ensure that all practitioner teams are fully aware of both the GATA helpline and our broader vision for advocacy in Gwent.

The GATA helpline has helped us to evaluate the benefits of providing a single point of access for advocacy services and to identify gaps in provision while providing a better understanding of the demand for different types of advocacy across the region. We need to consider how GATA helpline might be funded once Regional Integration Funding ceases in 2027.

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 strengthening links with and promoting advocacy within 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.

14 Acknowledgements

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

We would not have been able to co-produce this strategy without the commitment and enthusiasm of professional advocates, advocacy providers, local authority commissioners and most importantly of all, engaged citizens.

Thank you!

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

Links and Resources

15

01] https://socialcare.wales/resources-guidance/information-and-learning-hub/sswbact/overview

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

03] https://gata.cymru/

04] https://www.gwentrpb.wales/

05] https://www.llaiswales.org/

06] https://allwalespeople1st.co.uk/

16 Annex 1

Advocacy Principles and 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 everyone understands what advocacy is and what it 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 feedback is acted upon.

Supporting Advocates

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