

DRAFT Cardiff and Vale Strategy for Advocacy Services for Adults 2020-2025

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Introduction and Background

The Social Services and Wellbeing (Wales) Act 2014 strengthened the responsibilities for local authorities and health boards to provide an enhanced range of advocacy services and introduced a duty to provide Independent Professional Advocacy (IPA). The Cardiff and Vale Regional Partnership Board (RPB) committed the two local authorities to co-produce a joint approach to advocacy that:

- Promotes a strong, positive image of Independent Professional Advocacy throughout the Region to encourage people's access.
- Provides easy access to Independent Professional Advocacy and other forms of advocacy and support.
- Provides high quality advocacy and Independent Professional Advocacy (IPA) to anyone who need it without delay.

The Cardiff and Vale Advocacy Steering Group was set up with the support of the Golden Thread Advocacy Programme. It includes representatives from Cardiff Council and Vale of Glamorgan Council Adult Services, Social Services Commissioners and Cardiff and Vale Health Board along with representatives of advocacy providers. Among other things, the group was established to explore and set out the responsibilities and duties to provide advocacy in the Social Services and Wellbeing (Wales) Act 2014 and associated Codes of Practice to:

- Update the RPB on the current provision of Advocacy across the region
- Remove any barriers to accessing advocacy in the region
- Expose and rectify any gaps in provision across the region
- And ultimately to collaboratively develop a regional Commissioning Strategy to set out the RPB's vision for advocacy services for the next five years.

The Cardiff and Vale Advocacy Network of local providers and commissioners was set up at the same time to improve the links between the establish advocacy providers, create opportunities for shared learning and improvement and to act as a resource of expertise to inform the work of the Steering Group.

The National Framework for Commissioning Independent Professional Advocacy in Wales produced by Welsh Government in 2019, and was the culmination of the work of the Golden Thread Advocacy Programme. The Framework sets out a nationally recommended approach to advocacy and forms the basis for this Strategy.

It is worth noting that Individuals have a statutory right to Independent Mental Health Advocacy (IMHA) under the Mental Health Act 1983 (2007 amendment) and Independent Mental Capacity Advocacy (IMCA) under the Mental Capacity Act 2005.

The Mental Health Act 1983 (2007 amendment) requires that every Health Board in Wales and England makes an IMHA service available for all qualifying patients that want it. In Wales, the Mental Health Wales Measure (2010) has extended this requirement and expanded those who qualify for the service. IMHAs act in relation to medication, treatment and care for the patient's living with mental illness. Under the Mental Capacity Act (2005), there is a statutory right to advocacy for people who lack

mental capacity to make certain decisions and who are 'un-befriended'. IMCA gives people who have an impairment, injury or a disability which results in them being unable to make a specific decision for themselves, the right to receive independent advocacy support and representation.

The Cardiff and Vale Health Board commission IMHA and IMCA under separate arrangements do not form a part of this strategy but remain an important component of the advocacy landscape within the region.

Alongside IMHA and IMCA, Community Mental Health Advocacy is also commissioned by the Cardiff & Vale University Health Board for those persons receiving secondary mental health care, being managed by a Community Mental Health Team.

Advocacy and the Social Services and Wellbeing (Wales) Act 2014

Advocacy in relation to the Social Services and Well-being (Wales) Act 2014, hereafter known as "the Act", seeks to ensure that people who need care and support or who may need care and support, and carers who need support are able to have their voice heard on issues that matter to them. It aims to defend and safeguard rights and support people to have their views and wishes genuinely considered when decisions are being made about their lives.

Advocacy promotes equality, social justice, social inclusion and human rights. It aims to make things happen in the most direct and empowering ways possible. It recognises a spectrum of advocacy from self-advocacy to formal and statutory advocacy as illustrated within the Framework document and reproduced below:



The need and right to advocacy should be considered from the first point of contact (Information, Advice and Assistance) through to assessment and beyond into the provision of Care & Support Services.

Insert fig from Tool kit: Functions relevant to Advocacy

The Social Services and Wellbeing (Wales) Act 2014 Code of Practice (Advocacy), hereafter known as 'the code' 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 (IPA)** to facilitate the involvement of individuals in certain circumstances.

The Code of Practice (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).

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.

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, the person **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.

Principles for Advocacy Services

The Code says the following principles should be reflected in arrangements for planning, commissioning, monitoring or review of advocacy services in the area. The process must ensure that people are empowered to express their own views, wishes and feelings and are able to participate fully as equal partners.

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

What are the types of circumstances when individuals may require advocacy services?

The Social Services and Wellbeing (Wales) Act 2014 Part 10 Code of Practice (Advocacy) sets out the circumstances when Advocacy must be made available when an adult can only overcome the barriers to participate fully in the **assessment, care and support planning, review and safeguarding processes** with the assistance from an appropriate individual, but there is no appropriate individual available:

These include but not exclusively:-

- when making decisions that will have a significant impact on their day to day life including:-
 - a. assessment, care and support planning, reviews
 - b. safeguarding
 - c. accessing information, advice and assistance
 - d. where they are going to live
 - e. the assessment of or changes to informal care and support arrangements and
 - f. moving from receiving care and support via a care and support plan, or support plan if they are a carer, to receiving care and support from preventative wellbeing support in the community.

- when external factors impact on their care and support arrangements, for example, provider failure; care home closure; changes of management or ownership arrangements in care homes
- when suspected of being at risk of harm or neglect, and
- when preparing to leave hospital and return to the community.

Managing/Supporting Independence

It is very important, therefore that the principles of independent advocacy are clearly acknowledged and supported by social care providers and practitioners and other professionals with whom the advocates will be working.

Independence should be built into all stages of independent advocacy provision, including:

- The service level agreement entered into between the commissioners and the advocacy provider
- The establishment of appropriate feedback arrangements so that the independent advocacy service can report both outcomes achieved as a result of service provision and concerns to the commissioners on both a regular and urgent basis, while maintaining the anonymity (where necessary)
- Independent advocacy service governance arrangements which reinforce the independence of its management

Independent advocacy providers should ensure that their independent status is reinforced through:

- High standards in advocacy practice as measured against the National Standards and Outcomes Framework,
- Strong partnership working with service users, professionals and commissioners,
- Publicity material and agreed confidentiality policies.

Making Voices Heard

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

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

'Active Offer' to include older people living in care homes and older people awaiting hospital discharge.

Cardiff and the Vale of Glamorgan – Regional Context

The Cardiff and Vale Population Needs Assessment estimated that in 2015, there was 357,160 people living in Cardiff and 127,592 people living in the Vale of Glamorgan and highlighted significant inequality between the most deprived and least deprived areas.

The Population Needs Assessments suggests that as advocacy services broaden out, the availability of advocacy for older people reduces – especially affecting older people without children and older people from the LGBTQ community.

The Cardiff and Vale of Glamorgan Area Plan for Care and Support Needs (Shaping Our Future Well-being: Me, My Home, My Community' 2018-2023 sets out a range of cross cutting care and support needs, many of which have direct relevance to advocacy as:

Key finding 1: Increase citizen involvement in shaping preventative and reactionary services

Key Finding 2: Promote and improve access to high quality and accessible information and advice

Key Finding 5: Support people to make healthier lifestyle choices to reduce the prevalence of unhealthy behaviors

Key finding 6: Improve access to low level and specialist mental health care and support.

Key Finding 10: Develop services to respond to existing and future care and support needs, including those for carers

Key Finding 11: Improve support for people as they transition between services

Key Finding 12: Improve organisational working practices, to ensure that services help people to achieve the outcomes they seek.

The Area Plan also specifically recognizes the need to improve access to different types of advocacy for older people, including people living with dementia.

The Cardiff and Vale Population Needs Assessment highlights the need to improve the provision of high-quality information and to simplify access to services and

recommends that improved awareness, signposting and access to different forms of advocacy is a key method to reach this objective.

Cardiff and the Vale of Glamorgan – Regional Provision

Both Cardiff Council and the Vale of Glamorgan Council have long established contractual relationships with a number of local providers, offering a range of advocacy services for adults. This consists of peer advocacy, citizen advocacy, care home advocacy and Independent Professional Advocacy.

The Cardiff and Vale Area Plan highlights the need to improve access to different types of advocacy in particular for older people, but supports the incorporation of advocacy across all populations.

The Cardiff and Vale Advocacy Steering Group considered the local advocacy provision against the requirements of the Code, to look at the range and availability of advocacy, the accessibility of advocacy, the general awareness of advocacy amongst referring professionals to identify any gaps in provision.

Cardiff Council currently contracts with three local providers:

Provider	Service	Contacts (2018019)
Cardiff People First	User-led self-advocacy Contribution to Joint planning	Number of Adults receiving Advocacy: 18-24: 7
Advocacy Matters Wales	Advocacy for people with LD/Asperger's	25-64: 27 65-74: 20
Age Connects Cardiff and Vale	Advocacy for older people in residential care home settings	75-84: 24 85+: 23 Total: 101

The Vale of Glamorgan contracts with four local providers:

PROVIDER	Service	Contacts (18/19)
Advocacy Matters Wales	Advocacy for people with LD/Asperger's	New Contacts: 39 Issues resolved: 27 2019/20 New: 8 Resolved:14

Age Connects Cardiff and Vale	Advocacy for older people AND	Contacts:169 Actions: 603
	Care home advocacy	Contacts: 59 Actions: 333
Vale People First	Service users' contribution to joint planning. Development of user-led self-advocacy	Contacts: 416 (79 individuals) Members: 203 New Members: 31 Leavers: 3
Diverse Cymru	Advocacy for younger adults	New Contacts: 63 Issues resolved: 75

In 2017, a series of open discussions between the two councils and the providers, through workshops and individual meetings provided evidence of a positive and long-standing contractual relationships between the commissioners and the providers. The tables above demonstrate some positive outcomes and a wide range of advocacy support services. These services include targeted advocacy to people in order for them to participate in the care and support planning, as required in the roles of Independent Professional Advocacy and under the Social Services and Wellbeing (Wales) Act 2014

The main findings identified from the early analysis of engagement with providers were:

- Each advocacy provider maintained their own separate referral route for citizens and professionals.
- Current advocacy provision was highly regarded by citizens and commissioners
- A disparity of performance measures compromise quality comparisons between providers
- There was no clear regional profile of advocacy
- Limited evidence was available to identify gaps in provision
- No specific requirement on providers to deliver Independent Professional Advocacy.

In order to address these issues, all providers were challenged to review their current provision to 'make space' and prioritise referrals for Independent Professional Advocacy within existing resources.

The RPB approved a two year pilot of a single point of access to adult advocacy, through the creation of the Cardiff and Vale Advocacy Gateway.

The Cardiff and Vale Advocacy Gateway

The Cardiff and Vale Advocacy Gateway was set up and launched in July 2018 for a two-year pilot with the aim of providing a single access route to all advocacy providers across the region. All providers were advised only to accept referrals through the Gateway, or advise the Gateway of any direct referrals. The Gateway is additionally promoted through contact with all social care teams and hospital wards.

The Gateway is operated by Promo Cymru and is funded through DTG and UHB funding.

The Gateway has four main objectives:

- 1:** To act as a point of contact for those requiring advocacy services, and in particular an independent professional advocate (IPA)
- 2:** To provide information, advice and assistance to individuals, professionals and carers accessing CVAG, in accordance with their needs, and as defined by any eligibility and threshold criteria.
- 3:** To raise awareness of and actively promote the service throughout Cardiff, and the Vale of Glamorgan to facilitate take up and engagement with the CVAG.
- 4:** To capture and collect robust data.

During the period of operation the Gateway has received the following contacts:

	J 18	A 18	S 18	O 18	N 18	D 18	J 19	F 19	M 19	A 19	M 19	J 19	J 19	A 19	S 19
Contacts	1	8	12	7	34	13	24	16	20	22	30	29	16	44	53
IAA	0	1	2	3	2	2	1	2	3	4	3	1	2	1	1
C&S	0	1	4	5	4	4	7	1	5	3	5	2	2	0	7
Complaints	0	1	1	1	1	1	1	0	0	1	1	1	0	0	2
Safeguarding	0	0	1	2	0	2	2	1	4	0	2	1	0	1	4

During the period of operation the Gateway has made the following interventions:

	J 18	A 18	S 18	O 18	N 18	D 18	J 19	F 19	M 19	A 19	M 19	J 19	J 19	A 19	S 19
Signposting/IAA	0	5	9	9	7	10	7	2	9	4	5	4	5	3	9
Referral to IPA	0	2	1	3	4	2	5	2	4	1	5	3	1	8	4

Cardiff and Vale Engagement with citizens and people who use Advocacy Services

A short engagement programme was carried out across Cardiff and Vale of Glamorgan in May-June 2017 to ascertain the views of local citizens, service users and carers on the Councils' approach to commissioning a new Independent Professional Advocacy service.

A range of organisations and individuals were directly engaged with through focus groups, face-to-face meetings and phone interviews. Two focus groups were organised and four citizen/service user meetings were attended. In all, about 75 people had face-to-face opportunities to learn about the commissioning exercise and provide feedback on it.



In addition, a briefing on the engagement programme was circulated to 27 third sector organisations for distribution to their member networks.

Key Findings from the Engagement

- The new service should be properly funded and sustainable; the award should be for at least 3 years. Don't just spend available funding on one advocacy service, ensure other forms of advocacy are available - don't create bigger problems by just doing IPA.
- Local knowledge should be given high priority when tenders are evaluated. The service specification should be clear that local knowledge and experience will be valued.
- Ensure the tender process starts in good time to enable either a smooth transition to the new provider or stability for existing providers if re-awarded, avoiding staff having to leave etc.
- Consortiums take time to come together, with agreement of governance arrangements likely to slow the process down. A consortium might not necessarily be the right way to go.
- Advocacy should be considered from the start, at first contact, and be available in a timely manner, i.e. at point of need, not months down the line. The service should be well resourced and staffed to enable people to access support when they need it.
- Important for health to be an active partner, even though the primary duties lie with local authorities. There should be good coordination between health and social care on a practical, working basis, as advocates may need to work across boundaries, e.g. a case may start in the community but go to health. GPs and health workers need to be involved more; health professionals aren't always happy to have someone else in the room.
- Continuity is important to people: ideally should be able to continue to have the same advocate.
- Timely access to the service is important, including outside usual working hours. Delays can create more problems.
- Consideration should be given to ensuring close liaison between children's and adults advocacy services (and social services departments).
- Direct line (not a call centre) to trained volunteer advocate or paid professional so people can ring for advice when they need it.
- Vital to ensure equity of access and provision across the two counties; a local office is needed in the Vale.
- Carers have a low profile in general and advocacy is not well developed. The role of the Carers Support Officers in Vale of Glamorgan could be reviewed to identify whether there might be a case for awareness raising and, potentially, upskilling.
- The word 'advocacy' can be difficult to translate into some languages and can be hard to understand for some BME service users and carers. Communication about advocacy should take this into account. The publications *Supporting Adults Working with Cultural Diversity* (pp6-10 in particular) and *Advocacy in social care for groups protected under equality legislation* should be given due consideration.
- As there is a lack of awareness and understanding of advocacy in general and IPA in particular amongst both professionals and the public, clear communication about the new IPA service is of major importance.

The Development of the Strategy

Consultation workshops March/April 2020

Cardiff and Vale Advocacy Strategic Priorities

Welsh government commissioned AgeCymru to deliver the Golden Thread Advocacy Programme to support the implementation of Part 10 of the Social Services and Wellbeing (Wales) Act 2014. Golden Thread have produced the Framework and Toolkit for the commissioning of Adult Advocacy and set out four principles for the effective commissioning of Independent Professional Advocacy:

- **Adopting a systemic co-productive approach with all stakeholders**
- **Forming purposeful, collaborative relationships between local authorities, health boards and providers**
- **Sharing common understanding of what advocacy is and the specific role of independent professional advocacy**
- **Sharing a common agreement about when independent professional advocacy is appropriate, and always considering its accessibility and application alongside other forms of advocacy**

Priority 1: Adopting a systemic co-productive approach with all stakeholders

The Cardiff and Vale Regional Partnership Board is committed to working alongside citizens, services users and carers to inform the development and quality of social services across the region.

Our Strategy for Advocacy will be co-produced with citizens and professionals, including statutory and independent organisations working together in equal partnership, sharing power and responsibility for decision making.

The Cardiff and Vale Advocacy Network, consisting of all local advocacy providers, including people who use advocacy services will be instrumental in the development of this strategy and the commissioning intentions of the two local authorities that will follow.

To seek to promote the benefits of collaboration whilst recognising that service providers may be in competition with each other. We believe that our process of “competitive dialogue” is compatible with co-productive commissioning. The process enables us as commissioners of services to talk with providers and draw upon their

expertise prior to finalizing a service specification, thus ensuring that a range of different solutions are considered before the tender commences in 2020/21.

Citizens have a vital role in this co-production process. This strategy will continue to support their involvement as effectively as possible, including through provision of appropriate training, to ensure this co-productive commissioning strategy is sustainable in the long term.

Our Commitment

To involve all partners in estimating the demand for independent professional advocacy, and engage with communities and community organisations, e.g. third sector providers of preventative services, to identify how independent professional advocacy may be relevant to meeting needs. This will be done through engagement with citizen panels, health and social care services and the Advocacy Network of providers.

Starting from the point of view of people who use the services and their carers, we will design commissioning models based on an approach which embraces the principle of co-production.

With partners we will co-produce a communication strategy, which is well publicised and disseminated through a range of formats, media and locations to ensure it is accessible.

We will develop system for reviewing the use and effectiveness of independent professional advocacy through engagement with citizen panels, health and social care services and the Advocacy Network of providers.

We will ensure that co-production really works by creating the right working environment so that services are accessible to all.

Priority 2 - Forming purposeful, collaborative relationships between local authorities, health boards and providers

The Cardiff and Vale Regional Partnership Board has established purposeful working relationships between the two local authorities, the Cardiff and Vale local health board and the Glamorgan Voluntary Service and is taking a leadership role in the development of this strategy.

Advocacy is therefore placed within the regional collaborative governance arrangements of local health and social services and the collaborative approach we are adopting in this strategy will be evidence through the commissioning process that will follow.

Our commitment:

We will emphasize and promote the benefits of collaboration whilst recognizing that providers may be in competition with each other.

We note the challenges and obstacles that collaboration can present for some small service providers, such as lack of capacity, time commitment, skills and knowledge etc, so we will seek to overcome these obstacles, in the interests of developing services, locally that meet the needs of individuals that require different types of advocacy support.

We will create opportunities for key people to get together – commissioners, providers from all sectors, health, and any other interested parties involved in the commissioning process.

We will give ongoing support to the Advocacy Network to enable productive - dialogue between providers and commissioners.

We recognise that real benefits will accrue from valuing each other's roles, and work towards shared aims and objectives.

We will jointly produce requirements and specifications for the service that encourage sufficient supply of services and the development of a skilled workforce

We will seek opportunities to innovate as a result of the collaborative approaches to funding.

Priority 3 - Sharing common understanding of what advocacy is and the specific role of independent professional advocacy

Through the Advocacy Steering Group, the Cardiff and Vale Regional Partnership Board (RPB) have worked together with partners to develop a regional approach to adult advocacy. However, recognizing the different demographics, geography and approaches to delivering social services in each locality, we are keen to support a flexible approach to commissioning advocacy that takes these differences into account.

The RPB has adopted a set of common principles to inform future advocacy commissioning, drawn from the Part 10 Code of Practice and Golden thread Framework and Toolkit for Commissioners.

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.

Our commitment:

We will commission advocacy services making a clear and balanced commitment to both provision of IPA under the Act and supporting development of the wider advocacy sector, including self-advocacy.

We will ensure that the commissioning of advocacy services is based on the right principles and these should be set out in the strategy to guide future procurement.

We will ensure ongoing engagement with providers to clarify the active offer, develop a collaborative approach, improve equality of access, raise awareness and understanding of advocacy and deliver a comprehensive and inclusive service that successfully meets individuals' different needs for advocacy.

We will ensure that the regional service should be provided through a combination of generic and specialist advocacy.

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

We will ensure that there is sufficient time allowed to enable trusting relationships to be built.

We will consider the ongoing use of the Gateway to advocacy services, but prioritise the accessibility of services over any existing structures.

We will ensure that a clear, simple and open access referral process should be produced and widely disseminated.

We will ensure that service specifications incorporate the established principles and standards of a quality advocacy service, as described in the Part 10 Code of Practice

and the Golden Thread Advocacy Programme Framework.

Priority 4: Sharing a common agreement about when independent professional advocacy is appropriate, and always considering its accessibility and application alongside other forms of advocacy

Independent professional advocacy should be seen in the context of a spectrum of advocacy. People's needs for advocacy will vary throughout their life, as they encounter different life stages and changes in circumstances.

The Golden thread Framework suggests that local authorities should ensure that the advocacy services they commission are flexible enough to prevent needs from arising or escalating, to adapt to people's changing needs throughout their journey, and to manage a smooth transition to greater independence.

The "Spectrum of Advocacy" model developed by the Golden Thread Advocacy Programme shows the full spectrum of advocacy under "the Act" including independent professional advocacy which should be available to support people at different times and in certain circumstances. It covers stages from early intervention through to crisis management.

The vital importance of raising awareness and improving understanding of advocacy has been a consistent message from the start of the commissioning process. Without this, take-up of the advocacy offer for adults in the social services system is 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.

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

The Older People's Commissioner and the Golden thread for Advocacy Programme have both produced advocacy videos, together with a range of other materials aimed mainly at the general public.

Our commitment:

We will co-produce an action plan for a regional awareness raising campaign to cover all forms of advocacy, including IPA through:

- developing a network of advocacy champions as part of the awareness raising campaign to widen the reach of the campaign.
- focusing our awareness raising resources to support people who are considered to be "hard to reach", including Black, Asian and Minority

Ethnic (BAME) communities, the Deaf community and other disabled and marginalized groups.

- ensuring that the awareness raising campaign involves citizens, commissioners, health and social care professionals and providers to demonstrate co-production in practice.

The Commissioning Process

The Strategy follows the commissioning process as described in the Golden thread for Advocacy Programme Framework and Toolkit.

The Golden Thread toolkit sets out a framework for commissioners to consider when procuring advocacy services:

Analyse	Understand the values and purpose of the agencies involved, the needs they must address and the environment in which they operate
Plan	Identify the gaps between what is needed and what is available and decide how these gaps will be addressed
Deliver	Secure serviced and ensure they are delivered as planned
Review	Monitor the impact of the service and ensure any future commissioning activities take the findings of the review into account

What we know:

Analyse	
Individual	<ul style="list-style-type: none"> • How many adults use advocacy services • The effectiveness of advocacy services in helping people participate in care and support decisions
Health & Social Care Sector	<ul style="list-style-type: none"> • Advocacy is highlighted as a priority need for older people and people living with dementia. • The number of people accessing Independent Professional Advocacy through the medium of Welsh.
Wider Community	<ul style="list-style-type: none"> • The number of people who have accessed IPA to enable their participation with preventative and Information, Advice and Assistance services
Service Provision	<ul style="list-style-type: none"> • Long established relationship with Advocacy providers • Well attended Advocacy Network.

What we need to know:

Analyse	
Individual	<ul style="list-style-type: none"> • How many adults need advocacy services but are not able to access the appropriate service at the appropriate time.

	<ul style="list-style-type: none"> The number of adults receiving health care and hospital care that cannot fully participate in their care and do not have an appropriate individual to advocate for them. How many adults at risk of neglect or abuse are not offered access to IPA.
Health & Social Care Sector	<ul style="list-style-type: none"> Any difference in use of advocacy between people who self-manage their care and those who have a Care & Support Plan. The impact of IPA on an individual's satisfaction with their Care & Support. The impact of a person's particular circumstance or disability on their ability to access IPA. A clear and systematic understanding of the role of the Appropriate Individual to act as Advocate and thus have a good understanding of healthcare and care & support services.
Wider Community	<ul style="list-style-type: none"> The number of people who need IPA to fully participate in preventative interventions and Information, Advice and Assistance services.
Service Provision	<ul style="list-style-type: none"> Local advocacy providers not linked in with the Network

What we already have:

Plan	
Individual	<ul style="list-style-type: none"> The number of people who have advocacy needs identified at assessment or review, but already have an appropriate individual. The number of people who have advocacy needs identified at assessment or review, but do not have an appropriate individual.
Health & Social Care Sector	<ul style="list-style-type: none"> Pathway for identifying adults with needs for advocacy at point of assessment and review is well established. Well established Advocacy Network of providers and commissioners. Each local authority have lead officers with responsibility for commissioning of Advocacy Services. The Cardiff and Vale Regional Partnership Board are committed to a regional approach to commissioning adult advocacy.
Wider Community	<ul style="list-style-type: none"> The Cardiff and Vale Population Assessment indicated raising demand for health and social care services across all areas, with a corresponding increasing demand for advocacy.
Service Provision	<ul style="list-style-type: none"> Long established trusting contractual relationships with local providers based on outdated Service Specifications and commissioning models.

What we need to consider:

Plan	
Individual	<ul style="list-style-type: none"> Identifying Adults at Risk in need of Advocacy and actively offering IPA at an early stage of intervention.
Health & Social Care Sector	<ul style="list-style-type: none"> Identifying adults engaging with preventative and IAA services (including intermediate care and hospital discharge planning) who cannot fully participate these services and do not have an appropriate individual. Establishing improved links with NHS commissioners Develop clear and robust service specification for the delivery of high-quality Advocacy services, including the levels of training/qualifications for Independent Professional Advocates. Develop a regional model for commissioning advocacy across the region that meets the demand of this strategy.
Wider Community	<ul style="list-style-type: none"> Ongoing engagement with people who use advocacy based on the principle of co-production, starting from the point of view of people who use the services and their carers.
Service Provision	<ul style="list-style-type: none"> Collaboratively produce service specifications and contracting guidelines that take into account national quality standards. Collaboratively produce commissioning model that provides a flexible and accessible approach to all type of advocacy yet prioritizes IPA without delay. Taking a competitive dialogue approach to developing a commissioning framework

What we already do:

Deliver	
Individual	<ul style="list-style-type: none"> Provide accessible Information, Advice and Assistance in relation to Advocacy through the Cardiff and Vale Advocacy Gateway Provide independent access to Independent Professional Advocacy through the Cardiff and Vale Advocacy Gateway Established Advocacy provision that offers person centered Advocacy support.
Health & Social Care Sector	<ul style="list-style-type: none"> Needs Assessments already identify the diversity of people assessed and their need for advocacy. Cardiff and Vale RPB are committed to a regional joint commissioning of advocacy.
Wider Community	<ul style="list-style-type: none"> Individual Advocacy providers and the Gateway already produce promotional materials to raise profile of their services on websites, leaflets and flyers. The Gateway offers a simple and effective route into advocacy services. IAA services throughout the region already signpost to Advocacy services.
Service Provision	<ul style="list-style-type: none"> The region has a well established Advocacy Network that allows for the sharing of ideas and the partnership's

	collaboration in the development of the strategy and the future commissioning models.
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What we need to do better:

Deliver	
Individual	<ul style="list-style-type: none"> • Co-produce and monitor service specifications that clearly outline an approach that: <ul style="list-style-type: none"> ○ respects dignity and confidentiality, ○ is led by the views and wishes of the individual, ○ works exclusively for the individual and ○ is responsive the individual's communication needs.
Health & Social Care Sector	<ul style="list-style-type: none"> • Analyse the diversity of people who need advocacy services and use this information to inform the Advocacy provision and identify and positively target particularly hard to reach groups. • Any commissioning framework will need to encourage advocacy providers to work together, share information and skills and be based on forward planning not historical data using GTAP Population Needs Analysis Tool. • Work in partnership with providers to improve skills and knowledge of workforce to identify when IPA is required
Wider Community	<ul style="list-style-type: none"> • Develop a regional brand for Advocacy for all local providers to use that is easily recognizable and can be used to promote advocacy in a simple and effective manner that is not affected by individual organisation's promotions. • Review the Gateway pilot in view of the developing strategy and new commissioning models to ensure the Gateway continues to provide a simple access route rather than an additional barrier to advocacy. • Improve IAA services understanding of Advocacy and IPA to ensure all suitable people are offered the relevant advice and signposting. • Ensure any promotional materials and branding for the Regional Advocacy service is appropriate for the diversity of the population and tailored to any hard to reach groups as appropriate.
Service Provision	<ul style="list-style-type: none"> • Clearly define quality standards, using recognized quality standards such as the Advocacy Quality Performance Mark to ensure a consistently high quality experience for all adults who use advocacy services. • Through a collaborative conversation with local providers and commissioners we will co-produce a model for commissioning adult advocacy including IPA. • Any commissioning model will need to ensure all providers are treated equally and retain independence from commissioners and care and support services.

How we monitor:

Review	
Individual	<ul style="list-style-type: none"> • Each local authority commissioner already seeks feedback from people using services and use this information to develop service improvements. • Providers already review individual cases to highlight the effectiveness of IPA as part of regular contract monitoring.
Health & Social Care Sector	<ul style="list-style-type: none"> • We already have established and trusted contractual relationships between commissioners and providers with a range of monitoring approaches. • We already have processes in place to support providers where performance is not meeting agreed standards.
Wider Community	<ul style="list-style-type: none"> • Current arrangements for monitoring the performance of advocacy providers is undertaken by each individual commissioner.
Service Provision	<ul style="list-style-type: none"> • We already have established and trusted contractual relationships between commissioners and providers with a range of monitoring approaches

How we need to improve our monitoring?

Review	
Individual	<ul style="list-style-type: none"> • Ensure feedback from people who have used advocacy services is gathered as part of the contract monitoring and is used to improve the services offered by providers and commissioners. • Commissioners to provide a response to the feedback so that people feel their experience of services is treated with respect and used to inform service developments. • Commissioners to develop a systematic process that analyses case studies to measure effectiveness of IPA and makes recommendations for improvements. • The reviews of people's experience should be discussed at the Advocacy Network to ensure shared learning across the sector.
Health & Social Care Sector	<ul style="list-style-type: none"> • Collaboratively produce a standard set of monitoring standards for use with all organisations commissioned to provide advocacy and IPA to ensure consistency and equality of provision. • Examine research and best practice in order to secure best value and outcomes for discussion at the Advocacy Network. • Consider using the GTAP Maturity Matrix for monitoring providers during contract or during commissioning process.
Wider Community	<ul style="list-style-type: none"> • Consider methods to involve the wider community in the monitoring and evaluation of the performance of advocacy services.
Service Provision	<ul style="list-style-type: none"> • Further develop a collaborative approach to commissioning and monitoring advocacy services with citizens, providers, care & support services and commissioners that focuses on

	<p>improving outcomes for people who face barriers to fully participate in IAA and care and support services.</p> <ul style="list-style-type: none">• Ensure service specifications are appropriate and compliant with the principles and approaches identified as part of this strategy.
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