

# Advocacy Counts 5

*A review of advocacy services for older people in Wales*



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## 2. Acknowledgements

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Age Cymru are grateful to all of the advocacy service providers who took time to complete the online survey and to those who agreed to be contacted in order to get some more detailed responses to some of the issues raised.

We would also like to thank everyone who assisted in preparing the survey to go live and in the production of the report. These include Ffion Jones, Programme Assistant, Age Cymru, and the Golden Thread team in particular Huw Davies and Carys Griffiths.

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## 3. Executive Summary

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Independent advocacy is a vital service for individuals to ensure that the person (and their well-being outcomes) is placed at the centre of the work of support services. Independent advocacy gives citizens voice, choice and control over achieving their wellbeing outcomes.

There have been significant developments in the field of independent advocacy in the period between Advocacy Counts 4 and this report, Advocacy Counts 5. The Social Services and Well-being (Wales) Act 2014 defines advocacy as a right for all individuals in Wales in certain circumstances including (but not exclusively) assessment, care planning, review and safeguarding.

The Code of Practice (Part 10, Advocacy) states that:

Advocacy helps people to understand how they can be involved, how they can contribute and take part and whenever possible, lead or direct the process.<sup>1</sup> To have voice and control, an individual must be able to feel that they are a genuinely equal partner in their interactions with professionals.<sup>2</sup> Advocacy should be considered as an inherent element of the Act to focus social care around people and their well-being.<sup>3</sup>

This report looks at all types of advocacy provision which supports adults in Wales to provide a broad snapshot of the advocacy landscape.

### Findings since Advocacy Counts 4

- There has been a 17% drop in the number of advocacy services (from 23 to 19) specifically for older people since Advocacy Counts 4.
- There has been a 69% increase in services providing advocacy to a wider client group. The rise is from 26 to 44 services.
- There are 107 full time paid advocates working across Wales with 20 of those delivering advocacy specifically to older people.
- There are 66 part time paid advocates with 23 of those delivering advocacy specifically to older people.
- There are 66 volunteer advocates working in a variety of advocacy services across Wales. This is an increase of 22%.
- There are 37 fewer paid advocates and 23 fewer volunteer advocates specifically supporting older people than reported in Advocacy Counts 4.

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<sup>1</sup> Part 10 Code of Practice page 8 para 22

<sup>2</sup> Part 10 Code of Practice page 7 para 16

<sup>3</sup> Part 10 Code of Practice page 8 para 22

- The total number of older people supported by the respondents over the last 12 months was 6412, an increase of over 900 from Advocacy Counts 4.
- Looking ahead, the number of services who believe that their funding will remain the same or increase has dropped to 53% compared to 63% in Advocacy Counts 4.
- Services specifically funded for older people are in only 17 of the 22 local authority areas in Wales, down from 21 in Advocacy Counts 4. Services for a wider client group do however cover all local authorities.

## Number of respondents and services

	<b>Advocacy Counts 4 2013</b>	<b>Advocacy Counts 5 2016</b>
<b>Total number of respondents</b>	22	22
<b>Number of services funded specifically for older people</b>	23	19
<b>Number of organisations providing these services</b>	15	13
<b>Number of other funded advocacy services where older people are part of the client group</b>	26	44
<b>Number of organisations providing these services</b>	12	15
<b>(Please note that these services will include other statutory services such as IMCA and IMHA)</b>		

(Please note that one provider may have more than 1 advocacy service and some will have services specifically for older people as well as services for a wider client group)

## Advocacy staff and volunteers

	Advocacy Counts 4 2013		Advocacy Counts 5 2016	
	Older people services	All service types	Older people services	All service types
<b>Full Time</b>	34	33	20	87
<b>Part Time</b>	46	25	23	43
<b>Volunteer</b>	53	1	30	36

The findings initially suggest a flourishing picture with a rise in both overall numbers of advocates and number of citizens supported by those services. However, the number of organisations responding has remained the same and the geographical area covered by advocacy services for older people has shrunk. This leads to gaps in provision for citizens and a "postcode lottery" of services. Age Cymru is particularly concerned as Wales has an older population that is continuing to grow; many older citizens are experiencing complex health and social care needs, and have more and more reasons for needing an advocate. It appears to be the case that while there are potentially increasing numbers of older people requiring advocacy services there is less specialist availability across areas of Wales.

### Funding and sustainability

- Over 60% of providers responded that funding for their current services had less than a year to run; another 30% did not know what their future funding arrangements would be.
- Only 10% had secured funding for an advocacy service for 3 years or more

The results of our survey paint a mixed picture. On the one hand the total overall number of advocates has increased. However, the number of advocates (volunteer and paid) working specifically with older people has declined from 133 to 73. A 45% reduction in advocates is concerning when considered in light of demographic trends in Wales<sup>4</sup>. Furthermore, this should be considered alongside 88.5% of services expecting their funding to remain the same or decrease (41% stay the same, 47% decrease, come to an end or unknown) during the next 12 months. Comments from

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<sup>4</sup> <http://bit.ly/2fBTlJy>

respondents around this issue include "this year we are operating on a 10% reduction of funding" and "awaiting commitment from LA [Local Authority]" which clearly demonstrates the perilous nature of funding and the strain it puts on services and citizens alike.

### Quality and standards

- All providers responded that they meet the advocacy code of practice and set of standards.
- 40% of respondents have gained the Quality Performance Mark and 30% are working towards it. The remaining 30% stated that they did not have it and were not working towards it.
- Almost 70% of all advocates (paid and volunteer) have the City & Guilds Advocacy qualification, with many working towards the full diploma.

The Regulation and Inspection of Social Care (Act) 2016 and its associated codes are being consulted upon and drafted. However, it is anticipated that commissioned IPA services will become regulated services and as such clear directives around what constitutes a regulated IPA service will come into force by 2018. The survey demonstrates that many services already hold a quality performance mark and meet the code of practice. This indicates an intent and commitment by the advocacy sector to improve the quality of service provision.

### Language

In providing advocacy services to ensure citizen's voices are heard and their wishes respected, it is necessary to offer support in the medium with which they are most comfortable whether that is English or Welsh.

The survey found that 70% of providers had Welsh speaking advocates. Despite this, only two providers reported that support provided in Welsh was above 10%, with many stating that the support had never been requested in the Welsh language. As Local Authorities follow recommendations from the Welsh Government regarding the Welsh Language (Wales) Measure (2011) it is expected that the requirement for advocacy providers to provide services bilingually will become stronger.

Over 50% of providers state that they have provided advocacy support in many other languages such as Mandarin, Chinese, Polish and Punjabi.

### Conclusion

Advocacy Counts 5 has provided an updated snapshot of advocacy provision in Wales for adults with a particular emphasis on older people. It suggests that the overall number of advocates has continued to rise but indicates cause for concern in some areas including a decline in specialist providers and gaps in geographical availability.

Of particular concern for Age Cymru is the fall in the number of specialist advocacy providers and advocates for older people.

Approaches to commissioning advocacy across Wales are currently varied and at different stages of development. What appears to have happened in some areas is that contracts are being awarded to organisations who can deliver to all adults instead of individual specialist providers which could explain the data we are presenting.

Whilst the number of citizens who have experienced advocacy support has continued to rise, the number of providers has fallen to levels lower than in 2011 as reported upon in Advocacy Counts 3. This could indicate a move away from specialist advocacy providers being commissioned to a provider who delivers to all ages across a larger geographical area. The end of funding for the Big Lottery Advantage funded projects which were recorded in Advocacy Counts 4 could also be a reason for this lower number of providers in this report.

In light of the new duties placed upon Local Authorities it is possible to anticipate that demand for advocacy services will grow and therefore the availability and sustainability of services is a priority for all involved. The mixture of funding sources, statutory and grant funders has remained approximately the same since 2013. Future reports will consider whether the new duties have an impact on the number of commissioned and grant funded services.

Safeguarding remains a fundamental part of the advocacy services provided by the respondents to this survey. Safeguarding is a key area in which citizens have a right to IPA services (in certain circumstances) and all respondents to the survey reported supporting clients who had been abused in the last 12 months. The respondents have reported a rise in the number of physical abuse cases which they have supported clients to deal with, with financial abuse and emotional/psychological abuse being the second most prevalent. Age Cymru supports the right for individuals to live in a safe environment, free from harm and mistreatment. The right to advocacy for those who have been abused will enable them to have their views, wishes and feelings expressed and be at the centre of the safeguarding process, ensuring they are fully involved and supported to be free from future harm.

Age Cymru is committed to supporting the development of the independent advocacy sector in Wales and views it as a vital tool to secure the wellbeing of all citizens, not just that of older people. Age Cymru's Golden Thread Advocacy Programme has been funded by Welsh Government to support the implementation of Part 10 (advocacy) of "The Act" in a strategic and unified way, seeking to develop consistent, sustainable services across the whole of Wales.

For further information, please contact the Golden Thread Advocacy Team by emailing [goldenthreadadvocacy@agecymru.org.uk](mailto:goldenthreadadvocacy@agecymru.org.uk)



Please note:

The Advocacy Counts survey respondents are self selecting. Responding is based on whether they provide funded advocacy services that are specifically for or include older people as part of their client group. Despite all efforts we cannot guarantee we have data from 100% of providers. This may also explain why some areas appear not to have any advocacy provision at all.

The data which we collected was longitudinal, and therefore mirrored the other surveys in our series but we have extracted data to paint the fullest picture of advocacy services in Wales, making the data useful to commissioners, providers and citizens alike. Full data sets are available on our website.

## 4. Introduction

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We are pleased to present Advocacy Counts 5, our fifth report on advocacy provision for older people in Wales.

Over the last 10 years Age Cymru has been reviewing availability of services, issues around funding and sustainability, quality of service and training of advocates, advocacy and its role in safeguarding, accessibility in terms of language, and knowledge and understanding of legislative changes in advocacy.

Our evidence has been used to influence grant funders, commissioners, and Ministers in Welsh Government. We have called for an end to the post code lottery of availability, for a more consistent funding approach, for increased sustainability of the sector and most importantly for people who need the support of these services to have access wherever they are in Wales. We also called for a new statutory duty for advocacy under the Social Services and Well-being Wales Act 2014.

Since our first Advocacy Counts report in 2007 we have seen a steady increase in the numbers of advocates supporting older people. In Advocacy Counts 4 (2013) we recognised that this was in no small part due to the significant investment by the Big Lottery AdvantAGE fund where nine organisations were able to develop advocacy services for older people across the majority of Wales. Sadly this money was time limited and despite the best efforts of the funded organisations most of those services are no longer in existence. This has meant a loss to the sector of trained, qualified, experienced advocates and a significant impact on the availability of advocacy services across Wales.

Advocacy Counts 5 will present the findings from our most recent survey. It will explore the findings in light of the period of transition we are in, from the completion of the large scale grant funding projects to the start of the new commissioning processes to implement the new advocacy duty under the Act. Advocacy Counts 5 will provide a snapshot of the current situation in Wales.

### Methodology

An online survey was used to distribute our questions to providers. We have extensive knowledge of the advocacy sector in Wales but undertook a further desk top exercise to ensure we engaged with as many providers as possible. The survey was also distributed through the County Voluntary Councils to ensure the widest reach.

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have data from 100% of providers. This may also explain why some areas appear not to have any advocacy provision at all.

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We originally sent the survey out in December 2015; following the establishment of the Golden Thread Programme in April 2016 additional information on providers was gathered, establishing who was still providing advocacy and any new providers that may have gained new contracts with local authorities, and we made direct contact with as many as we could and with those we had already received responses from. We were aware that a lot was changing in the advocacy sector and we have a responsibility to produce a clear and accurate snapshot in this report.

Some responses were received from organisations that were not actually funded to provide advocacy but felt strongly that they were in some way delivering advocacy to their clients without being funded to do so. They felt that they were empowering their clients, upholding their rights and supporting them through difficult times.

These respondents have not been included in the final figures in this report as we were asking for information from services actually funded to provide advocacy. This does not mean that we do not recognise the value and input that these organisations make to the advocacy sector; however we also recognise that there is still a lot of uncertainty about what the term advocacy actually means. There is an important piece of work still to be done to ensure that funders, providers, and the people who may need to use advocacy services fully understand what advocacy is and the different roles that advocacy can play including self, peer, citizen, group, informal, formal and independent professional advocacy.

## 5. Age Cymru's commitment to advocacy

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Age Cymru has shown a major commitment to the development and sustainability of independent advocacy services for older people and citizens in general over the last 10 years.

From 2006 until 2016 Age Cymru's Safeguarding Programme was at the forefront of influencing this agenda. It produced evidence reports of the availability of services in the Advocacy Counts series. It highlighted the need for these important support services with Ministers, stakeholders, and older people at conferences, workshops, meetings, expert advisory groups and in our newsletters and e-bulletins. High profile conferences were held to bring together a range of people from across Wales and the rest of the UK. The conferences shared knowledge, expertise, good practice and gave the audiences opportunities to learn from the best in the field of advocacy and safeguarding.

The Safeguarding team and the Public Affairs Team developed an Elder Abuse Manifesto calling for, amongst other things, a right to an independent advocate for people who have or are being abused. The Rule out Abuse Charter went further and called for a duty to provide independent advocacy and we are so pleased that this is now enshrined in the new Social Services and Well-being Wales Act 2014.

Age Cymru also supports the advocacy sector. The National Network for Older People's Advocacy is a thriving network which enables advocates from across a range of services, both statutory and non-statutory, to come together quarterly. It is a forum for learning, sharing, exploring issues and case studies, and having the opportunity to learn from and share experiences with experts across a wide range of subjects to improve their knowledge and build capacity to support their clients. This network was recently shortlisted for a national advocacy award for best support in advocacy. Although the network didn't win it was a great honour to be in the last 3 of the people and groups nominated.

Moving forward, Age Cymru has established the Golden Thread Advocacy Programme (see below) and has advocacy at the core of its vision for an Age Friendly Wales.

## Age Friendly Wales

### The Age Cymru Vision and Mission

Our vision for a world in which older people flourish, is shared with our national partners across the UK.

Our mission is to improve life for older people.

### The Age Cymru Strategy - Creating an age friendly Wales

In order to create a country that is truly 'age friendly', a place in which older people can flourish, we will develop our work in these eight key areas.

(1) **RIGHTS & PARTICIPATION.** "I can expect employers, service providers and the public to include me and know how to do it". "I am protected from discrimination and exclusion by comprehensive, enforceable civil and human rights".

(2) **INFORMED & INCLUDED.** "I have access to the right level of information, advice and advocacy when I need it".

(3) **SOCIAL INCLUSION.** "I have access to appropriate social activities and learning opportunities when I want them".

(4) **QUALITY SOCIAL CARE.** "I can access excellent quality social care & support should I need it, that is directed by me"

(5) **QUALITY HEALTHCARE.** "I can understand and manage any health issue I have & expect the highest quality health care".

(6) **FINANCIAL INCLUSION.** "I have enough money to meet my needs and to live a good quality life".

(7) **HOMES & COMMUNITIES.** "I can live in my home and community without environmental or social barriers to prevent my participation"

(8) **TRANSPORT.** 'I can access the transport I need to help me get out and about'

## Golden Thread Advocacy Programme

The Golden Thread Advocacy Programme (GTAP) has been funded by Welsh Government for 3 years to run alongside and support the implementation of Part 10 (Advocacy) of the Social Services and Well-being (Wales) Act 2014.

The programme's key aims are:

- to support the commissioning of independent professional advocacy through a sustainable, strategic approach
- to improve the availability of advocacy services to adults across Wales
- to improve the well-being of individuals through advocacy and to give them a stronger voice.

This national programme will:

- support strategic health and social care management/commissioning teams and front line professionals in understanding their responsibilities regarding advocacy under the Act
- support the development of sustainable models for advocacy service delivery.
- work with new and existing service providers to ensure they are tender ready for statutory advocacy commissioning processes
- create a framework for collaboration between statutory bodies and service providers in using resources more efficiently to support well-being outcomes
- work with representative groups of potential service users and carers to raise awareness of advocacy in all its forms, in exercising control over their well-being outcomes
- promote positive approaches to well-being and support improvements to safeguarding by giving people with protected characteristics a stronger voice.

At the end of the programme all stakeholders will:

- have a greater understanding and knowledge of the value of advocacy
- be equipped with the communication tools to champion the need for the development of advocacy services and to identify where advocacy may be best prioritised
- be able to apply best practice in advocacy as an integral part of commissioning intentions.

GTAP is a partnership programme of work. The partners are; Age Cymru, Age Connects Wales and Diverse Cymru and they make up the programme board which oversees the strategic direction and implementation of the work. Age Cymru is the lead organisation and as such employs the team.

The team can be contacted in the following ways:

General team email: [goldenthreadadvocacy@agecymru.org.uk](mailto:goldenthreadadvocacy@agecymru.org.uk)

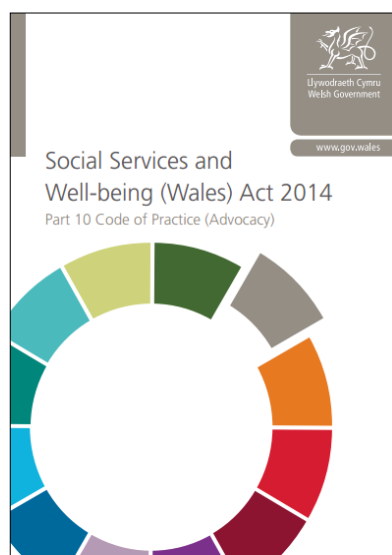
The website address is [www.agecymru.org.uk/advocacy](http://www.agecymru.org.uk/advocacy)



## 6. National developments in advocacy

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### Social Services and Well-being Wales Act (2014) - "the Act"



The Social Services and Well-being (Wales) Act 2014 came into force on the 6th April 2016 and it will have a significant impact on the types of local authority services that are delivered and how they are delivered in Wales. It puts people right at the heart of service delivery. It also means that in certain circumstances local authorities must ensure that an individual has access to advocacy.

Independent Professional Advocacy is a service that can support someone to participate fully in decisions about their well-being and ensure that their views, wishes and feelings are heard, respected and taken account of. Advocacy supports people to have their rights upheld, to express their views and opinions, to make decisions about things that affect them, and if necessary to represent people's views at meetings.

The following extract has come from Chapter 5 of Part 10, Code of Practice (Advocacy):

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

23. Through advocacy, people are active partners in the key care and support processes that identify and secure solutions through preventative services; information, advice and assistance; assessment; care and support and support planning; review and safeguarding.

24. The Act:

- places the person and their well-being outcomes at the centre of this new framework;
- gives them a voice in, and control over, achieving those outcomes;
- supports people to achieve their own well-being; and
- measures the success of this care and support based upon all contributions to well-being; including people, families, supporters, formal and informal services.

25. Despite the barriers individuals may be experiencing, local authorities **must** involve people to help them express their views, wishes and feelings, to support them to weigh up options and to make decisions about their well-being outcomes. These requirements apply irrespective of where an individual is living, including the secure estate.<sup>5</sup>

## Advocacy learning resources



### *Getting in on the Act*

Age Cymru in partnership with Disability Wales, Swansea University and Martin Coyle (former Chief Executive of Action for Advocacy) developed learning materials which support the development of knowledge, understanding and skills in relation to advocacy support and services in light of the Social Services and Well-being (Wales) Act (2014) and Code of Practice for Part 10 for those working with (or potentially working with) advocates in the wider workforce.

The training module is specifically about Independent Professional Advocacy. It explores Part 10 of the Act and how advocacy fits with other parts of the Act.

The materials were developed to build awareness and understanding with those who would have the potential to work with or make referrals to advocacy services.

The materials raise awareness of the role of advocates, identify when it is appropriate to make referrals, when practitioners have a duty to make referrals and to help the wider workforce understand what advocacy is and how it can help.

The learning explores the relationships of advocates with individuals and services and clarifies the role of the learner in those scenarios. The learning seeks to increase the confidence of learners in understanding when and why they might make a referral, their duty of care and their understanding of confidentiality.

The learning resources can be found by clicking this link:

[Care Council for Wales | Advocacy learning materials](#)

## Regulation of Social Care Act (2016)

### Background

The Regulation and Inspection of Social Care (Wales) Act 2016 (“the 2016 Act”) was passed by the National Assembly for Wales on 24 November 2015 and received Royal Assent on 18 January 2016. It reforms the regulation and inspection regime for social care in Wales.

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<sup>5</sup> Part 10, Code of Practice (Advocacy), Social Services and Well-being Wales Act 2014



The 2016 Act provides the statutory framework for the regulation and inspection of social care services and the social care workforce. It enables the Welsh Ministers to put in place a number of items of subordinate legislation through the making of regulations, the publication of guidance and the issuing of codes of practice. It will allow the Welsh Government to:

- reform the regulatory regime for care and support services, to ensure it is focussed on outcomes for service users
- reform the inspection regime for local authority social services functions
- re-name and give new powers to the Care Council for Wales; and
- reform the regulation of the social care workforce.

### **Definition of Advocacy Services**

Section 2(1)(g) of the Act identifies advocacy services as a regulated service. In recognition of the broad range of advocacy services made available for people, the Welsh Ministers took powers to specify through regulations the type of advocacy services that will fall within the scope of the Act.

Under the Act it will be an offence for a person to provide a regulated service without being registered.

The Welsh Government has undertaken development work with a small technical group made up of representatives with expertise, technical knowledge and practical experience of advocacy. The Group has indicated that the Welsh Ministers should align the definition of advocacy services under the 2016 Act with the definition of Independent Professional Advocacy (IPA) as set out in the code of practice on the exercise of social services functions in relation to advocacy under Part 10 and related Parts of the Social Services and Well-being (Wales) Act 2014

#### [Social Services and Wellbeing \(Wales\) Act 2014 | Part 10 Code of Practice - Advocacy](#)

Independent professional advocacy (IPA) - involves a one-to-one partnership between an independent professional advocate who is trained and paid to undertake their professional role as an advocate [and an individual]. This might be for a single issue or multiple issues. Independent professional advocates must ensure individuals' views are accurately conveyed irrespective of the view of the advocate or others as to what is in the best interests of the individuals.

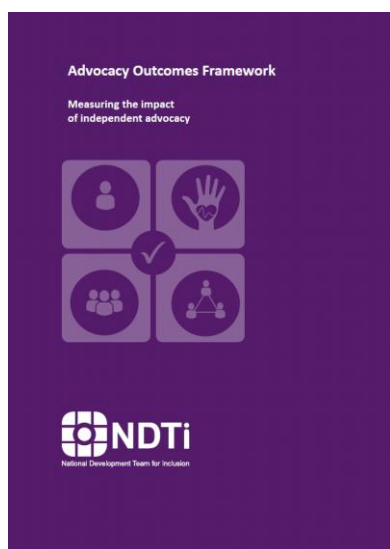
This is to reflect the role IPAs will play in supporting an individual to express their views, wishes and feelings where a local authority is exercising their functions under the 2014 Act.<sup>6</sup>

At the time of writing this report regulations are being developed with a view to them being implemented and operational by April 2019.

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<sup>6</sup> Welsh Government consultation document.  
Phase 1 implementation of the Regulation and Inspection of Social Care (Wales) Act 2016

## National Outcomes Framework for Advocacy



This framework has been produced for providers and commissioners of independent advocacy to use to measure and demonstrate the impact that independent advocacy has – for individuals, the health and social care sector, wider community, and on the advocacy sector itself. It sets out a standardised structure of areas of impact and associated outcomes to help measure and understand the power and effect of independent advocacy provision, both locally and nationally. Its aim is to help advocacy providers evidence good practice and commissioners and people who use advocacy to know if an organisation is delivering good outcomes for people. It will thus improve our understanding of the importance and impact of independent advocacy as well as supporting advocacy organisation improve their effectiveness.

The tool is designed so that advocacy services and commissioners can use it to measure the quality and impact of an advocacy service. **It sets out four areas of impact.** Organisations and commissioners can use the example outcomes provided or drop in the outcomes they already measure into the broader impact areas. It is designed to sit alongside current advocacy practices and support organisations to find ways of evidencing outcomes as a part of their day to day work.

The associated [toolkit](#) is a detailed resource and practical guide for advocacy organisations to develop their understanding of how to define, measure, analyse and report on impact and outcomes achieved. Those organisations that do not have an existing outcomes recording and measuring system will find this detailed toolkit particularly helpful.<sup>7</sup>

## Advocacy Action Alliance



June 2014.

In 2013 a number of national, regional, and local advocacy providers commissioned and were involved in developing a scoping exercise around the need and potential for a national network/voice for the sector. The Mental Health Foundation was commissioned to undertake this scoping exercise and presented the report to an open meeting of advocacy sector representatives in

There was broad support for a united and national voice to enable equality within the sector and providing a national contact. There was consensus around the need to promote advocacy and for the sector to be able to exert influence through a collective voice.

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<sup>7</sup> Advocacy outcomes framework: measuring the impact of independent advocacy. NDTi. 2016

A series of meetings was held in 2014 to work towards this. Attendees were asked to self-nominate if they felt able to contribute / steer the work and agenda for future meetings. The Mental Health Foundation agreed to host and facilitate an initial meeting of this informal steering group and the Foundation has continued to provide a supportive and functional role to sector representatives attending. A number of people from a range of advocacy organisations offered to be part of the steering group to look at the options for developing a collective voice and potential activities in accordance with the scoping exercise and will then take the proposals back to the sector.

The Alliance steering group aims to be inclusive and representative of the sector. Members came into the group through the widely attended scoping exercise meetings where opportunity to further participate was provided to all attendees. The steering group agreed an interim structure around the management of functions and representation from the sector. The steering group itself is informally constituted.

The Alliance is a body from across the independent advocacy sector which promotes understanding and recognition of the role and contribution of independent advocacy and the advocacy sector, provides information about advocacy and advocacy services nationally, ensures a national collective voice for the advocacy sector that contributes to and influences national policy and practice.

It does this by gaining sign-up to the Alliance and its mission, promoting action within member organisations and supporting the development and delivery of joint programmes of work.<sup>8</sup>

## Useful reports and documents



The BIG Lottery Fund Wales opened its AdvantAGE funding for advocacy services in 2011. In response to this, nine services were funded across Wales. The Welsh Institute for Health and Social Care (WIHSC) at the University of South Wales, and others, were commissioned to carry out evaluations of these services.

Building on this, additional funding was sought and secured to complete a scoping study, designed to inquire into the work of the independent advocates and how far their work is similar or different to that of the statutory sector in three respects:

1. have the voluntary sector-led independent advocates delivered better outcomes for older people when compared with the statutory sector agencies?
2. have the voluntary sector-led independent advocates delivered those outcomes in a timelier manner when compared with the statutory sector agencies?
3. have the voluntary sector-led independent advocates delivered those outcomes in a more time efficient manner when compared with the statutory sector agencies?

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<sup>8</sup> Advocacy Alliance Wales Terms of Reference

The results are available here:

[Age Connects Wales | Time for Advocacy?](#)

## Golden Thread Advocacy Programme Newsletter



This newsletter is published bi-monthly by the Golden Thread Advocacy Team. It provides useful information, updates, and good practice in advocacy. It will provide links to useful documents, training, websites and news all about advocacy.

To subscribe to the newsletter please contact Ffion Jones:

[ffion.jones@agecymru.org.uk](mailto:ffion.jones@agecymru.org.uk) or 01352 706228

[Age Cymru | Golden Thread Advocacy Programme](#)

# 1. Analysis

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Please see appendix 1 for full data sets.

## **Advocacy services funded specifically for older people (50+) in Wales**

Our survey suggests that there are 19 services funded specifically for older people compared to 23 in 2013. This is a loss of four services or a 17% decrease.

The number of organisations providing those services has gone down from 15 to 13.

The majority of organisations (nine) only provide one advocacy service, however two organisations provide three services each.

The number of paid and volunteer advocates has dropped from 133 in 2013 to 73 in 2016 which is a drop of 45%.

The types of services organisations are funded to provide remains fairly consistent although there has been a decrease in availability of services for safeguarding (elder abuse) and dementia. This could be as a result of the loss of the AdvantAGE Safeguarding projects. Several respondents stated that they provide generic advocacy which seems to be a growth area.

Geographically, there has been a reduction in the number of counties with advocacy services specifically for older people. In 2013, 21 counties had services and yet in 2016 that number has fallen to 17. The gaps are; Bridgend, Merthyr, Monmouthshire, Neath Port Talbot and Rhondda Cynon Taf. In the last report these counties were serviced by the AdvantAGE projects which have now come to an end and evidence suggests they have not been replaced.

Five respondents said they have a waiting list and nine said they have a prioritising system. Nine respondents skipped this question. One respondent told us that they have a four week waiting list but that they respond to need. Another said that they respond within 72 hours of referral or call while another said that each case is risk assessed to determine its priority.

## **Advocacy services for a wider client group but older people are supported as part of the service**

Since 2013 there appears to have been a significant increase in services providing advocacy to a wider client group where older people are also supported. 26 services were identified in 2013 and this has increased to 44 in 2016, a 69% increase.

The number of organisations providing these services have not grown significantly however as it has only risen from 12 to 15. This must indicate that some organisations have themselves grown significantly in size and have been awarded multiple contracts for advocacy across larger geographical areas.

Similarly as the number of services has increased so too has the number of paid and volunteer advocates. These figures have risen, in total, from 86 to 166. This is a 93% increase.

The number of older people that these services supported was 2354 compared to 1590 in 2013.

The types of advocacy services that responded to this question include IMCA, IMHA, non-statutory mental health, complaints, learning difficulties, domestic abuse, dementia and carers.

There was a complete geographical coverage of these services across Wales which is an improvement since 2013 when the survey suggested that two counties had no provision.

## Language

There has been an increase in the number of organisations with Welsh speaking advocates from 12 in 2013 to 14 in 2016. 74% of our respondents have Welsh speaking advocates. Similarly the number of Welsh speaking volunteers has increased from 26 to 34; an increase of 31%.

In 2013 requests for support in other languages included; Polish, German, Mandarin and Slovakian. In 2016 additional support has been required in Chinese, Russian, Greek, Romanian and Bangladeshi. One respondent said they are unable to offer support in any other languages due to financial constraints.

## Quality and standards

100% of respondents said that they work to a set of standards and a code of practice. Eleven of the 22 organisations who responded said they work to the Action for Advocacy Charter and code of practice. Others work to the Mental Capacity Act, and the Age UK Quality Standards.

41% of respondents have the Quality Performance Mark (QPM); another 32% are working towards it. Just over a quarter of respondent's don't have the QPM and are not working towards it. Some of the reasons for this include:

- *'We cannot afford to do this as we are a very small charity and have not got the funds'*

- *'It is something we would look at if we receive future funding'*

There has been an increase of 44% in the number of organisations whose staff now have the City and Guild's National Advocacy Qualification. It has increased from 9 to 13. The total number of staff who this survey suggests have the qualification has also risen by 48% from 37 to 55. This number could in fact be much higher as 10 respondents skipped question 31.

Training requirements were identified as the following

- POVA /Safeguarding
- Mental capacity for advocates
- Benefits overview as staff and benefits change
- Social Services and Well Being Act
- NAQ (National Advocacy Qualification)
- DOLS
- Advocacy qualifications
- Dementia Care Mapping
- Dementia, epilepsy, diabetes, deaf awareness
- Mindfulness/coping with stress in workplace

## **Funding and sustainability**

When comparing the results regarding how long services are funded for, there has been an increase in the number of services funded for only one year. In 2013 respondents indicated that 44% of services were funded for one year, 26% were funded for two years, and 30% for three years. This time more services (66%) are funded for one year, 8% for two years, 19% for three years and seven % for five or more years.

This reveals a shift in the way services are funded indicating fewer longer term contracts and more short term contracts.

There are also real concerns regarding a lack of sustainable funding. 18% of services report a reduction in their funding or that funding was due to cease. 40% had no knowledge of what was going to happen with their funding. These are very real concerns for organisations trying to maintain experienced trained staff and to plan services into the future. A much more robust approach to the sustainability of these services is required in the long term.

Some of the concerns raised include

- *'Cannot guarantee local authority funding will continue. Confirmed year by year. The 1 year funding will end.'*
- *'This year we are operating on a 10% reduction of funding'*

- *'With the introduction of the new Social Services and Well-being Act, we are still unsure what plans our Local Authority have in planning & funding future services'*
- *'Awaiting commitment from LA'*
- *'Funded by Welsh Government Equality and Inclusion Grant 2014 - 2017 not known if this will be available after 2017'*

Of the respondents, 13 services are funded by the local authority, nine by charitable trusts, six by health trusts, four by Welsh Government, one jointly by health and local authority and seven funded by grant funders. There has been a significant increase in the number of organisations funding services through fundraising and donations from one service to six.

Not surprisingly when respondents were asked about what needs to happen to ensure sustainability responses were focused on ensuring secure funding with clear planning for the long term. Other responses included

- *'Independent advocacy needs to be government funded in each County.'*
- *'More statutory guidance for commissioning generic advocacy services'*
- *'Welsh Government and Local authorities work closer with third sector independent advocates and provide sustainable funding.'*
- *'Quality standards maintained and Quality Marks upheld'*
- *'The government recognises its importance but need to give some security with long term funding for long term needs. It is quoted in The Health Social Care & Wellbeing Act. So both central & local government need to start giving some financial support to a much needed yet underfunded service.'*
- *'real understanding and solid 3-5 year funding embedded in the community'*
- *'We need to seriously consider the outcomes from partners delivering the service, against value for money, needs of older people, the external influences from closure of hospital beds/residential homes and how older people's voices are heard. We need to highlight that elder abuse is happening across Wales. We also need to protect our older generation and offer support against scams. We also need to provide older people with the tools to get online safely & securely to access benefits online, job opportunities, at a time when public facilities such as libraries are closing.'*
- *'Funding secured indefinitely in accordance with the statutory requirements of the SSWB (Wales) Act 2015'*
- *'Minimum of three year contracts and at some point a recognition that with no inflation uplifts in the life time of a five year contract salaries and staff retention may well become an issue'*

Overall, when asked about the respondents level of knowledge of the Social Services and Well-being Wales Act, responses were very positive with 86% reporting excellent or good knowledge. Although 14% reported that their knowledge was limited

55% of respondents had started discussions with their local commissioners about funding Independent Professional Advocacy Services.



No providers charge their clients for their services and there was an overwhelming view that in no instance should advocacy services be chargeable. Some of the reasons include

- *'If charged for it would compromise the point of independent and open access advocacy.'*
- *'Most could not afford it; therefore it has to be free.'*
- *'It's a fundamental service so there should be no charge'*
- *'this should not happen as many clients are on benefits and would be unable to afford this'*
- *'If we did it would conflict with the principles of independent advocacy'*
- *'Totally unacceptable and against the fundamental ethos of advocacy'*
- *'It would be very challenging to charge the most vulnerable and not something we would wish to do'*

## Safeguarding

When reviewing the responses to questions on safeguarding it is very reassuring to see that safeguarding is clearly seen as a high priority for advocacy services and taken extremely seriously both practically and in terms of the policies, procedures, and training in place.

100% of respondents had supported someone who had been abused in the last 12 months. In 2013 this response was 84%.

100% of respondents were also confident in making a referral to the local authority compared with 93% in 2013.

Services are dealing with all types of abuse although physical abuse is just about the most common category. The primary location continues to be the person's own home.

100% of respondents have a safeguarding policy and procedure while 95% have a designated manager. Only one respondent reporting not having a designated manager. This is up from 63% in 2013.

100% services report having had adult protection training. 68% of the adult protection training was delivered by the local authority while 22% was done in house. 75% of volunteers have had this training as well.

62% of respondents are not members of the local adult protection committee. This could be as a result of the changes to the structures for safeguarding across regional boundaries with the implementation of the Social Services and Well-being Act.

## Conclusion and recommendations

Advocacy Counts 5 has provided an updated snapshot of advocacy provision in Wales for adults with a particular emphasis on older people. It suggests that the overall number of advocates has continued to rise but indicates cause for concern in some areas including a decline in specialist providers and gaps in geographical availability.

Of particular concern for Age Cymru is the fall in the number of specialist advocacy providers and advocates for older people.

Approaches to commissioning advocacy across Wales are currently varied and at different stages of development. It appears that contracts are being awarded to organisations who can deliver to all adults instead of individual specialist providers which could explain the data we are presenting.

Whilst the number of citizens who have experienced advocacy support has continued to rise, the number of providers has fallen to levels lower than in 2011 (as reported upon in Advocacy Counts 3). Again this could be an indication of a move away from the commissioning of specialist advocacy providers to providers who deliver to all ages across a larger geographical area. The end of funding for the Big Lottery Advantage funded projects which were recorded in Advocacy Counts 4 could also account for the lower number of providers in this report.

In light of the new duties placed upon Local Authorities it is anticipated that demand for advocacy services will grow and therefore the availability and sustainability of services is a priority for all involved. The mixture of funding sources, statutory and grant funders is similar to that reported in 2013. Future reports will consider whether the new duties have an impact on the number of commissioned and grant funded services.

Paragraph 39 of the Part 10 Code of Practice (Advocacy), states "Advocacy will have a role in preventing, delaying or reducing people's needs for care and support and must form part of the local authority and local health board joint assessment under section 14 of the Act of their population's needs for the range and level of preventative services under section 15 of the Act." The duty to arrange IPA services was added at a relatively late stage in the passage of the legislation, so there is an element of catching up to do before an assessment of the need for those services is firmly integrated into population assessment and the rest of the commissioning cycle. The Golden Thread Advocacy Programme team is working with the Regional Project Managers for Population Assessment to ensure that markers for the future on advocacy are included in Population Assessment Reports. Once advocacy is fully included in Population Assessment, data on need not previously available will exist alongside service provision data. Commissioners should also be monitoring the uptake of advocacy services and the outcomes delivered through advocacy contracts. All this data would provide verification of some of the things which, at the

moment, we can only assume. However, to what extent commissioning data is made publicly available remains to be seen.

Safeguarding remains a fundamental part of the advocacy services provided by the respondents to this survey. Safeguarding is a key area in which citizens have a right to IPA services (in certain circumstances) and all respondents to the survey reported supporting clients who had been abused in the last 12 months. The respondents have reported a rise in the number of physical abuse cases which they have supported clients to deal with, with financial abuse and emotional/psychological abuse being the second most prevalent. Age Cymru supports the right for individuals to live in a safe environment, free from harm and mistreatment. The right to advocacy for those who have been abused will enable them to have their views, wishes and feelings expressed and be at the centre of the safeguarding process, ensuring they are fully involved and supported to be free from future harm.

Age Cymru is committed to supporting the development of the independent advocacy sector in Wales and views it as a vital tool to secure the wellbeing of all citizens, not just that of older people. Age Cymru's Golden Thread Advocacy Programme has been funded by Welsh Government to support the implementation of Part 10 (advocacy) of "The Act" in a strategic and unified way, seeking to develop consistent, sustainable services across the whole of Wales.

## Advocacy Counts 5: Data results

### Q1 Contact details

- 22 respondents provided us with their contact details with 20 agreeing to further contact.

This first set of questions is specifically aimed at services for older people

Q2. How many of your services are funded to provide advocacy specifically for older people?

Answer Options	Response Percent	Response Count
None	35.0%	7
1	45.0%	9
2	10.0%	2
3	10.0%	2
4	0.0%	0
5	0.0%	0
6	0.0%	0
More than 6	0.0%	0
<i>answered question</i>		<b>20</b>
<i>skipped question</i>		<b>2</b>

Q3. How many full-time paid advocates work for these services? **20**

Q4. How many part-time paid advocates work for these services? **23**

Q5. How many volunteer advocates are involved in these services? **30**

Q6. Approximately how many older people did these services support in the last 12 months? **4054**

Q7. What are your services specifically funded to support people with?

Answer Options	Response Percent	Response Count
Generic Issues	76.9%	10
Elder Abuse	53.8%	7
Dementia	53.8%	7
Housing	61.5%	8
Domestic Abuse	53.8%	7
Financial Issues	53.8%	7
Carers	46.2%	6
Older black, minority, ethnic (BME)	15.4%	2
Residential Care	76.9%	10
Other	38.5%	5
Comments		9
<i>answered question</i>		<b>13</b>
<i>skipped question</i>		<b>9</b>

Additional information on this question:

- We are a generic advocacy service which responds to all referral issues
- One project is specifically funded to support older people with cancer
- We support people with a learning disability for all issues that they may need support with
- We are specifically funded to provide generic advocacy but necessarily this includes all other areas noted above.
- We are instructed advocacy but sign post to IMCA etc
- The majority of the work involves dementia and people moving from hospitals to care homes, moving vulnerable adults from care homes and talking to social services
- We have a 50+ advocacy service for people with mental health issues and also a carers advocacy service. We support them in dealing with as many issues as possible, but we do not assist with benefits issues nor provide legal advice.
- We offer support to older people who are victims of any type of crime whether reported to statutory authorities or not

Q8. Where are your services delivered?

Answer Options	Response Percent	Response Count
Anywhere	92.3%	12
People's own homes	38.5%	5
Hospitals	30.8%	4
Care homes	38.5%	5
Sheltered accommodation	30.8%	4
Day Centres	15.4%	2
Other	7.7%	1
Other (please specify)		2
<i>answered question</i>		<b>13</b>
<i>skipped question</i>		<b>9</b>

Q9. Which counties do these services (for older people) cover?

Answer Options	Response Percent	Response Count
All Wales	7.7%	1
Blaenau Gwent	7.7%	1
Bridgend	0.0%	0
Caerphilly	15.4%	2
Cardiff	7.7%	1
Carmarthenshire	15.4%	2
Ceredigion	7.7%	1
Conwy	7.7%	1
Denbighshire	7.7%	1
Flintshire	15.4%	2
Gwynedd	7.7%	1
Isle of Anglesey	7.7%	1
Merthyr Tydfil	0.0%	0
Monmouthshire	0.0%	0
Neath Port Talbot	0.0%	0
Newport	7.7%	1

Pembrokeshire	7.7%	1
Powys	23.1%	3
Rhondda Cynon Taf	0.0%	0
Swansea	7.7%	1
Torfaen	7.7%	1
Vale of Glamorgan	7.7%	1
Wrexham	23.1%	3
<b>answered question</b>		<b>13</b>
<b>skipped question</b>		<b>9</b>

Q10. Please let us know about the demand for your services.

Answer Options	YES	NO	Response Count
Waiting list?	5	7	12
Prioritising system?	9	3	12
<b>answered question</b>			<b>13</b>
<b>skipped question</b>			<b>9</b>

Other comments:

- 4 weeks approx. wait according to need
- within 72 hours of referral or call
- each case is risk assessed to determine its priority

Q11. Please let us know if there is anything else you would like to share about these elements of your service.

We have identified the need for a generic service. The service also has very complicated cases, which need specialist support, extra training requirements, and can involve other partners such as banks, police and Trading Standards.

The next set of questions was aimed at services that are not specifically funded for older people but have older people as part of their client group.

Q12. How many advocacy services do you provide that support older people as part of a wider client group?

Answer Options	Response Percent	Response Count
None	25.0%	5
1	15.0%	3
2	20.0%	4
3	15.0%	3
4	15.0%	3
5	0.0%	0
6	10.0%	2
More than 6	0.0%	0
<b>answered question</b>		<b>20</b>
<b>skipped question</b>		<b>2</b>

- Q13. How many full-time paid advocates work for these services? 87
- Q14. How many part-time paid advocates work for these services? 43
- Q15. How many volunteer advocates are involved in these services? 36
- Q16. Approximately how many older people did these services support in the last 12 months? 2354

Q17. What type of advocacy are these services funded to deliver?

Answer Options	Response Percent	Response Count
IMCA	33.3%	5
IMHA	26.7%	4
Non Stat Mental Health	53.3%	8
Complaints	13.3%	2
Generic	33.3%	5
Dementia	20.0%	3
Housing	20.0%	3
Domestic Abuse	13.3%	2
Carers	20.0%	3
Older black, minority, ethnic (BME)	6.7%	1
Residential care	20.0%	3
Learning difficulties	33.3%	5
Other	13.3%	2
Other (please specify)		3
<i>answered question</i>		<b>15</b>
<i>skipped question</i>		<b>7</b>

Other:

- citizen
- community mental health
- community advocacy

Q18. Where are your services delivered?

Answer Options	Response Percent	Response Count
Anywhere	80.0%	12
People's own homes	20.0%	3
Hospitals	40.0%	6
Care homes	20.0%	3
Sheltered accommodation	20.0%	3
Day Centres	13.3%	2
Other	20.0%	3
Other (please specify)		3
<i>answered question</i>		<b>15</b>
<i>skipped question</i>		<b>7</b>

Q19. Which counties do these services cover?

Answer Options	Response Percent	Response Count
All Wales	6.7%	1
Blaenau Gwent	13.3%	2
Bridgend	13.3%	2
Caerphilly	13.3%	2
Cardiff	13.3%	2
Carmarthenshire	20.0%	3
Ceredigion	26.7%	4
Conwy	6.7%	1
Denbighshire	13.3%	2
Flintshire	20.0%	3
Gwynedd	6.7%	1
Isle of Anglesey	6.7%	1
Merthyr Tydfil	6.7%	1
Monmouthshire	13.3%	2
Neath Port Talbot	20.0%	3
Newport	20.0%	3
Pembrokeshire	20.0%	3
Powys	20.0%	3
Rhondda Cynon Taf	13.3%	2
Swansea	20.0%	3
Torfaen	13.3%	2
Vale of Glamorgan	13.3%	2
Wrexham	13.3%	2
<i>answered question</i>		<b>15</b>
<i>skipped question</i>		<b>7</b>

Q20. Please let us know if there is anything else you would like to share about these elements of your service.

Cardiff and Vale of Glamorgan - learning disability and Autism spectrum conditions.  
 Blaenau, Caerphilly, Monmouthshire, Newport and Torfaen - Autism spectrum conditions

The next sets of questions are general to all services

Q21. Do you have Welsh speaking paid advocates?

Answer Options	Response Percent	Response Count
Yes	73.7%	14
No	26.3%	5
Don't know	0.0%	0
Comment		2
<i>answered question</i>		<b>19</b>
<i>skipped question</i>		<b>3</b>



Q22. If you answered yes to the previous question, how many Welsh speaking paid advocates do you employ?

34

Q23. Do you have any Welsh speaking volunteer advocates?

Answer Options	Response Percent	Response Count
Yes	11.1%	2
No	83.3%	15
Don't know	5.6%	1
Comment		0
<i>answered question</i>		<b>18</b>
<i>skipped question</i>		<b>4</b>

Q24. If you answered yes to the previous question, how many Welsh speaking volunteer advocates does your service(s) have?

3

Q25. Approximately what percentage of your clients has received advocacy support in Welsh?

Answer Options	Response Percent	Response Count
None	31.6%	6
Don't know	0.0%	0
1% - 10%	52.6%	10
11% - 20%	5.3%	1
21% - 30%	0.0%	0
31% - 40%	0.0%	0
41% - 50%	0.0%	0
51% - 60%	5.3%	1
61% - 70%	5.3%	1
71% - 80%	0.0%	0
81% - 90%	0.0%	0
91% - 100%	0.0%	0
<i>answered question</i>		<b>19</b>
<i>skipped question</i>		<b>3</b>

Q26. Do your clients require advocacy support in any other languages?

Answer Options	Response Percent	Response Count
Yes	42.1%	8
No	57.9%	11
Comments		9
<i>answered question</i>		<b>19</b>
<i>skipped question</i>		<b>3</b>

### Other languages and comments included

- Polish, Chinese
- Romanian
- Mandarin Russian Polish
- Bangladeshi, Chinese, Polish
- Polish
- Greek, Polish
- German, Russian and Polish we use interpreters
- Polish primarily
- We are unable to offer this service due to financial constraints

Q27. Please let us know if there is anything else you would like to share about these elements of your service.

- Information is shared bilingually, such as flyers, leaflets and website.

Q28. Do you work to a set of standards and a code of practice?

Answer Options	Response Percent	Response Count
Yes	100.0%	22
No	0.0%	0
Comment		15
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

### Comments included

- Advocacy Code of Practice
- Advocacy Charter 2014 Advocacy Code of Practice 2014
- Action for Advocacy
- Code of Practice based on the Advocacy Charter
- Advocacy charter and code of practice. Mental Capacity Act, human Rights Act, Equality Act
- Advocacy cop
- Action for Advocacy code of practice. Staff undertake the Kate Mercer advocacy training
- Action for Advocacy
- MOU & Articles
- Organisational Quality Standard (OQS)(Age UK)
- Advocacy south Wales and currently working towards an Additional Quality performance Mark
- A4A Code of Practice Ndti QPM
- Advocacy Charter,
- Action for Advocacy

Q29. Does your organisation have the Quality Performance Mark for advocacy or are you working towards it?

Answer Options	Response Percent	Response Count
Yes we have it	36.4%	8
Have it but waiting for it to be reviewed and reissued	4.5%	1
Working towards it	31.8%	7
Dont have it and not working towards it	27.3%	6
Don't know	0.0%	0
Comments		5
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

Comments:

- we cannot afford to do this as we are a very small charity and have not got the funds.
- investors in Volunteers PQASSO
- we are ready to get the QPM in Wales but need to wait for England to catch up in order to go for the QPM, as it focuses on the whole organisation.
- by April 2017
- it is something we would look at if we receive future funding

Q30. Do your advocates have the City and Guilds National Advocacy Qualification?

Answer Options	Response Percent	Response Count
Yes	59.1%	13
No	27.3%	6
Working towards it	13.6%	3
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

Q31. If you answered yes to the previous question, how many have the qualification?

At least 55 have the qualification. 10 respondents skipped the question

Q32. Do you have any training requirements?

- POVA /Safeguarding
- Mental capacity for advocates
- Benefits overview as staff and benefits change
- Social Services and Well Being Act
- NAQ (National Advocacy Qualification)
- DOLS
- Advocacy qualifications
- Dementia Care Mapping

- Dementia, epilepsy, diabetes, deaf awareness
- Mindfulness/coping with stress in workplace

Q33. Please let us know if there is anything else you would like to share about these elements of your service.

- Advocates attend all relevant training courses to suit their clients' needs/condition
- Have full qualifications in management & counseling
- All staff are required to sit the NAQ if they do not have it when they first start with us.

Q34. How long is your service(s) funded for?

Service 1							
	1yr	2yrs	3yrs	4yrs	5yrs	Over 5yrs	Total
Length of funding	61.90% 13	0.00% 0	23.81% 5	0.00% 0	9.52% 2	4.76% 1	21
Service 2							
	1yr	2yrs	3yrs	4yrs	5yrs	Over 5yrs	Total
Length of funding	61.54% 8	7.69% 1	15.38% 2	7.69% 1	7.69% 1	0.00% 0	13
Service 3							
	1yr	2yrs	3yrs	4yrs	5yrs	Over 5yrs	Total
Length of funding	75.00% 9	0.00% 0	16.67% 2	0.00% 0	8.33% 1	0.00% 0	12
Service 4							
	1yr	2yrs	3yrs	4yrs	5yrs	Over 5yrs	Total
Length of funding	28.57% 2	14.29% 1	28.57% 2	14.29% 1	0.00% 0	14.29% 1	7
Service 5							
	1yr	2yr	3yrs	4yrs	5yrs	Over 5yrs	Total
Length of funding	0.00% 0	0.00% 0	100.00% 2	0.00% 0	0.00% 0	0.00% 0	2
Service 6							
	1yr	2yrs	3yrs	4yrs	5yrs	Over 5yrs	Total
Length of funding	0.00% 0	0.00% 0	100.00% 1	0.00% 0	0.00% 0	0.00% 0	1

Q35. Over the next 12 months what do you think funding for your services is likely to do?

Service 1						
	Stay the same	increase	reduce	come to an end	unknown	Total
Funding security	47.37% 9	10.53% 2	5.26% 1	10.53% 2	26.32% 5	19
Service 2						
	Stay the same	increase	reduce	come to an end	unknown	Total
Funding security	58.33% 7	8.33% 1	8.33% 1	8.33% 1	16.67% 2	12
Service 3						
	Stay the same	increase	reduce	come to an end	unknown	Total
Funding security	33.33% 3	0.00% 0	11.11% 1	0.00% 0	55.56% 5	9
Service 4						
	Stay the same	increase	reduce	come to an end	unknown	Total
Funding security	60.00% 3	0.00% 0	0.00% 0	0.00% 0	40.00% 2	5
Service 5						
	Stay the same	increase	reduce	come to an end	unknown	Total
Funding security	0.00% 0	50.00% 1	0.00% 0	0.00% 0	50.00% 1	2
Service 6						
	Stay the same	increase	reduce	come to an end	unknown	Total
Funding security	50.00% 1	0.00% 0	0.00% 0	0.00% 0	50.00% 1	2

Comments:

- cannot guarantee local authority funding will continue. Confirmed year by year. The 1 year funding will end.
- this Year we are operating on a 10% reduction of funding
- with the introduction of the new Social Services and Well-being Act, we are still unsure what plans our Local Authority have in planning & funding future services
- awaiting commitment from LA
- funded by Welsh Government Equality and Inclusion Grant 2014 - 2017 not known if this will be available after 2017

Q36. How are your services funded?

Answer Options	Response Percent	Response Count
Charitable trusts	40.9%	9

Local Authority	59.1%	13
Health Trusts	27.3%	6
Joint funding by Local Authority and Health	4.5%	1
Welsh Government	18.2%	4
Fundraising and donations	27.3%	6
Grant funders	31.8%	7
Other	13.6%	3
Other (please specify)		4
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

## Other

- Private sector company - MHC
- Eon
- McMillan
- BLF

Q37. Please let us know if there is anything else you would like to share about these elements of your service

Need to have security for funding to be able to offer a continuous service - e.g. 3 years

Q38. In your professional opinion, what needs to happen to ensure the sustainability of independent advocacy services?

- Secure funding and proper long term planning
- Guaranteed Funding
- Much more funding security
- Independent advocacy needs to be government funded in each County.
- That they be funded more cohesively and securely
- More statutory guidance for commissioning generic advocacy services
- Welsh Government and Local authorities work closer with third sector independent advocates and provide sustainable funding.
- Public sector guaranteed funding & charitable trusts
- Quality standards maintained and Quality Marks upheld
- The government recognises its importance but need to give some security with long term funding for long term needs. It is quoted in The Health Social Care & Wellbeing Act. So both central & local government need to start giving some financial support to a much needed yet underfunded service.
- Proper joined up funding
- More funding
- Real understanding and solid 3-5 year funding embedded in the community
- We need to seriously consider the outcomes from partners delivering the service, against value for money, needs of older people, the external influences from closure of hospital beds/residential homes and how older people's voices are heard. We need to highlight that elder abuse is happening across Wales. We also need to protect our older generation and offer support against scams. We also need to provide older people with the tools to get

online safely & securely to access benefits online, job opportunities, at a time when public facilities such as libraries are closing.

- Funding secured indefinitely in accordance with the statutory requirements of the SSWB (Wales) Act 2015
- Minimum of three year contracts and at some point a recognition that with no inflation uplifts in the life time of a five year contract salaries and staff retention may well become an issue
- Government and local authority funding needs to become available to fund advocacy services.
- Direct funding from Welsh Government

Q39. What level of knowledge do you have of the provisions in Part 10, 'Advocacy Services' in the Social Services and Well-being Wales Act?

Answer Options	Response Percent	Response Count
Excellent	36.4%	8
Good	50.0%	11
Limited	13.6%	3
None	0.0%	0
Other (please specify)		2
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

Q40. Have you had any discussions with your local commissioners about funding independent advocacy services under the Social Services and Wellbeing Wales Act?

Answer Options	Response Percent	Response Count
Yes	54.5%	12
No	45.5%	10
Unsure	0.0%	0
Other (please specify)		1
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

Q41. Do you currently charge clients for your service?

Answer Options	Response Percent	Response Count
Yes	0.0%	0
No	100.0%	22
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

Q42. What is your view on charging clients for your service?

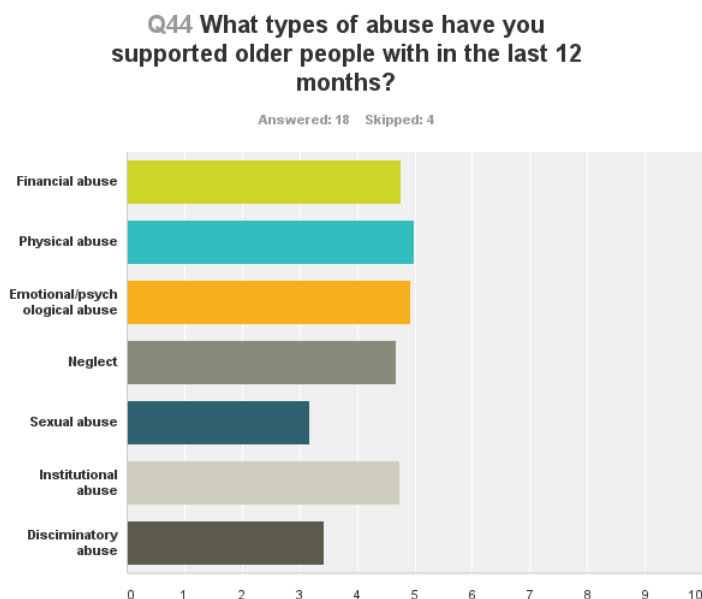
- Advocacy should never be a cost to the individual
- Don't think there should be a charge
- Should not happen

- Advocacy should be free of charge to vulnerable people
- If charged for it would compromise the point of independent and open access advocacy.
- Unacceptable
- Most could not afford it; therefore it has to be free.
- It's a fundamental service so there should be no charge
- this should not happen as many clients are on benefits and would be unable to afford this
- This is NOT acceptable
- The service should be free.
- Don't believe there should be a charge for advocacy
- If we did it would conflict with the principles of independent advocacy
- Totally unacceptable and against the fundamental ethos of advocacy
- It would be very challenging to charge the most vulnerable and not something we would wish to do
- this should be a free service

Q43. Have your advocate(s) supported people who have been abused in the last 12 months?

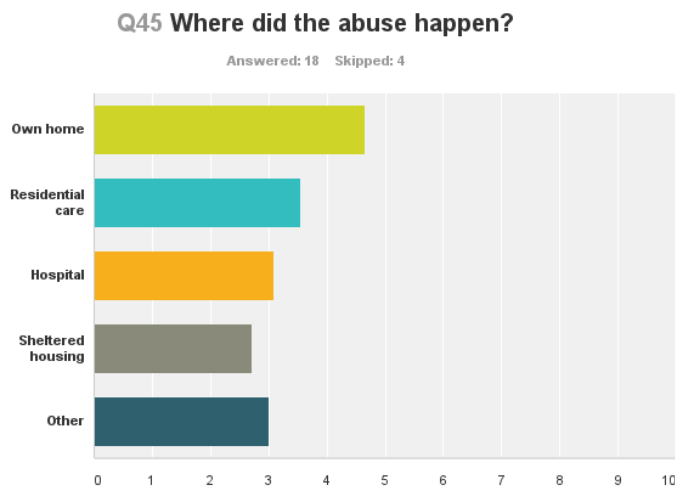
Answer Options	Response Percent	Response Count
Yes	100.0%	22
No	0.0%	0
Don't know	0.0%	0
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

Q44. What types of abuse have you supported older people with in the last 12 months?





Q45. Where did the abuse happen?



Q46. Are you confident in making a referral to the Local Authorities adult protection team?

Answer Options	Response Percent	Response Count
Yes	100.0%	22
No	0.0%	0
Maybe	0.0%	0
Comment (please clarify if No or Maybe)		0
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

Q47. Does your organisation have a safeguarding policy and procedure?

Answer Options	Response Percent	Response Count
Yes	100.0%	22
No	0.0%	0
Don't know	0.0%	0
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

Q48. Does your organisation have a designated manager with responsibility for safeguarding?

Answer Options	Response Percent	Response Count
Yes	95.5%	21
No	4.5%	1
Don't know	0.0%	0
Comment		0
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

Q49. Has your staff had adult protection training?

Answer Options	Response Percent	Response Count
Yes	100.0%	22
No	0.0%	0
Don't know	0.0%	0
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

Q50. If you answered yes to the previous questions how was it delivered?

If you answered yes to the previous question, was it delivered .....		
Answer Options	Response Percent	Response Count
In house	22.7%	5
by the local authority	68.2%	15
other	9.1%	2
Other (please specify)		3
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>0</b>

Q51. Have your volunteers had adult protection training?

Answer Options	Response Percent	Response Count
Yes	75.0%	9
No	25.0%	3
Don't know	0.0%	0
<i>answered question</i>		<b>12</b>
<i>skipped question</i>		<b>10</b>

Q52. Is your organisation a member of the local adult protection committee?

Answer Options	Response Percent	Response Count
Yes	38.1%	8
No	61.9%	13
Don't know	0.0%	0
Comment		3
<i>answered question</i>		<b>21</b>
<i>skipped question</i>		<b>1</b>

Comments:

- have not been invited
- we are now represented on the North Wales safeguarding board as we feel it is important that IMHA and IMCA should be at the table
- working on becoming a part of it presently.

Q53. Please let us know if there is anything else you would like to share about these elements of your service.

We work closely with LA who has a designated officer with timetable and direct contact is possible as well as via normal channels

Q54. If you have any further comments to make please complete the box below.

None received