

Advocacy Newsletter

January 2017 Issue no. 3

The Golden Thread Advocacy Programme would like to wish you a Happy New Year!

Advocacy Counts 5

Advocacy Counts 5 provides 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.

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.
- 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.

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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 more information or to see the executive summary or the full Advocacy 5 report please visit:

[Age Cymru | Advocacy Counts 5](#)

Louise Hughes, Age Cymru

Understanding co-production, and it's role in commissioning advocacy

Co-production is one of the five core principles of the Social Services and Well-being (Wales) Act. But do commissioners have a duty to co-produce advocacy services? And first, what is co-production? This is the first in a series of articles on coproduction and advocacy.

Two kinds of co-production

The Care Council for Wales E-learning module *Introduction to the Social Services and Well-being (Wales) Act* describes co-production as:

“a way of working based on citizens and professionals sharing power and working together as equal partners to plan and deliver care and support and to build stronger communities.”¹

Although the tasks of “planning and delivering care and support” and “building stronger communities” are not mutually exclusive, co-production can be seen as having applications at both individual and organisational / strategic levels.

This is reinforced in the Part 2 Code of Practice² which refers to “securing an approach based on co-production at an individual and at organisational and strategic levels”.

Three levels of co-production

Three levels of co-production have also been described

- Descriptive: which simply describes how all services already rely on some productive input from users
- Intermediate: which acknowledges and supports the contributions of service users but without fundamentally changing delivery systems
- Transformative: which relocates power and control, creating new cultures and structures which embed mutual trust and reciprocity.³

Transformative co-production is what makes a real difference.

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Transformative co-production at the individual level

The Part 3 Code of Practice⁴ states:

18. The assessment process should be based on the principles of co-production ensuring that it involves a relationship where practitioners and individuals share the power to plan and deliver support together, and recognising that all partners have vital contributions to make in helping to meet identified personal outcomes.

Transformative co-production at the individual level thus describes a quality of relationship with practitioners which enables citizens to have voice, choice and control in identifying and achieving their personal well-being outcomes. From a social work practitioner's perspective this means that power, control and responsibility must be shared equally with the individual.

Transformative co-production at the organisational / strategic level

The Part 2 Code states:

242. The principles and practices of co-production are intended to build the local core economy of people exchanging their skills, interests and time. They will help to shift the emphasis towards support which is created through the shared interests and common commitment of people with an investment in it.

Transformative co-production at the organisational / strategic level, whilst having much in common with co-production at the individual level, clearly has a different focus in practice (e.g. time banking, building social capital), and involves a different set of processes.

The 6 principles of co-production

These have been defined as

- *Recognising people as assets*, equal partners and “experts by experience”, with a positive contribution to make to the design and delivery of services
- *Building on people's capabilities*, overturning the deficit approach and enabling people to contribute their skills, talents and experience to achieving their own and wider well-being outcomes
- *Developing two-way relationships*, enabling citizens to work in mutual and reciprocal partnership with professionals and others
- *Encouraging peer support*, alongside professional support, to build confidence and develop capabilities
- *Blurring distinctions*, removing artificial boundaries between professionals, providers and recipients in the re-design of services
- *Facilitating, not delivering to*, requires providers to work together with people to enable them to identify and achieve the personal well-being outcomes that matter to them.⁵

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Co-production and advocacy

Independent advocacy has a clear role in supporting citizens to engage in co-production at both individual and strategic levels. But does co-production have a role in advocacy commissioning? Chapter 4 of the Part 2 Code states:

238. People must be involved in the design and delivery of services.

263. Local authorities have an important role in creating an environment that will promote people's involvement at every level of planning, designing, promoting and operating services.

This provides a clear directive for the co-production of advocacy services. How should this work in practice? This will be discussed in the next newsletter.

References

1. [Introduction to the Social Services and Well-being \(Wales\) Act E-learning module, Care Council for Wales](#)
2. [Part 2 Code of Practice \(General Functions\)](#)
3. [Co-production: theory and practice, New Economics Foundation](#)
4. [Part 3 Code of Practice \(Assessing the needs of individuals\)](#)
5. [Adapted from Co-production: theory and practice, New Economics Foundation](#)

Paul Swan, Age Cymru

Advocacy Service Models: Evidence and their use

Commissioning any service requires an "options appraisal" during the commissioning cycle. This article gives a brief overview of the main models of advocacy services along with examples of their use for further consideration.

Broadly speaking, there are two forms of service model, a **single service provider** or a **partnership service model** of a number of providers. These two broad stroke models can be further broken down as follows.

Single Service provider

This model of service provision covers a wide range of potential service models, from an individual contracted service (e.g. IPA or IMCA services, to one provider) through to a multiple or full service model whereby a number of different advocacy services, or all commissioned advocacy services are provided in one area by one provider. These three types of service are often identified as "Single Service, Multiple Service, and Full Service" models.

An example of the Single service provider model can be found in the recently commissioned service delivering Care Act advocacy in Cumbria:

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"Commissioning Care Act advocacy as part of a block contract from a single provider was 'paying dividends' in Cumbria, where this was seen as a 'cost-effective' and appropriate way to deliver 'seamless advocacy provision' across diverse localities."

The report goes on to quote a commissioner:

"The hub model wouldn't work in this area... we knew that spot purchasing from a large number of providers for a proportion of the population over a wide geographical area might lead to services which were not cost-effective, could be fragmented and might lead to instability in the market."

Potential negative consequences of this form of service provision include the potential risk of having all 'eggs in one basket'. When considering this form of service model in a recent provider co-production workshop, facilitated by the GTAP team, one provider noted:

"Can one organisation in isolation provide quality advocacy across the board?" (Provider interview)

However, it was also noted that potential positives would include:

"For clients it would create a seamless service" (provider interview)

This type of contracting could provide stability for the organisation to whom the contract is awarded, enabling them to develop and train their staff. It was also noted that this form of contract might mean that smaller providers may find it more difficult to compete in an open tender situation and consideration would need to be given to market development.

Partnership Service Model

This can include some of the models discussed above, i.e. multiple service or full service as more than one provider could provide these services. These service models are also characterised as a "hub and spoke" or partnership model. In this model the hub would:

"...have the function of being the central point for referral, allocation, monitoring..." to and for the spokes and *"signposting to alternative support services for those deemed ineligible for advocacy"*

The principle advantage of the hub is a single and simple point of entry for referrals allowing for ease of use. In the example of the Manchester Advocacy Hub:

"The decision was made to pull all the different forms of advocacy into one [hub/service]... to provide a broader offer [of advocacy] with clearer and easier access. Introducing a single gateway ... was also seen as potentially providing a better understand of the advocacy need in the city..."

This type of service provides the potential benefit of greater flexibility in supply due to a larger number of providers during times of fluctuating demand as well as a more 'consistent service' due to the agreed and consistent working practices aimed at delivering citizen outcomes between providers.

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Conclusion

There are many innovative ways to deliver advocacy services and service specifications should seek to nurture and encourage this potential for innovation. Wales is not a homogenous nation with a range and diversity of needs and population and thus:

"Key to effective commissioning is recognising that 'one size does not fit all' and the local context (population, geography, local views and provider capacity) play a role in determining the appropriate model."

The GTAP team is here to support stakeholders in developing Independent Professional Advocacy services. We would welcome the opportunity to discuss this with you in more detail.

References

- ¹ [Advocacy Commissioning Models](#)
- ² [Care Act Cumbria](#) page 10
- ³ [Care Act Cumbria](#) page 10
- ⁴ [Advocacy Commissioning in Tees](#) page 4
- ⁵ [Advocacy Commissioning Models](#)
- ⁶ [Care Act Cumbria](#) page 9
- ⁷ [Care Act Cumbria](#) page 10

Huw Davies, Age Cymru

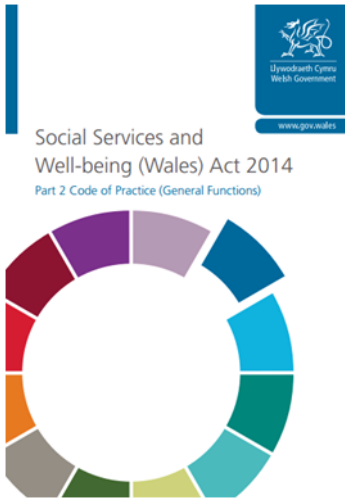
Advocacy Service Providers and a Flourishing Social Value Sector

Local Authorities across Wales have been meeting like-minded and motivated individuals from across third, independent and statutory sectors to explore how to meet their duty under Part 2 (General Functions) of the Social Services and Wellbeing Act (Wales) 2014 to promote social value in public services.

Section 16(1) of the Act places a duty on local authorities to promote social enterprises, co-operative organisations, co-operative arrangements and third sector organisations to provide care and support and preventative services in their area. Section 16(2) defines “social enterprise” and includes a requirement that its activities are wholly or mainly ones which a person might reasonably consider to be carried on for the benefit of society. “Third sector organisation” is defined as an organisation which a person might reasonably consider to exist wholly or mainly to provide benefits for society. The reference to “society” in both definitions is defined as including a section of society.

The [Part 2 Code of Practice](#) is well worth a read. Paragraph 265 states, "Local authorities with health board partners **must** establish regional forums to support social value based providers to develop a shared understanding of the common agenda, and to share and develop good practice. The aim of this forum is to encourage a flourishing social value sector which is able and willing to fulfil service delivery opportunities."

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Advocacy service providers are clearly part of the social value sector. Regions will need to ensure a flourishing advocacy services sector if their local authorities are to implement their statutory duty to arrange Independent Professional Advocacy services for people who cannot otherwise participate in decisions about their care and wellbeing. We are delighted that several organisations, including the North Wales Social Value Forum and the Gwent Provider Forum, now have GTAP officers on their Steering Groups.

The North Wales Social value Forum Steering Group met for the first time in November 2016 and has begun to explore how North Wales' partners can:

1. Promote the development of not for private profit organisations (including social enterprises, co-operative organisations, co-operative arrangements, user led services and the third sector) to provide care and support and support for carers, and preventative services.
2. Promote collaboration with an aim of maximising social value and coproduction (the involvement of people for whom care & support or preventative services are to be provided, in the design and operation of that provision) across all sector providers delivering health, social care and/or wellbeing services in North Wales.

At its November meeting, the Gwent Provider Forum Steering Group discussed the [Minister's written statement on the publication of guidance on recording the measurement of personal outcomes](#) - a subject that needs an article in its own right.

If they are to be successful in encouraging a flourishing social value sector, local authorities will need to engage with citizens and providers, develop local community based forums and support and co-ordinate any of the existing work that is already going on in each county. A key objective must be to share learning across Wales, and regions are already collaborating to do so. For example, the North Wales Social Value Forum has accepted an invitation from Cwm Taf Social Value Forum to learn together and share developments. They have also made links with Co-Production Network Wales and the Wales Co-operative Centre's Care to Co-operate project in order to share asset maps and best practice.

The GTAP team will be working to put the advocacy services sector high up the agenda of the social value fora, so that the sector benefits as much as possible from the work. If there is anything you would like to discuss with us, or if you have ideas, experience and good practice to share, or issues which need to be addressed, please contact the GTAP team. The contact details of the regional implementation managers for Part 2 of the Act are in the box at the end of this article.

Call to share knowledge & expertise

Finally, the North Wales Social Value Forum is considering the definition of 'social value'. There are many definitions that range in context from public sector procurement definitions to those which focus on additional wellbeing benefits and increasing social capital. If you would like to share your definition, to support the Social Value Forum to develop theirs, or would like to make other links with the steering group, please contact: maria.bell@denbighshire.gov.uk

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Am ragor o wybodaeth am weithgareddau sy'n ymwneud â gweithredu'r Ddeddf yn eich ardal, cysylltwch â'ch Pennaeth Gweithredu Rhanbarthol:

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Val Billingham, Age Cymru

Recording Measurement of Personal Outcomes
(Issued under the National Assessment and Eligibility Tool)

Introduction

This guidance provides a framework for recording and measuring progress against personal outcomes during the care and support process for individuals. The scoring only applies to individuals who are eligible for a care and support plan and carers eligible for a support plan under the Social Services and Well-being (Wales) Act 2014. Progress will be measured against outcomes associated with eligible needs in a care and support plan or support plan.

This guidance relates to adults and children (including young and adult carers). A "person" refers to both adults and children. Local authorities are expected to use their judgement as to who this guidance should be used to score personal outcomes with.

To view the full guidance, please visit:

[Recording Measurement of Personal Outcomes](#)



Recording Measurement of Personal Outcomes

Part 3 Personal Outcome Guidance: (Issued under the National Assessment and Eligibility Tool)



Older People's Cancer Voices

Meet David and Mike as they talk about the impact of their cancer diagnoses. David shares his wish to remain at home for as long as possible, and how his advocate offered him support, increased confidence and companionship as his treatment plan has changed. Mike talks about how cancer is never far from his mind and how peer advocate Bob was someone he could talk to, someone who knew cancer and who helped Mike to feel more confident going for treatment and check-ups.

David and Mike's Stories are the first in a series of Older People's Cancer Voices short films by the Older People's Advocacy Alliance; this project is about amplifying the voices of older people affected by cancer, changing lives for older people through advocacy.



You can watch these stories here <https://www.youtube.com/c/opaalcpa> and join the conversation on twitter @opaaluk, OPAAL will be sharing all of the films in this series under the hashtag #mycanceradvocacystory. For further information contact Ang Broadbridge at angela@opaal.org.uk

Facing Cancer Together

OPAAL, in partnership with Macmillan Cancer Support, has recently published [Facing Cancer Together](#): 12 stories demonstrating how having a peer advocate can help on a personalised level, bringing a lived experience to tackle some of the common problems associated with cancer. A diagnosis of cancer can commonly have an overwhelming emotional impact, not only for the person with the disease, but also for their friends and family.

For the person diagnosed, being able to speak with someone is often important, but many people, particularly older people, don't want to place this responsibility onto their loved ones. An independent advocate can be vital in this regard, providing independent and non-judgmental support in a neutral setting.

Albert tells how at 65, with a learning disability and Asperger's, he was diagnosed with terminal prostate cancer. He was supported by Jenny, a peer advocate who had personal experience of cancer so understood what he was going through. Suzanne's story reveals how a diagnosis of head and neck cancer devastated her life. Lisa, her peer advocate, helped her regain her voice and her confidence.

All 12 stories are an insight into the impact of cancer and Facing Cancer Together gives older people the opportunity to explain for themselves the positive impact that independent advocacy can have.

OPAAL

Useful training and events

Mental Capacity Act and Deprivation of Liberty Safeguards

20 February 2017 in Bangor

This course will help you understand recent changes to the Deprivation of Liberty Safeguards (DoLS) and the need to demonstrate that care arrangements are lawful and correctly authorised. The course will enable staff to continue to follow the original intentions of the Mental Capacity Act (MCA) and the Human Rights Act: that people with diminished ability to make decisions should participate as fully as possible, be able to make important choices where able and that substituted decision making should be both person-centred and fully accountable.

[Click here to see more information and to make an online booking.](#)

Advocacy Expert Classes

Please note that the training below is for practising paid advocates in Wales only.

The Care Council, Age Cymru and Children in Wales are hosting expert classes on advocacy under the Act which will provide a format for paid practicing advocates in Wales to gain knowledge and skills and provide a forum for peer support and ongoing learning.

Please find below details of the expert classes available. To register onto any of the classes, please click on the relevant links.

St Asaph – 23 February 2017 – The Optic Centre 12:30 – 16:30 <http://bit.ly/2iOS9n9>

Ticket sales end for this on the 9th of February and delegates will be notified of their place after the 14th February.

Cardiff – 10 March 2017 – Age Cymru office – 9:30 – 13:30 <http://bit.ly/2j7xcVH>

Ticket sales end for this on the 24th of February and delegates will be notified of their place after the 1st of March.

Carmarthen – 16 March 2017 – Halliwell Centre – 9:30 – 13:30 <http://bit.ly/2j7wDLb>

Ticket sales end for this on the 1st of March and delegates will be notified of their place after the 7th March.

Independent Professional Advocacy: The Voice of Choice & Control

A short programme of free 2-part workshops for professionals in SE Wales and Mid/SW Wales. The workshops will answer key questions about the new advocacy duties and will be of particular interest to local authority and health board commissioning teams and third sector organisations.

Places will initially be limited to one per organisation.

Dates & venues (9.45am - 1pm)

SE Wales: 22 February & 8 March 2017: YMCA, Newport

Mid/SW Wales: 1 March & 15 March: University of Lampeter.

For further information and to book a place please contact the workshop facilitators:

Huw Davies - Programme Development Officer for Commissioning (Mid & SW Wales)
07932 989 657 / huw.davies@agecymru.org.uk

Paul Swann - Programme Development Officer for Commissioning (SE Wales)
07932 989 659 / paul.swann@agecymru.org.uk

Useful publications

New SCIE Briefing on Commissioning of Advocacy under the Care Act

This new briefing is based on a research study undertaken by the universities of Birmingham and Central Lancashire and funded by the Department of Health. It expands SCIE's publication; [Independent Advocacy under the Care Act 2014](#).

To read the briefing, please visit:

[Commissioning advocacy under the Care Act: Emerging good practice](#)

Contact us...

- To subscribe to the newsletter
- If you have any comments or questions about the articles
- If there's anything you would like to see in the next newsletter

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