

Advocacy Newsletter

October 2017 Issue no. 7

Advocacy and Regional Plans

In Spring 2017, the seven Welsh regions published their Population Assessments, focussed on the care and support needs, and the support needs of carers, across Wales. Since then, the regions have been working on their Area Plans (or Regional Plans), setting out the range and level of services Local Authorities and Local Health Boards propose to provide or arrange in response to the Population Assessment report.

North Wales

The North Wales Social Care and Wellbeing Improvement Collaborative commissioned research into citizen voice and control in North Wales (Wavehill, 2016) as part of its Population assessment. This research includes a summary of the independent advocacy services across North Wales. The report recommends that the region works closely with GTAP in any work to strengthen voice and control, to avoid any duplication with GTAP's work on advocacy. This recommendation was adopted in the main population assessment document. North Wales published their draft [Regional Plan](#) for consultation in August 2017. Age Cymru is cited as the lead organisation and GTAP the lead programme for adult advocacy in the draft North Wales Regional Plan. Consultation is being conducted through an [online survey](#) and closes on **31 October 2017**.

There is no duty to consult on Area Plans, and only North Wales has so far published a draft plan as far as we are aware. There is a requirement for Area Plans to be published in April 2018, to respond to the findings of the population assessment report and to identify the regional, integrated priorities to be taken forward by Regional Partnership Boards.

However, advocacy does feature in other regions' Population Assessment reports:

The **Cardiff and Vale Population Assessment** recommends that older people should have access to different types of advocacy. It notes: the pattern of advocacy services broadening their scope, with fewer focused on older people specifically, but a larger number available for people of wider age groups; concerns among advocacy providers about their long-term funding, and the Ageing Without Children charity's estimate that between 1 in 4 and 1 in 5 older people are without children, with a considerably higher rate among LGBT people, and people with disabilities. Cwm Taf have worked with the Golden Thread Advocacy Programme to undertake a baseline self assessment of advocacy arrangements in the region. The self assessment demonstrated that each organisation is at a different stage of development. It has therefore been agreed that each organisation develops its approach to advocacy over a 6 month period and TLG will review progress in January 2018. This will be reflected in our Area Plan as it is developed.

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Gwent have stated that they will deliver through the joint Area Plan: alignment of advocacy provision to identified priorities across partner agencies; work with the Golden Thread Advocacy Programme across the region through the regional provider forum; support for Children's Services joint commissioning of a single advocacy service, and a joint approach to advocacy provision with third sector partners especially in promotion of independent advocacy.

Powys set out in their Population assessment report a long list of the different types of advocacy services currently provided in the region. Powys Children's Services have recently led and completed a re-commissioning exercise in respect of advocacy, with the award of a new contract being awarded to Tros Gynnal Plant to provide Independent Professional Advocacy to all children and young people 0-25 years accessing service from Children's Service.

Western Bay state that the demand for Deprivation of Liberty Safeguards (DoLS) has significantly increased since 2013-2014 and the "P v Cheshire & Cheshire West" judgement. Bridgend and Neath Port Talbot have a backlog of DoLS assessments awaiting completion. However, the Law Commission is proposing a change to how DoLS is implemented in the future. It is not known at present whether this will be more or less effective. Western Bay intends to continue to work on a multi-agency way to promote prevention across all service areas. They identify a need to simplify access to advocates for adults at risk, and a need for more advocacy services in general.

In **West Wales**, advocacy services are provided through a newly commissioned regional contract spanning Mid and West Wales (including Powys). Research by Age UK suggested that generic information, advice and assistance services need to be tailored to fit older people's needs which are likely to include social contact and care, finance and housing, health and practical support. Targeted IAA services may be appropriate for those people aged 65 and over that retire to the region. One recommendation in the Population assessment report is to ensure that effective community based advocacy services for older adults is available and accessible across the region.

The GTAP team will keep a watching brief on the development of Area Plans, and will bring you updates as more news becomes available.

Valerie Billingham
Development Officer for Commissioning (North Wales),
Age Cymru

Supporting the Commissioning and Good Practice of Advocacy: Resource list

We are pleased to present a useful resource list that has been requested by stakeholders. This list brings together legislation, research, good practice, information and links to useful websites to support commissioners and providers across Wales.

We hope you find this informative and useful and we will continually update it throughout the life of the programme.

One new addition has been added to the list, it has been highlighted in red.

[Age Cymru | Supporting the Commissioning and Good Practice of Advocacy Resource list](#)

Independent Professional Advocacy (IPA) and Health

The Part 10 Code of Practice focuses on provision of independent professional advocacy for purposes relating to social care and support. How does IPA interface with health services?

The Part 10 Code includes a number of actions which local authorities and health boards must take together. This includes assessing the range and level of advocacy services in their area to inform joint commissioning and partnership arrangements for the provision of advocacy services, and securing and promoting their availability as part of their portfolio of preventative services, recognising and responding to the potential overlap in arrangements (39, 43, 72, 78, 88). Partnership and integration are core principles of the SSWb Act. Local authorities and health boards are expected to collaborate on Regional Partnership Boards which must “consider what additional or alternative arrangements may be required to integrate services to improve outcomes for individuals and/or make more effective use of resources”. Prevention is another core principle and cuts across health and social care.

Welsh Health Circular ‘WHC (2016) 028’ issued by Welsh Government’s Director of Social Services and Integration, stated that: “The advocacy code of practice sets out local authorities’ responsibilities for securing advocacy support to enable adults and children to be able to express their views, wishes and feelings in relation to the exercise of duties under the Act. The code recognises the shared responsibilities for the provision of advocacy support across the NHS. The code therefore reinforces the opportunities to co-ordinate commissioning arrangements through formal and informal partnership arrangements under Part 9 of the Act.”

IMCA, IMHA & IPA

In the health context advocacy tends to be associated with mental health and learning difficulties. But eligibility for IMCA/IMHA is quite narrow and the role of IPA is much broader. In addition to the extensive list of functions where local authorities must consider individuals’ needs for advocacy support (section 50 of the Part 10 Code), chapter 11 identifies some of the types of circumstances when individuals’ needs for advocacy services may be heightened, including when making decisions that will have a significant impact on day to day life including:

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

Some additional examples of when advocacy might be considered in health services include:

- in reducing delayed transfers of care from health to social services
- in discharge planning and consent (e.g. to operations)
- in provision to people with mental health / mental capacity issues who fall outside IMCA/IMHA criteria
- in supporting people to make complaints about health services (Community Health Council advocacy)
- in times of transition through life changing events
- when patients lack a voice
- when care & support is provided by both a district nurse/rehab/primary care and social services
- when there are disputes about Continuing Health Care funding
- when families disagree with best interests decisions which the individual agrees with.

If social services are involved with a patient it would clearly be for the practitioner, in partnership with the individual, to follow the referral decision making process and decide if IPA is appropriate.

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If social services are not involved, but a health practitioner believes that the patient would benefit from advocacy, they may need to be able to refer the patient for IPA. In view of this, IPA contracts should allow for provision of IPA in both health and social care settings. In Gwent there are currently two IPA contracts in place with similar service specifications. One was tendered by Newport CC for provision of generic IPA (excluding mental health). The other was tendered by Aneurin Bevan UHB for provision of IPA to mental health service users.

What is care and support?

At present, care and support is generally understood as referring to social services, primarily in a domiciliary care setting but also in nursing and care homes. However, care and support is intrinsically linked with well-being. In addition to “Protection from abuse and neglect” and “Securing rights and entitlements”, the definition of well-being in the Act includes “Physical and mental health and emotional well-being”.

Section 50 of the Part 10 Code includes “Promoting integration of care and support with health services” and signposts to section 165 of the Act. This refers to “Health-related provision” which may have an effect on the health of individuals but which are not (a) health services provided as part of the health service, or (b) services provided in the exercise of social services functions. Could IPA be understood as “Health-related provision”?

Furthermore, the recommendations included in *Safeguarding and protecting vulnerable adults in Wales* (2010) include:

16. NHS organisations must ensure that those who are vulnerable are given ‘a voice’ by putting mechanisms in place that provide support to enable them to raise concerns. Such mechanisms should include advocacy arrangements and opportunities to discuss issues with individuals without carers or relatives present. Adequate translation services are needed to do this.

19. NHS organisations must ensure that service users and their carers or families are given the opportunity for involvement in adult protection processes and are kept fully informed.

Conclusion

At present patients are able to access IPA through integrated teams or hospital social work teams, which have an important role in ensuring that patients with care and support needs are assessed for advocacy.

With health and social care becoming more integrated there may be a case for suggesting that the term “care and support” should be understood in relation to both services, and that patients and service users should be able to access IPA in both health and social care settings.

The extension of IPA into the NHS would require significant additional funding. But with a potential Social Return on Investment in the region of £6-£8 for every £1 spent (as evidenced by both a DoH impact assessment of the English Care Act, and more recently by accountancy firm Ernst & Young) the case for provision of IPA in health does merit consideration on economic grounds as well as in terms of promoting voice, choice and control.

**Paul Swann,
Development Officer for Commissioning, Age Cymru**

The Wales Co-operative Centre has provided a comprehensive range of services to communities for the last 35 years including expert support to co-operatives, social enterprises and employee-owned businesses.

Care to Co-operate

In June 2016, our 'Care to Co-operate' service launched, a three-year project funded by Welsh Government, to help deliver the Social Services and Well-being (Wales) Act 2014. The goal is to diversify care and well-being services, to be co-operative and inclusive, to ensure people are taking decisions about their own lives.

Care to Co-operate works with:

- charities, local authorities, local health boards, housing associations and voluntary organisations to assist them work with people who use services, to decide how they are designed and run,
- organisations to identify co-operatives and social enterprises that can deliver services as set out in the Act,
- and, existing service providers to identify opportunities for collaboration with statutory agencies, other services providers and citizens.

We promote and encourage new partnerships in order to develop and strengthen care and well-being services in Wales.

A consortium for advocacy services?

We offer free support to organisations that provide services in line with the Act, including advocacy services, enabling them to form consortia. This can help organisations increase their scale and range of specialist services in order to compete for local authority contracts and other commercial opportunities.

We assist organisations to form agreements for:

- sharing back-office resources,
- reducing costs through shared purchasing of training, equipment and marketing materials,
- and, aligning services so they are mutually beneficial to the consortium members and the people accessing their services.

We do this by providing support to bring partners together and work with them to develop bespoke Memorandum of Understanding and Joint Agreements.

Care to Co-operate supporting partners to form a consortium in south-east Wales

We are working in partnership with the Golden Thread Advocacy Programme and a CVC (County Voluntary Council) to help develop a forum for collaborative advocacy services. This involves bringing together the local authority, the CVC and a range of advocacy providers in the area. The group is creating a joint monitoring tool to influence the local authority's commissioning strategies, which will open up the potential for a co-designed specification for advocacy across the wider region. This will in turn hopefully lead to the creation of a formal consortium to deliver services.

In west Wales, we are working with three existing advocacy providers to develop a co-operative consortium, in preparation for regional collaborative advocacy opportunities.

If you are interested in finding out more you can contact one of the Care to Co-operate team via 0300 111 5050 or care@wales.coop. For more information visit our website www.wales.coop/care.

New proposals to transform care by raising standards and giving care work a higher status

Proposals to help transform standards of care and raise the status of the social care workforce have been published.

They are set out in a consultation, Transforming care in the 21st century, from Social Care Wales, the new national organisation responsible for leading improvement in care.

The proposals are in-line with the Regulation and Inspection of Social Care (Wales) Act and Welsh Government's recognition that social care is of national strategic importance.

The proposed changes will underpin the five-year strategic plan for Social Care Wales, which will aim to achieve:

- for the public: confidence that workers have the right skills; clarity about the standards they should expect and information about care services
- for employers of care staff: a national campaign to attract new recruits; workforce planning to meet future needs; resources to help staff work to a high standard and training for priority areas like care and support at home, dementia and children in care
- for care staff: a career structure; high-quality training to help their development and career; access to resources to help in their day-to-day work; greater public understanding of the complex work they do and higher status as part of a regulated profession.

The consultation proposals mean:

- all home care workers, who have to register with Social Care Wales between 2018 and 2020, will be supported to gain suitable qualifications within their first three years of registration. A large proportion of workers already have the right qualifications
- fees paid by those already on the Register of Social Care Workers will increase for the first time in more than 10 years, in a phased approach over the next four years
- an updated code of professional practice for employers of care staff, which will provide additional protection for care staff and those people who rely on them
- rule changes to allow serious concerns about workers' fitness to practise to be referred directly to a committee hearing.

The consultation, Transforming care in the 21st century, is open for 12 weeks and you have until 5pm on **16 October 2017** to have your say.

[Find out more about the consultation and have your say.](#)

Information and Guidance on Domestic Abuse: Safeguarding Older People in Wales

Violence against women, domestic abuse and sexual violence are pervasive, harmful issues which affect all members of our communities. The experience can be even more damaging to victims where it is experienced alongside other complex needs or vulnerabilities.

There is evidence from criminal cases, Domestic Homicide and historic Serious Case Reviews that domestic abuse issues for older people often go unrecognised. This means that protective or supportive measures that may have reduced the risks of harm are not put in place.

This guidance was created in partnership with the Older People's Commissioner for Wales. It will enable professionals within Welsh public services to work more effectively with older people who are experiencing or who have experienced domestic abuse.

[Domestic Abuse: Safeguarding Older People in Wales Guidance](#)

Welsh Government online

'Flawed' use of Mental Capacity Act key theme in safeguarding adult's reviews, report finds

The analysis of 27 safeguarding adults reviews found issues with poor capacity assessments and an absence of best interests decision-making.

There are “fundamental flaws” in how the Mental Capacity Act is understood and applied in practice, a report on findings from safeguarding adults reviews (SARs) has concluded.

The analysis of 27 SARs completed by authorities in London found mental capacity was the area of practice where lessons most commonly needed to be learned. Mental capacity was mentioned in 21 of the 27 reports, the analysis found, and much of the learning was around missing or poorly-performed capacity assessments, an absence of best interests decision-making, and a lack of scepticism and respectful challenge of decisions.

Four of the reviews commented on the difficulties practitioners experienced in reaching a “confident or agreed decision” in a mental capacity assessment, the report said.

Another two mentioned the use of advocacy services as a significant area of learning. In both cases, a referral for an independent advocate was made too late to be effective in supporting the individuals, who had no other source of support to take part in decisions.

There was an “occasional comment” in one case where mental capacity had been well addressed, the report said, but the majority of the evidence pointed to “fundamental flaws” in how the Mental Capacity Act 2005 was being understood and applied in practice.

Other common practice issues included:

- inadequate or absent risk assessments, or the failure to recognise escalating risks.
- a lack of personalised care.
- a failure to involve carers and recognise their needs.
- a lack of understanding or curiosity about people's history and behaviours.
- a failure to be persistent and flexible when working with people who are reluctant to engage with services, and to take the time to build trust.

'Lack of resources'

The report was produced by the London branch of the Association of Directors of Adult Social Services, and all the SARs were completed since the Care Act came into force in April 2015. It also looked at organisational factors that influenced how practitioners worked, which included recording, resources, supervision and support, staffing levels, and legal literacy.

The analysis found 19 of the 27 reviews identified issues with how staff recorded information, or with the recording systems and processes provided by their organisation. In some cases, records were missing, the report said, and in others too little information had been recorded or it was not up-to-date. This meant that concerns were not always picked up.

In 13 of the 27 cases, a lack of resources had also had an impact. The report pointed to one case where adult social care had refused to fund a care package for a person, even though the current level of support they were receiving was not meeting their needs.

In another case, “the impact of austerity measures” on the care home had limited the opportunities available to a man, which had in turn affected his quality of life.

Almost all the SARs identified concerns about how agencies had worked together.

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‘Organisational abuse’

The report also analysed the nature and characteristics of the SARs.

It found that more cases involved men and just under half of the reviews related to people who were living in a group setting, mainly residential care.

It also found that organisational abuse was the most common form of abuse present in the reviews. This is defined by the Care Act statutory guidance as including neglect and poor practice within a care setting, or in relation to care provided within a person’s home.

The second most common form of abuse was self-neglect, which the report said reinforced recent research findings about the complexities and challenges of this aspect of safeguarding.

The report concluded that learning from safeguarding adults reviews is “rarely confined to isolated poor practice on the part of the practitioners involved”. Instead, findings from the 27 reports showed that weaknesses existed in all parts of the system and there are structural, legal, economic and policy challenges that affect staff across all agencies and boroughs.

[Community Care online](#)

Ageing without Children (AWOC) briefing paper and statistics for Wales

Ageing without Children (AWOC) is an organisation dedicated to supporting and campaigning for people over 50 without children through choice, circumstance, infertility, bereavement, estrangement, distance or any other reason. AWOC are based in the south west but work across the UK.

Already 1 million people over 65 have no children which will double to 2 million by 2030. More older people are also single for a variety of reasons and living longer without children or a wider family support network. The impact of this will be considerable; care services will no longer be able to rely on family support and it is likely that local authorities will be left to manage the issue at a local level.

To help statutory bodies, third sector organisations and private companies working with older people understand more about this issue, AWOC have produced a briefing paper on ageing without children exploring in more detail the different reasons why there are so many more people ageing without children, the impact of this on individuals, society & services, and solutions to tackle the issue.

AWOC have also just written a blog for Independent Age's Doing Care Differently around designing care services that don't rely on family which may be of interest.

Please see below the links to the blog and briefing paper:

[AWOC blog](#)

[Ageing without Children Briefing paper and statistics for Wales](#)

Kirsty Woodard, Founder
[Ageing without Children](#)

Useful publications

New advocacy report published

The Beth Johnson Foundation (BJF) have published their latest review of advocacy projects undertaken over recent years by the BJF. **Giving a Voice**, researched by the University of Salford, covers the work which has been concentrated on two projects, focused respectively on meeting the different needs of people with dementia and people with cancer.

To download the report, please visit: www.bjf.org.uk or for a printed copy
Email: angela.tunncliffe@bjf.org.uk

Social Care Wales update to Hub core modules

Social Care Wales have updated five of the Social Services and Well-being (Wales) Act 2014 core modules on our Information and Learning Hub.

The refresh brings the modules up-to-date with changes since their initial publication in 2016.

The changes affect the following modules:

- Introduction and general functions
- Assessing and meeting individual needs
- Looked after and accommodated children
- Safeguarding
- Advocacy
- People in the secure estate

You can see the updated modules in [Learning Resources](#) section of the Hub.

Animation - Wales Well-Being Goals

You may be interested to see this short [animation](#) about Wales's Well-Being Goals that Wales Council for Voluntary Action (WCVA) have produced with the help of sector colleagues. It is designed to promote the Goals Factsheets that they recently published that many of you also helped with.

Also included is a link to the rest of WCVA's [resources](#) about the Well-Being of Future Generations Act.

Older Peoples Advocacy Alliance New videos

Watch OPAAL's latest film and you'll meet Rosie and her advocate Linda as they talk about the cancer advocacy journey they have both been on. This film, produced with Getting Heard in Oxfordshire touches upon many important advocacy issues, both about the advocacy relationship and about the issues older people feel it's important for health and care professionals to understand about their cancer experience.

Rosie, who is both an advocate herself and an advocacy client, reflects on how any of us may need someone to speak for us, and she bravely faces the challenge of end of life planning on film. OPAAL are grateful to both Rosie and Linda for sharing this experience with us, it shines a light on a hugely important area of older people's advocacy. Visiting Fairspear Burial Ground was the final item on Rosie's advocacy action list, in this film we make this journey with Rosie and Linda, visiting the plot and exploring what happens next with their advocacy relationship.

Do watch and share this latest film with colleagues and on social media, and view the other films in their series – you can see [Rosie's Story here](#) and share your thoughts with them on twitter @OPAALUK.

Events

Mental Capacity Act and Deprivation of Liberty Safeguards training

16 October in Wrexham

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.

This 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.](#)

The 2017 Be A Force for Change National Advocacy Conference

This year's conference takes place in Birmingham on Thursday October 19th at the NEC. Key note speakers include - David Schneider: Top Tips For Cutting Through On Social Media; Alex Ruck Keene: Advocacy as the support for legal capacity; Karen Newbigging, June Sadd: Going Beyond the Law: Advocacy and Rights.

For more information and to book your place [click here](#)

Understanding commissioning and the Powys commissioning process

23 October 2017

Cost: £20 (PAVO members), £40 (Non PAVO members/Third Sector), £60 (All other/individuals)

Spaces are limited please book as soon as possible (full day)

The course will cover:

- understand the commissioning process for social care services
- assess the areas where third sector providers can be involved
- understand tendering, and how it fits within the commissioning cycle

To book or for more information [click here](#).

Useful Websites

Age Cymru Golden Thread Advocacy Programme

This website provides information regarding the Golden Thread Advocacy Programme and the Advocacy Newsletters.

[Golden Thread Advocacy Programme Website](#)

Social Care Wales Information and Learning Hub

Social Care Wales has worked with a range of partners to develop a national learning and development plan to support the full implementation of the Social Services and Well-being (Wales) Act 2014. The Information and Learning Hub includes training materials in different formats to help social care professionals implement the legislation in their day-to-day work.

[Social Care Wales](#)

National Independent Safeguarding Board

The National Independent Safeguarding Board has launched its new website. You can find it at www.safeguardingboard.wales. Visit their new website for information on the National Board and to read their blog to find out what they've been up to.

Age Cymru's free Advice Line

Age Cymru's advice line can provide free, impartial advice to your constituents on a range of subjects.

Perhaps they may want advice about how much they should be paying for a loved one's care? Or perhaps they may want to know if they are eligible for Pension Credit and want help with claiming it?

Age Cymru can help with all these issues, and more – call us today on: **08000 223 444**

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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