

A toolkit to support the application of the Framework for Commissioning Independent Professional Advocacy for Adults under the Social Services and Well-being (Wales) Act 2014



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***A toolkit to support the application of the Framework for
Commissioning Independent Professional Advocacy for Adults
under the Social Services and Well-being (Wales) Act 2014***

Introduction

This toolkit should be read in conjunction with the Framework for Commissioning Independent Professional Advocacy for Adults in Wales under the Social Services and Well-being (Wales) Act 2014. It has been developed collaboratively, and uses resources from a wide range of sources.

It can be referred to when you need additional support.

Aims of the toolkit

The toolkit is designed to help you understand and use the independent professional advocacy commissioning framework by:

- Providing advice on implementing specific aspects of the framework.
- Signposting you to more information about independent professional advocacy and other forms of advocacy.
- Providing advice on applying the commissioning cycle.
- Providing support for reviewing your approach to commissioning independent professional advocacy.

It is important to note that using the toolkit should help you commission independent professional advocacy more effectively. Ultimately, however, you are accountable for the decisions you make and it is these which will determine the outcomes of your approach.

Specifically, the toolkit has been designed to help you better understand:

- 1 More about advocacy
- 2 The legislative requirements and procedures
- 3 The circumstances when it is appropriate to use independent professional advocacy
- 4 How to ensure governance oversight
- 5 The Commissioning Cycle
- 6 How to estimate demand
- 7 Options for commissioning models
- 8 Specifying the service needed
- 9 Procurement practices
- 10 Getting sufficient and skilled providers
- 11 Adopting a systematic co-productive approach
- 12 Monitoring and reviewing need, delivery and performance

How to use this toolkit

For each of the above you will find:

- Cross-reference to the relevant tasks in the Key Tasks Matrix contained in the framework;
- An introduction to the subject and/or some advice on how to approach it in the context of commissioning independent professional advocacy;
- Where appropriate, an illustration of the issue in practice;
- Reference to additional resources which can aid your level of understanding.



1 More about advocacy

Key tasks

- Have a vision and strategy for advocacy as a whole – demonstrating commitment to advocacy as a principle to support effective care and support.
- Share a common understanding of what advocacy is and the particular role of independent professional advocacy.
- Make the advocacy offer clear and easy to navigate and use, responsive, and provided quickly when required.
- Signpost individuals to advocacy services.

Introduction/ advice

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

Advocacy promotes equality, social justice, social inclusion and human rights. It aims to make things happen in the most direct and empowering ways possible¹. It recognises that self-advocacy – whereby people, perhaps with encouragement and support, speak out and act on their own behalf.

The spectrum of advocacy is illustrated within the Framework document.

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

Illustration

The framework illustrates there is a spectrum of advocacy and this is repeated here for ease of reference:

¹ SCIE - commissioning independent advocacy

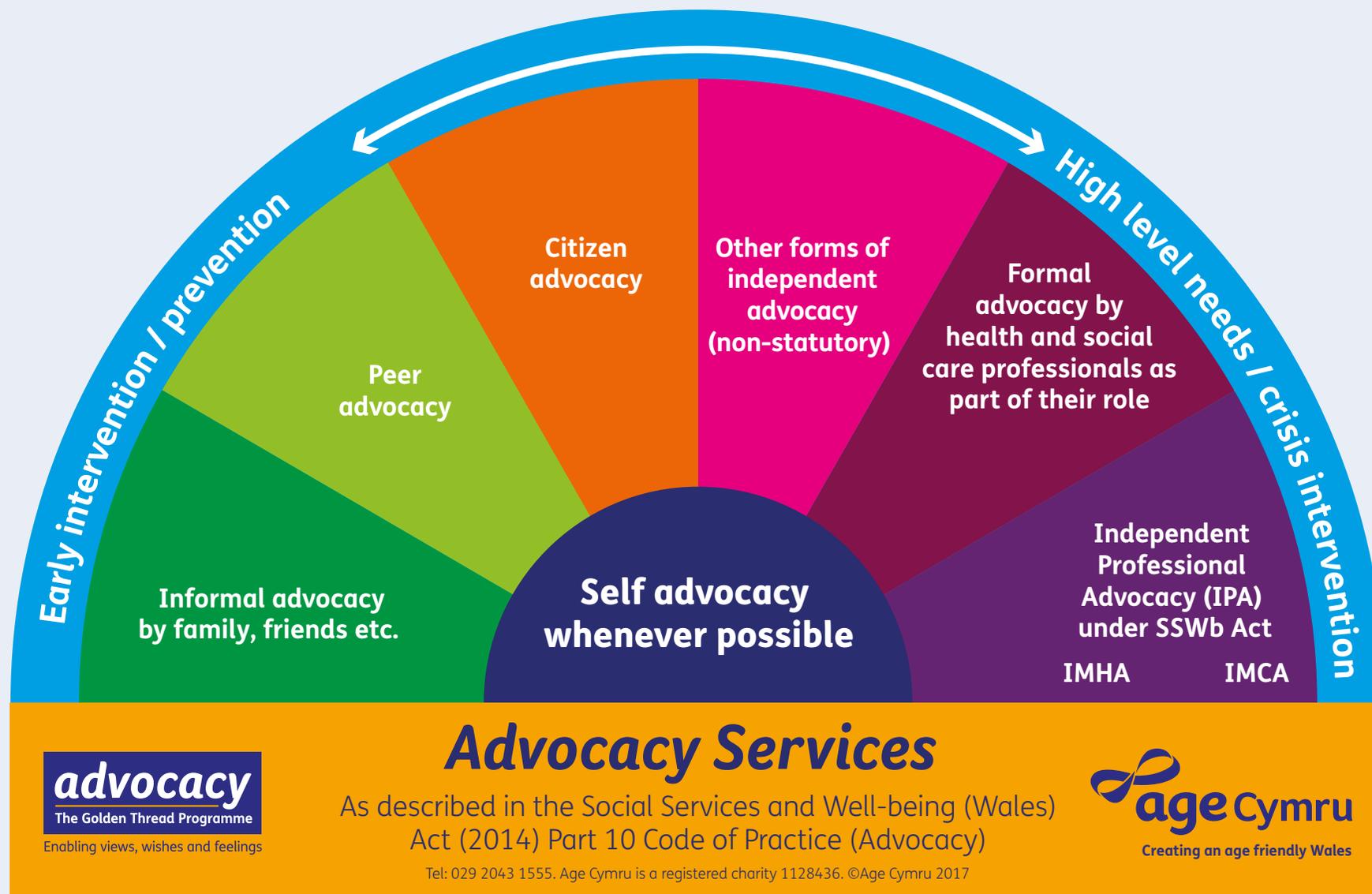


Figure 1: Advocacy Services

Source: Golden Thread Advocacy Programme (GTAP)

Self-advocacy

When individuals represent and speak up for themselves.

Informal advocacy

When family, friends or neighbours supporting an individual in having their wishes and feelings heard, which may include speaking on their behalf.

Collective advocacy

Involves groups of individuals with common experiences, being empowered to have a voice and influence change and promote social justice.

Peer advocacy

One individual acting as an advocate for another who shares a common experience or background.

Citizen advocacy

Involves a one-to-one long-term partnership between a trained or supported volunteer citizen advocate and an individual.

Independent volunteer advocacy

Involves an independent and unpaid advocate who works on a short term, or issue led basis, with one or more individuals.

Formal advocacy

May refer to the advocacy role of staff in health, social care and other settings where professionals are required as part of their role to consider the wishes and feelings of the individual and to help ensure that they are addressed properly.

Independent professional advocacy

Involves a professional, trained advocate working in a one-to-one partnership with an individual to ensure that their views are accurately conveyed and their rights upheld. This might be for a single issue or multiple issues.

Independent professional advocacy under the Social Services and Well-being (Wales) Act 2014, is specific to supporting an individual in relation to their care and/or support needs. Advocates which undertake this form of advocacy are referred to as an Independent Professional Advocate (IPA).” (“the Act” Part 10 Code of Practice (Advocacy) para. 32)

Other resources

- Part 10 Code of Practice (Advocacy) sets out the legislative framework.

<http://bit.ly/Part10Code>

- Social Care Wales has on its learning hub a training module on advocacy which covers more about advocacy and also independent professional advocacy.

<http://bit.ly/SCWadvocacy>

- Advocacy: Models and effectiveness – Insight 20, Stewart and MacIntyre identifies models of advocacy, explores what works well and what limits the effectiveness of advocacy.

<http://bit.ly/IRISSmodels>

- SCIE sets out types of advocacy

<http://bit.ly/SCIEtypes>

- The Golden Thread Advocacy Project has produced resources to support awareness of advocacy for the general public and professionals

GTAP awareness materials

<http://bit.ly/GTAPaware>

GTAP newsletters

<http://bit.ly/GTAPnews>

2 The legislative requirements and procedures

Key tasks

Consider the role of independent professional advocacy:

- At first contact.
- At assessment.
- At times of change and transition.
- When individuals may fall within the Deprivation of Liberty safeguards because of their increasing needs for care and support.

Introduction/ Advice

Relevant legislation is covered within the Framework. Part 10 of the Code of Practice (Advocacy) requires local authorities and health boards to “assess as part of their population needs assessment, the range of advocacy services in their area and secure and promote their availability as part of their portfolio of preventative services”.

It requires local authorities to:

- a) ensure that access to advocacy services and support is available to enable individuals to engage and participate when local authorities are exercising statutory duties in relation to them and,
- b) arrange an **Independent Professional Advocate** to facilitate the involvement of individuals in certain circumstances.

²Part 10 Advocacy Code of Practice <http://bit.ly/Part10Code>

³Social Care Wales information hub advocacy training materials <http://bit.ly/SCWadvocacy>

Part 10 should not be read in isolation. “The Act” impacts on the commissioning of advocacy under many parts. These are dealt with in full within the Code of Practice². The relevant parts of the “the Act” are:

- Part 2 General functions
- Part 3 Assessing need
- Part 4 Meeting needs
- Part 5 Charging and financial assessment
- Part 7 Safeguarding
- Part 9 Co-operation and partnership
- Part 10 Complaints, representations and advocacy

Local authorities must, under the legislation, arrange for the provision of an Independent Professional Advocate (IPA) when a person can only overcome the barriers to participate fully in the assessment, care and support planning, review and safeguarding processes with assistance from an appropriate individual, but there is no appropriate individual available.

Illustration

The training modules from Social Care Wales³ provide information on legislation and advocacy including independent professional advocacy. See the figure on page 9.

Functions relevant to advocacy

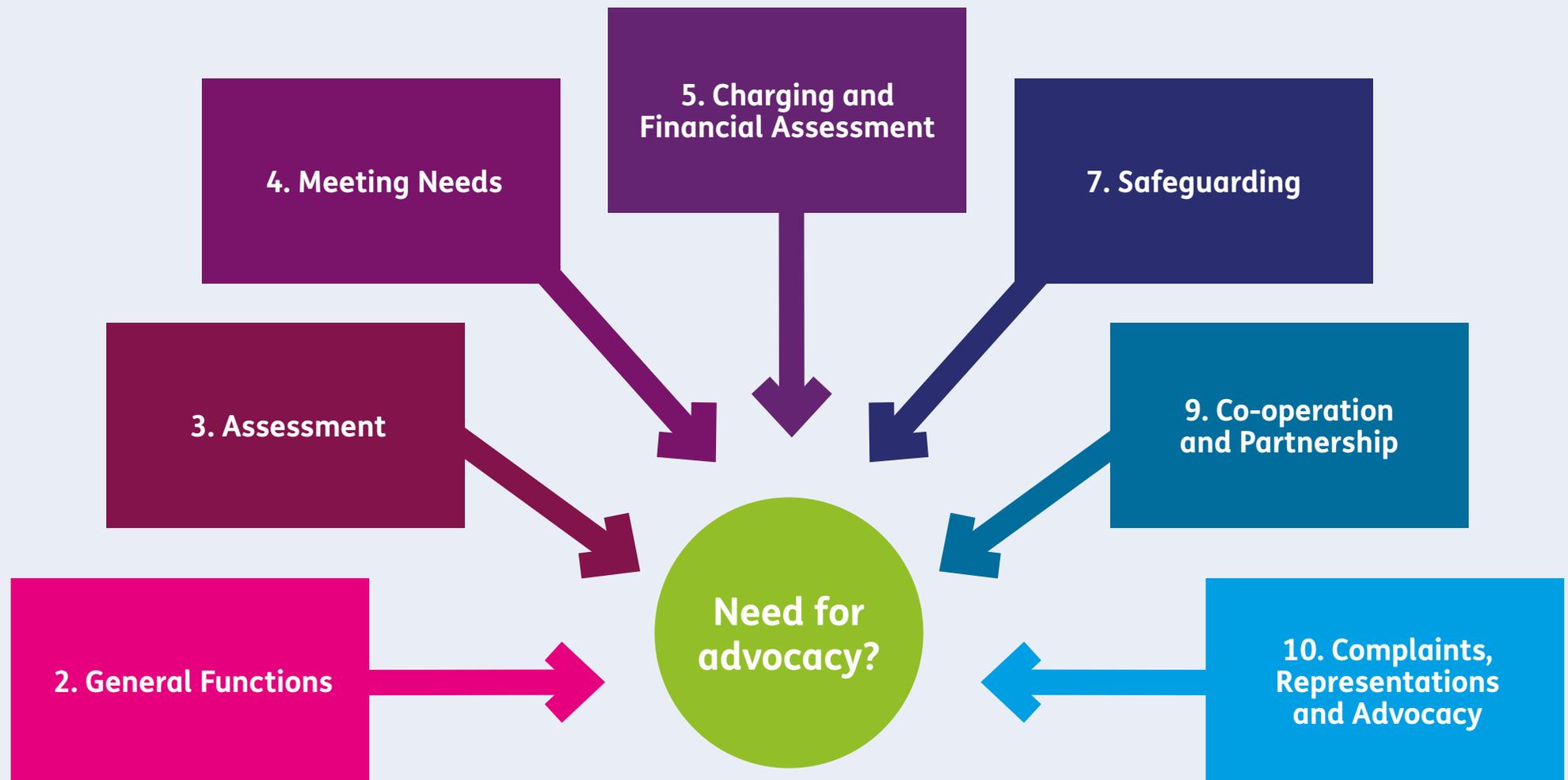


Figure 2: Other functions in the “the Act” relevant to advocacy

Other Resources

- Social Services and Well-being (Wales) Act 2014 - Part 10
<http://bit.ly/Part10legislation>
- The Essentials Social Services Act Essentials
<http://bit.ly/SSWBAessentials>
- Part 10 Code of Practice (Advocacy)
<http://bit.ly/Part10Code>
- Well-being of Future Generations (Wales) Act 2015
<http://www.legislation.gov.uk/anaw/2015/2/contents/enacted>
- Regulation and Inspection of Social Care (Wales) Act 2016
<http://www.legislation.gov.uk/anaw/2016/2/contents/enacted>
- National Health Service (Wales) Act 2006
<https://www.legislation.gov.uk/ukpga/2006/42/contents>
- Laws which affect mental health services in Wales
<http://bit.ly/MHWaleslaw>

3 The circumstances when it is appropriate to use independent professional advocacy

Key tasks

- Share a common understanding of what advocacy is and the particular role of independent professional advocacy.
- Share a common agreement about when independent professional advocacy is appropriate and always considering its application alongside other forms of advocacy.
- Design a clear, written strategy and agreed outcomes for the provision of advocacy.
- Train staff to recognise when advocacy support is required (including IAA).
- Make the advocacy offer clear and easy to navigate and use, responsive, and provided quickly when required.

Introduction/ Advice

Understanding when to use independent professional advocacy is critical in establishing effective commissioning. The legislation in “the Act” and the Part 10 Code of Practice (Advocacy) sets out requirements.

Illustration

An individual may need more than one form of advocacy at one point or over their lifetime. The illustration at figure 4 provides a simplified guide for determining need for independent professional advocacy. Individual need is the focus throughout any consideration of whether advocacy in any of its forms or independent professional advocacy is required.

Decision making process for determining need for independent professional advocacy for adults

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

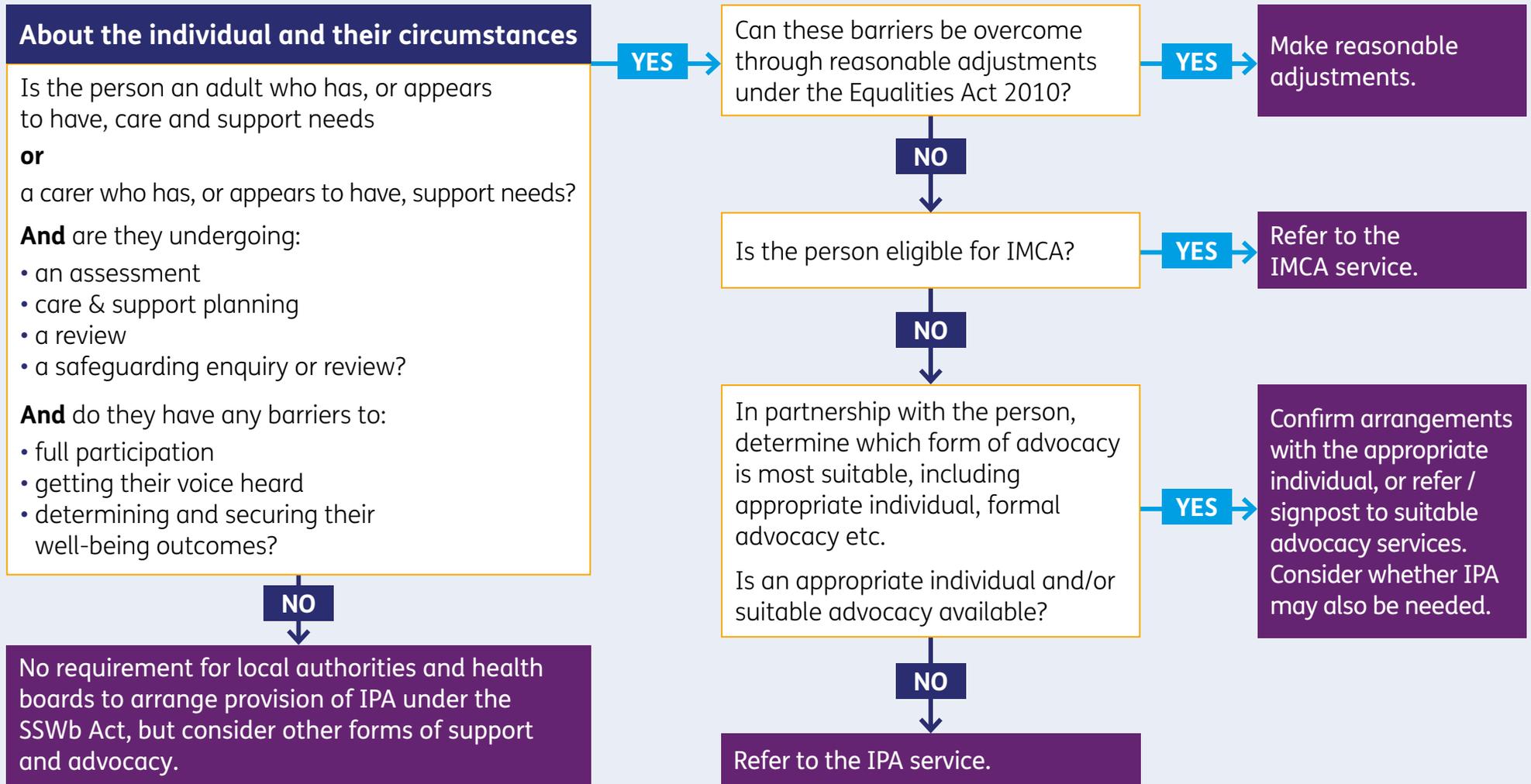


Figure 4: Decision making process for determining need for independent professional advocacy



Other resources

Two case studies are included which give examples of when independent professional advocacy has been used.

These are for illustrative purposes only, and do not claim to represent all instances in which independent professional advocacy should be considered / used.

Case Study Mr R

Mr R is a 75 year old widower living alone. He has restricted mobility and a range of health issues, which are managed with medication. He has some contact with a daughter who lives 5 miles away, but they have a difficult relationship. Mr R feels she is “after his money” and is “interfering”. She expresses concerns about his relationship with friends and neighbours, as Mr R is known to be generous with them with money and gifts. They call around and once or twice a week, Mr R entertains them, supplying alcohol and cigarettes.

His daughter contacted social services and a visit was made, which led to an assessment. Mr R has capacity, and with the help of neighbours, manages shopping and trips to the GP and hospital as needed. He says that he is happy to provide financial help to his friends and neighbours, they are good company and help him with things around the house that need to be done. He was adamant that he knows exactly what he is doing, and the visit did not identify any safeguarding issues. However, the assessment identified some needs and a care plan was put in place. Mr R has care workers to help him twice a day.

Mr R’s daughter continued to contact social services and other agencies and she remained unhappy about what was happening. Social services have followed through, and the position remains that although the arrangement may not be liked by the daughter, Mr R continues to have capacity and enjoy what he sees as helping his friends out with money and gifts. His daughter made a complaint stating that she believed the social worker and then the care workers were colluding together to defraud Mr R. This led to an investigation. Mr R was very upset that no-one appeared to be taking his views into account and that his lifestyle choices were being criticised. The upshot was that social services, after discussion and agreement from Mr R, identified the need for an Independent Professional Advocate to support Mr R to have his voice heard and to ensure that he was able to be supported in a way that helped him achieve what mattered to him – continuing contact with friends and neighbours and support from his carers.

Comment: When reviewing the case, it was felt that seeking an Independent Professional Advocate earlier to support Mr R may have stopped the situation from escalating.

Case study Mrs V

Mrs V is 90 years of age and her only close family is her son. Mrs V was referred to the Advocacy Project due to disclosures made by her neighbour in respect of how her son was treating her. A worker, accompanied by Mrs V's neighbour who acted as an informal advocate, visited Mrs V. Mrs V said that she was fine and that she was upset at the suggestion that her son was doing anything wrong. She was entirely reliant on her son in relation a number of needs, including helping her with some personal care, food shopping and withdrawing cash from the bank due to her physical health issues. She said that her son had problems of his own, was unemployed and struggling with depression, and was finding it difficult to help her. She did not understand what help she was entitled to, and there was no-one to advise her about this.



Following this visit, the neighbour expressed her discomfort in continuing in an informal advocacy role and Mrs V was upset with the neighbour. The social worker, taking into account what Mrs V had said, still had some concerns about the situation and did not feel confident in Mrs V's ability to adequately express her views and needs herself even though she had no identifiable capacity issues. It was evident that the concerns raised about her son and what this might mean was distressing her.

Her son also needed care and support and was unable to act as an advocate, and given the concerns, although unsubstantiated, the social worker felt that it was important that an Independent Professional Advocate should be considered. Mrs V did not understand the system, did not have anyone who could advocate for her, and at that point there was a tension between what Mrs V wanted and what her son was able to offer to do for her. Mrs V agreed to an IPA, who was able to explain the system to her and a care plan was put in place for her and a carers' assessment was offered to her son.

Comment: This case study illustrates the relevance of different forms of advocacy at different stages of addressing a person's needs. The social worker demonstrated a knowledge of this and acted sensitively in ensuring Mrs V's voice was heard and that she was able to exercise control over her what was happening to her.

4 How to ensure governance oversight

Key Tasks

- Ensure maximum cooperation between all commissioned advocacy services to meet the range of duties required.
- Design a clear, written strategy and agreed outcomes for the provision of advocacy.
- Develop business cases for the commissioning of advocacy.
- Have strategies and identify a senior named person to lead on advocacy planning.
- Maintain dialogue with key stakeholders and potential providers.
- Work closely with other services (health, housing, benefits) and consider joint commissioning arrangements to minimise advocacy ‘silos’.
- Jointly commission services across health and social care where deemed appropriate. Support this with shared resources.
- Use performance monitoring to ensure it:
 - Is outcome based.
 - Contains information on activity and finance.
 - Is proportionate.
 - Has a simple data gathering system.
 - Contains baselines.
- Undertake self-assessment to understand your own performance.
- Use external evaluation for additional learning.
- Examine research and good practice in order to secure best value and outcomes.
- If necessary, decommission services where they fail to meet outcomes and provide value for money, and where efforts to work in partnership have failed to improve performance.
- Seek to continuously improve commissioning arrangements, reviewing learning to inform all commissioning activities. Share learning about current practice and consider future collaboration.
- Monitor progress and consider using a maturity matrix.

Advice/Information

As with all statutory duties, the effectiveness of commissioning independent professional advocacy should be located within a strong and clear governance framework. Local authorities should apply their normal governance arrangements with appropriate involvement of portfolio holders for social services, Council Cabinets and Overview and Scrutiny Committees.

Independent professional advocacy is also an issue that Regional Partnership Boards must consider. Statutory guidance on the role and responsibilities of RPBs refers to their duty to ensure that all partners work effectively together to improve outcomes for people in the region and that services and resources are used in the most effective and efficient way to enable this. Amongst these specific duties is a requirement to ensure a response to the advocacy requirements for all individuals. Advocacy is firmly placed, therefore, within the regional collaborative governance arrangements of health and social care.

The framework refers to the need to at least consider the benefits of adopting a regional approach to commissioning independent professional advocacy. Where it is decided that this approach should be followed, the RPB is the obvious forum for having oversight of the key tasks.

Advocacy may not have featured significantly on the agendas of Local Authority Scrutiny Committees in the past. These committees now have the opportunity to scrutinise the development of wider advocacy and independent professional advocacy arrangements. A suite of questions has been devised which may assist scrutiny committees in this work and these are included later under the heading Other Resources.

Illustration

Governance and Information flows

Governance and Information flows

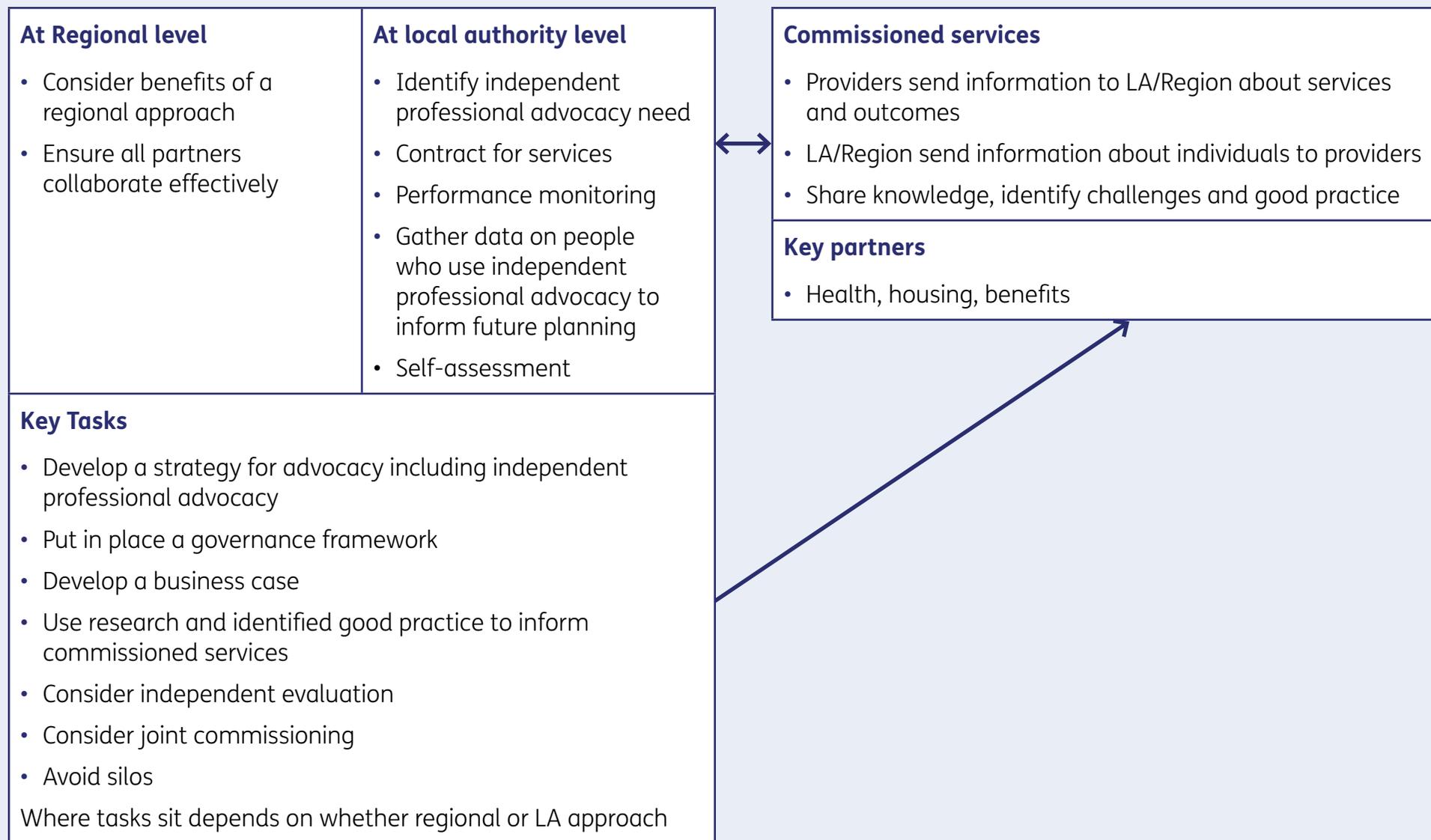


Figure 5

Other Resources

To support the overall approach to the promotion of advocacy awareness and duties in relation to advocacy, here is a list of questions developed by the Golden Thread Advocacy Programme which Overview and Scrutiny Committees may find helpful when scrutinising advocacy services and the commissioning of independent professional advocacy. These are optional and you may wish to use some and not others.

1. How does the local authority analyse current and future advocacy need and assets for its population?

- a. What information does the local authority collect and analyse to understand current and future demand for advocacy under “the Act”?
- b. Is there a systematic process of involving local people who use, or may use, these services, in collecting and analysing this information?
- c. Does the local authority know what resources are available for commissioning advocacy services and the profile of service users most likely to require support? Can it confidently project their future financial commitments?
- d. Does the local authority analyse the activity and performance of existing advocacy provision in its area?

2. How does the local authority plan the provision of advocacy services for its population?

- a. Has the local authority developed a clear written strategy and agreed outcomes for the provision of advocacy in line with its duties under “the Act” that signal its future commissioning intentions?

- b. Does the local authority facilitate ongoing dialogue with key stakeholders and potential providers in order to build a consensus on the implications of its plans in the local area?
- c. Does the local authority have a co-productive approach to commissioning which enables local people to contribute to the design of services and maximises control over services once they are established?

3. How does the local authority implement its plan?

- a. Does the local authority have a clear picture of the range of potential advocacy providers in its area: their strengths, weaknesses and future plans?
- b. Does the local authority influence the local market for advocacy to develop services in line with local needs, rather than the historical awarding of contracts?
- c. Has the local authority developed service specifications and contracts that are flexible, evidence-based, clear about requirements and outcome-focused?

4. How does the local authority review how well its plans are working?

- a. Does the local authority bring together relevant data on the activity, finance and outcomes of its commissioned services to judge whether they deliver value for money?
- b. Does the local authority have contract monitoring processes in place that focus on developing positive and collaborative relationships with providers to improve performance?

5. Is the full spectrum of advocacy services available and accessible to the population?

- a. Does the local authority arrange independent professional advocacy for everyone who can only overcome the barrier(s) to participate fully in the assessment, care and support planning, review and safeguarding processes with assistance from an appropriate individual, but for whom there is no appropriate individual available?
- b. Does the local authority make wider formal and informal advocacy services available in addition to independent professional advocacy?
- c. Do local people understand what is meant by advocacy? Do they know how to access advocacy services? How easy is it for them to do so?

6. Is the advocacy provider sector sufficient to meet the needs of the local population, and sustainable for the future?

- a. What advocacy providers are available? Are there gaps?
- b. Are enough new providers entering the sector? What can be done to support a healthy level of sector entry?
- c. How much funding goes into the sector, where does it come from, what is the social return on the investment, is it sustainable?
- d. Are some organisational models more effective than others, and in what demographics? Are there enough providers to ensure a choice for the client? What are organisations' capacity building needs? How sustainable are they? What is the risk of organisation failure, what are the consequences and what are the warning signs?

- e. How is the sector workforce made up? Is it sustainable? What are its training, development and capacity-building needs? What are the implications of the Regulation and Inspection of Social Care (Wales) Act 2016? What can the local authority do to ensure a sustainable workforce?
- f. What are the conditions that make small organisations unable to bid for contracts? What procurement support is available for them?
- g. What contribution does the sector make to the health and wellbeing of the population and individuals in the region? What difference does/should it make to the efficiency and effectiveness of health and social services?
- h. Sector exit - how much exit from the sector is planned and managed successfully, with consequences for the service users minimised, and how much is not? What can the RPB do to help organisations plan exit strategies?

7. What is the contribution of advocacy to social value in the local area?

- a. How do service design / quality standards / specified outcomes either enable or obstruct social value, and how could they be improved? Do commissioners understand the social value delivered by advocacy? What are their development needs?
- b. What sort of social return on investment could commissioners factor in to contracts?

8. How does the local authority engage citizens in analysing, planning, implementing and reviewing advocacy provision for its population?

9. Do the local authority, practitioners and people co-produce advocacy services?

- a. Do the local authority and practitioners recognise people as assets and as having a positive contribution to make to the design and operation of services?
- b. Do they support and empower people to get involved with the design and operation of services?
- c. Do they empower people to take responsibility for, and contribute to, their own well-being?
- d. Do practitioners work in partnership with people to achieve well-being outcomes at an individual and service level?
- e. Do they involving people in designing outcomes for services?

10. How does the LA take account of the contribution of advocacy to its statutory duties in relation to the Well-Being of Future Generations (Wales) Act 2016?

5 The Commissioning Process

The list of key tasks needed for commissioning effective independent professional advocacy is contained within the framework document. While there are many models of commissioning and purchasing available, they all fundamentally break down into four key areas and this approach is used within the framework and toolkit⁴.

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

The Maturity Matrix at annex [B] identifies the elements of good practice in commissioning advocacy services;

- Collecting and analysing information to understand current and future demand for advocacy under “the Act”
- Having a systematic process of involving local people who use, or may use, these services, in collecting and analysing this information
- Knowing what resources they have available for commissioning advocacy services and the profile of service users most likely to require support
- Confidently predicting future financial commitments, and analysing the activity and performance of existing advocacy provision in their areas

⁴SCIE what is commissioning <http://bit.ly/SCIEcommissioning>

Other resources

There are a range of generic toolkits available and a suite of advice available from the National Commissioning Board⁵ including “Leading Integrated and Collaborative Commissioning A Practice Guide, National Commissioning Board”

The Social Care Institute for Excellence (SCIE) has produced a range of tools to support commissioning. These include:

- Exploring commissioning advocacy under the Care Act 2014
<http://bit.ly/SCIEcommissioning>
- SCIE - good practice in commissioning
<http://bit.ly/SCIEadvocacycomm>
- The National Assessment of Health and Social Care Commissioning Skills and Capacity in Wales
<http://bit.ly/CommSkillsCapacity>

⁵WLGA - national commissioning board Wales <http://bit.ly/NCBWales>

6 How to estimate demand

Key tasks

- Collect and analyse information and data to understand current and future demand for advocacy under “the Act”. Use data, information and intelligence effectively.
- Analyse demand in respect of the rights of carers and priority groups e.g. those with sensory impairment.
- Examine the population assessment and service strategies to identify how independent professional advocacy may be relevant to meeting needs.
- Allocate sufficient resources to meet demand – ensuring independent professional advocacy’s role as part of core services embedded in staff practices.
- Establish sufficient providers of the right quality to meet demand – understanding and stimulating the market.
- Carry out a market analysis to include the needs of self-funders.

Introduction/Advice

Social care commissioning involves making decisions about what services are required to respond to the social care needs of children and young people in need and adults in Wales. It also involves making decisions about the capacity, location, cost and quality of services together with how and who will deliver them.

Commissioners will need to involve all partners in estimating the demand for independent professional advocacy and engage with communities and community organisations, e.g. third sector providers of preventative services, to identify how independent professional advocacy may be relevant to meeting needs. This may be done through citizen panels, provider forums, or social value forums

Commissioning encompasses both the planning and procurement of services. It is about fulfilling the statutory responsibilities of the local authority, and shaping services to respond to the social care needs of people both now and in the future. The commissioning of independent professional advocacy should follow the principles of commissioning other social care services, taking account of identified specific features and requirements. The development of IAA is providing useful information about people’s needs which should also be accessed when considering the demand for advocacy.

Other resources

- The Social Services and Well-being (Wales) Act 2014 says local authorities and health boards must carry out an assessment of the population. This will highlight the care and support needs in an area.

Population assessments and area plans

<http://bit.ly/PopAAreaP>

- Social Care Wales has published an interactive population assessment toolkit. It provides help and support for you to estimate demand.
<http://bit.ly/PopAssessTool>
- Care and support in Wales national population assessment report was published in November 2017 by Social Care Wales. This set out key findings from each of the 7 regional population assessment reports. All regions described their advocacy provision including independent professional advocacy. Some described regional arrangements put in place to provide advocacy services
<http://bit.ly/SCWPAreport>

- Commissioning Care Act advocacy: a work in progress looks at commissioning and how local authorities in England looked at ways of estimating demand.
<http://bit.ly/CAadvocacyReport>

- Resources supplying information on engagement methods with service providers, individuals, groups and organisations are within the population assessment toolkit

<http://bit.ly/PopAssessTool>

- Social Care Wales and Data Cymru have brought together a range of data from a variety of sources relating to demand and supply of social care services. It aims to provide a national view of the position of the social care sector in Wales as well as opportunities for evaluating, monitoring and researching relationships between service activity and outcomes for users.

<http://www.socialcaredata.wales/IAS/>

7 Options for commissioning models

Key tasks

- Consider options for commissioning advocacy e.g. a regional approach to advocacy commissioning, single contract, hub and spoke.
- Consider the best way for procurement.
- Work closely with other services (health, housing, benefits) and consider joint commissioning arrangements to minimise advocacy ‘silos’.
- Consider how joint commissioning arrangements can contribute to the delivery of value for money for commissioners and sustainability for providers.
- Influence the local market for advocacy to develop services in line with your population needs.
- Ensure historical awarding of contracts does not drive your approach.
- Agree how you will define and build in quality to specifications for independent professional advocacy – to be done co-productively. Jointly commission services across health and social care where deemed appropriate. Support this with shared resources.
- Encourage partnerships between smaller and larger organisations.

- Work with independent professional advocacy providers to develop solutions and overcome barriers in partnership.
- Facilitate a dialogue with key stakeholders and providers.
- Commission on basis of forward planning rather than historical data.
- Train staff to recognise when advocacy support is required (including IAA).
- Establish a mechanism to give citizens a voice

Introduction/advice

There are a range of options for the effective commissioning of independent professional advocacy as illustrated below and you should consider the merits of each. The opportunities to capitalise on working regionally should be considered systematically in all cases, and the reason why, if not appropriate, articulated. As well as reinforcing the Regional Partnership Board’s responsibilities for advocacy, a regional approach offers further opportunity for mutual learning across local authority boundaries, helps to apply best practice and share knowledge and information, and to systematically test out strategic preventative approaches to commissioning wider advocacy and independent professional advocacy at a regional level. This more systematic approach can lead to appropriate local initiatives, built on a consistent and clear overarching view on how and where regional collaboration adds value, and at the same time being clear where a more local approach is required.

The regional approach may also better facilitate joint commissioning between local authorities and local health boards, thereby helping to create a better understanding of the relevance of applying different types of advocacy in given circumstances.

Illustration

The range of options seen within figure 6 have been designed by a national advocacy organisation called VoiceAbility and outlines the relative pros and cons of each of the four models described. Each of these can be applied on a local, regional or sub-regional basis and it is possible to use variable contractual arrangements within each model. For example, a block contract may be applied for the majority of hours or contacts (e.g. 80%) and the remaining proportion (i.e. 20%) either to be billed to the local authority on a spot purchase basis or an allocation, which could be used flexibly across all types of advocacy to respond to fluctuations in demand.

Where commissioning is undertaken on a scale wider than an individual local authority, it is possible for one authority to act as a lead in terms of undertaking the necessary tasks on behalf of all partner agencies. Similarly, providers working collaboratively may nominate a lead provider to act as a gateway to other providers, some of which may offer different forms of advocacy to different user groups.

Please note that the descriptions in the VoiceAbility diagram imply a degree of formality in the tendering and contracting arrangements which may not be as relevant if a more collaborative, relationship approach is followed between commissioners and providers. The sections on specifying and procuring services explain this further.

Other resources

- Commissioning Care Act Advocacy: A Work in progress
<http://bit.ly/CAadvocacyReport>

Model	Description	Pros	Cons
Single Service	A specific form of advocacy (IMCA, generic advocacy, advocacy under the Care Act) is commissioned as a discrete service with its own contract. This can be tendered in isolation, or as one lot within a larger multi-lot tender. Usually delivered by a sole provider, but larger contracts can provide partnership opportunities.	<ul style="list-style-type: none"> • Clear relationship between contracted service and funding • Enables specialist providers to offer skilled support to people • Can help smaller providers with track record in that form of advocacy, enhancing choice locally • Specialist practice and expertise can be reinforced • Can be quick and straightforward to commission 	<ul style="list-style-type: none"> • More laborious contract management • Fewer opportunities for efficiency gain and/or economies of scale • Unless well-coordinated services can be disjointed, impacting on quality and continuity • Small contracts are more susceptible to staffing problems and service disruption • Capacity to flex delivery may be limited
Multiple Service	Several specific forms of advocacy (e.g. IMCA, IMHA and NHS Complaints Advocacy) are commissioned together under a single contract. Can be delivered by a sole provider or by a partnership (working on a consortium or a Lead/Sub basis)	<ul style="list-style-type: none"> • Economies of scale for Commissioners • Opportunities for partnerships/consortia • Service provider(s) has more flexibility due to higher number of staff offering improved service continuity • Potential for more provider diversity • Can improve accessibility for people using services 	<ul style="list-style-type: none"> • Not as efficient in terms of cost and quality as Full Service • More attractive to larger providers and thus possible risk to local organisations, diminishing choice • Commissioning requires more preparation
Full Service	All local advocacy services within a LA area are commissioned under one single contract. Can be delivered by a sole provider or by a partnership (working on a consortium or a Lead/Sub basis)	<ul style="list-style-type: none"> • Easier and less time-consuming to contract manage • Consistent data on service activity and outcomes • Larger staff team can offer greater cultural diversity • Opportunities for partnerships/consortia working • Significant potential for economies of scale • Easy access and clear continuity of service • Opportunities for staff to cross-train providing greater flexibility and responsiveness 	<ul style="list-style-type: none"> • Eggs in one basket – the impact of lead contractor underperformance or of major financial/ operational problems can be greater • Small, local providers have few options other than to operate as partners/sub-contractors to lead provider • Commissioning can be more complex and time-consuming
Hub and Spoke	Often a partnership model, the Hub and Spoke provides Multiple or Full Service advocacy but with the addition of a single, central contact/triage service (the Hub) which carries out very initial assessment and immediate referral to the advocacy services (the Spokes), or signposting to alternative support services for those deemed ineligible for advocacy.	<ul style="list-style-type: none"> • Each partner has clear roles and accountability, but brings other services/expertise to table • Offers single point of contact/access to knowledgeable staff, making referrals easier • Improved coordination and performance monitoring • Can offer the LA a stronger strategic partner • Can preserve/develop local community capacity through cross-training and collaboration • Can provide life-line for non-statutory services, and for wide range of other community provision 	<ul style="list-style-type: none"> • Partnerships have unavoidable extra costs • Variable standards, databases and approaches may be hard to align • The structure can appear confusing to people using services and professionals • Requires workflow and knowledge management systems and practices that smaller organisations can struggle to resource

Figure 6: Advocacy Commissioning Models

8 Specifying the service needed

Key Tasks

- Ensure maximum cooperation between all commissioned advocacy services to meet the range of duties required.
- Maintain dialogue with key stakeholders and potential providers.
- Consider options for commissioning advocacy e.g. a regional approach to advocacy commissioning, single contract, hub and spoke.
- Consider the best way for procurement.
- Work closely with other services (health, housing, benefits) and consider joint commissioning arrangements to minimise advocacy 'silos'.
- Consider how joint commissioning arrangements can contribute to the delivery of value for money for commissioners and sustainability for providers.
- Influence the local market for advocacy to develop services in line with your population needs.
- Ensure historical awarding of contracts does not drive your approach.
- Agree how you will define and build in quality to specifications for independent professional advocacy – to be done co-productively. Agree quality thresholds for providers, including training.
- Review contracting guidelines.
- Design Service Level Agreements and contracts.
- Consider “approved lists.”
- Consider encouraging partnerships between smaller and larger organisations.
- Ensure providers meet quality thresholds.
- Apply appropriate procurement and contractual arrangements using agreed approach.
- Treat all providers equally.
- Ensure providers' independence from commissioning bodies.
- Clarify expectations for providers and practitioners.

Introduction/Advice

The framework describes the benefits of a co-productive and collaborative approach to commissioning independent professional advocacy. You should approach the process of specifying the service required in a spirit of partnership, aimed at ensuring that there will be sufficient providers of the right quality to deliver the service. Facilitating open and continuing dialogue through discussions amongst providers and between commissioners and providers will help to minimise misunderstandings and produce mutually beneficial outcomes. Organising a provider forum would be a useful vehicle for this. Involving users and carers in specifying the service required is also invaluable.

It may well be that the service required is not specified in the traditional sense of a service specification that is often used in a tender process but instead takes the form of a mutually agreed set of desired outcomes that can only be achieved by providers with the right experience and quality.

In order to avoid the creation of a generic approach being adopted by commissioners, some draft service specifications for advocacy (not solely independent professional advocacy) have been included in this toolkit but they come with a strong caveat that they should be referred to for ideas rather than followed literally. Firstly, it should be noted that some of them are from English authorities so some of the references do not apply in the Welsh context. Secondly, the degree of compliance with requirements over and above those that are considered essential to ensure a quality of service will affect the number and nature of providers willing to participate.

A preferred approach is for commissioners and providers to discuss the range of issues needing to be included in any formal or less formal agreements and also involve users and carers in arriving at conclusions. Make sure there is mutual understanding about what is absolutely essential and what is optional. Examples of the essential issues are outlined below. Commissioners and providers should discuss the relevance of each of these and others in the context of their particular circumstances, emphasising at all times that the focus should be on the quality of service to the individual.

- definitions and descriptions of advocacy and independent professional advocacy
- information about eligibility for independent professional advocacy – criteria and user groups
- desired outcomes and standards – e.g. expectations in respect of quality of service, respect for privacy and dignity, rights and feelings, diversity and language issues
- the range and level of service – e.g. geographical span, estimates of demand, response times
- organisation and staffing requirements – e.g. qualifications and quality thresholds (e.g. Advocacy Quality Performance Mark), safeguarding requirements, language needs, experiential evidence
- costs, fees and length of contract – agreeing the most sustainable approach, e.g. 3 year contracts
- reporting mechanisms – timing, format

“The Act” promotes under S16 alternative delivery models; co-operatives/ co-operative arrangements, social enterprises, user led organisations and the Third Sector. It provides for Regional Forums or Social Value Forums and places a duty on local authorities to promote social value based providers in their area. The concept of devising service specifications and contracts on the basis of social value should be explored in respect of advocacy. Wales Co-operative Centre has produced a social value forums toolkit that provides useful information on this subject.

To develop a robust and sustainable sector for the delivery of social care, preventative and well-being services, a long term vision is needed for the support and development of social value based service providers. The Social Value Forum plays a vital role in informing the development of these services and utilising a range of opportunities to realise the aspirations of the SSWBA.

Illustration

- SCIE - Commissioning independent advocacy - scenarios
<http://bit.ly/SCIEscenarios>
- Salford draft specification
<http://bit.ly/SalfordSpec>

Other Resources

- SCIE - Commissioning independent advocacy
<http://bit.ly/SCIEadvocacycomm>
- Advocacy Commissioning Research Report - Birmingham University
<http://bit.ly/CAadvocacyReport>
- SIAA Principles and Standards in Advocacy
<http://bit.ly/SIAAprincstand>

9 Procurement practices

Key Tasks

- Consider the best way for procurement.
- Agree quality thresholds for providers, including training.
- Agree how the service should be specified.
- Review contracting guidelines.
- Design Service Level Agreements and contracts.
- Consider “approved lists.”
- Apply appropriate procurement and contractual arrangements using agreed approach.
- Treat all providers equally.
- Ensure providers’ independence from commissioning bodies.
- Clarify expectations for providers and practitioners.
- Review appropriateness of service specification and procurement processes.

Introduction/advice

The commissioning cycle shows that commissioning and procurement are closely linked and the commissioning activities highlighted in the outer circle must inform the ongoing development of procurement activities (as illustrated in the inner circle). Procurement specialists can play an important role in determining the right approach to procurement. You should seek their advice at an early stage and maintain their involvement throughout the commissioning process.

Discussions with procurement specialists as part of the development of this toolkit suggest there are numerous options available within the overall procurement process depending on local circumstances. Some of these are more flexible than traditional tender/specification/contract methods so it makes sense to obtain the involvement and advice from the specialists from the outset. An approach to “light touch” procurement has been developed and a link to advice on this is provided below.

Your relationship with providers underpins the whole commissioning process including procurement. It is advisable to get their views on what procurement processes best fit your mutual needs. Be open and transparent about any communication with potential providers. Ensure you offer the same opportunities for communication to all, and be clear about the requirements of any procurement process you seek to pursue.

Ensure procurement and contract monitoring activities are proportionate to risk and promote the delivery of outcomes. Procurement should be led by the strategic analysis of need

over the life of the contract and in terms of the relationship with other services. Consider joint commissioning with other agencies including other local authorities and health services.

Provider forums are a useful vehicle for discussing procurement as are forums created to engage with people who use services and carers. You are likely to receive feedback from these about any intended procurement service specification and to set further questions and scenarios in tender questionnaires if these are being considered.

Other Resources

- SCIE commissioning independent advocacy
<http://bit.ly/SCIEadvocacycomm>
- Advocacy commissioning research report
<http://bit.ly/CAadvocacyReport>
- Guidance on light touch regime
<http://bit.ly/LTRguidance>

10 Getting sufficient and skilled providers

Key tasks

- Maintain and facilitate dialogue with key stakeholders and potential providers.
- Consider required training level for Independent Professional Advocates and specify funding model.
- Consider the best way for procurement.
- Work closely with other services (health, housing, benefits) and consider joint commissioning arrangements to minimise advocacy ‘silos’.
- Consider how joint commissioning arrangements can contribute to the delivery of value for money for commissioners and sustainability for providers.
- Influence the local market for advocacy to develop services in line with your population needs.
- Ensure historical awarding of contracts does not drive your approach.
- Commission on basis of forward planning rather than historical data.
- Agree how the service should be specified. Agree how you will define and build in quality to specifications for advocacy – to be done co-productively.
- Agree quality thresholds for providers, including training.
- Ensure providers meet quality thresholds.
- Review contracting guidelines.
- Design Service Level Agreements and contracts.
- Consider “approved lists.”
- Encourage partnerships between smaller and larger organisations.
- Work with independent professional advocacy providers to develop solutions and overcome barriers in partnership.
- Consider encouraging partnerships between smaller and larger organisations.
- Apply appropriate procurement and contractual arrangements using agreed approach.
- Treat all providers equally.
- Ensure providers’ independence from commissioning bodies.
- Put in place proportionate contract monitoring.
- Develop contract monitoring processes that focus on developing relationships with providers.
- Work in positive partnership with them to improve performance.
- Review appropriateness of service specification and procurement processes.

Advice/Information

As with other aspects of this toolkit the basis of the advice to achieve sufficient and skilled providers is to adopt the principle of working in partnership with them. An open door approach where providers are valued is likely to increase their interest in responding to contract opportunities. A collaborative approach to fulfilling the key tasks, some of which are expanded upon below, will mean providers are fully integrated in meeting needs and resolving problems. It is important to involve potential providers at an early stage of the process. They will provide insight and constructive challenges to your plans.

Establishing provider forums in which current and potential future providers can participate is a useful means of creating ongoing dialogue. Other methods of developing an understanding of potential providers include:

- Market testing / ‘meet the buyer’ events.
- Involving users of existing advocacy services.
- Site visits.
- Provider questionnaires.

You will need to develop a clear picture of the range of potential providers in your area: their strengths, weaknesses and future plans. Using the above mechanisms to do this, work with providers to ensure diversity of available services and encourage collaboration where possible to develop the market. Build any plans for commissioning advocacy services into market position statements and work with providers to understand the market and the potential challenges your commissioning plans present.

Consider encouraging the development of partnerships between larger organisations and smaller, local ones. This could be developed through peer-to-peer evaluation and support or more formal consortium arrangements. Develop service specifications and contracts that are flexible, evidenced-based, specific about what is required from the provider (or providers) and outcome-focused.

Ensure flexibility and funding stability for providers. Carefully specify the expected outcomes, developed locally with key stakeholders, including potential users of services. Specify a mechanism for ensuring the independence of the service – it is good practice to identify the means of safeguarding independence in funding agreements and contracts. This would include many of the key tasks, especially for example:

- Treating all providers equally.
- Being open and transparent about any communication with potential providers. Ensure you offer the same opportunities for communication to all, and be clear about the requirements of any procurement process you seek to pursue.
- Ensuring procurement and contract monitoring activities are proportionate to risk and promote the delivery of outcomes.
- Working with providers to understand how you can build flexibility into the delivery of services and the ability to respond quickly to changes in demand.
- Maintaining good and consistent dialogue with providers and the users of services so that issues of delivery can be picked up quickly and easily, before they become a contractual issue.

- Developing contract monitoring processes that focus on developing relationships with providers. Work in positive partnership with them to improve performance.
- Working with providers to understand where performance may be falling short and how they might address any issues.

In terms of achieving quality, the Advocacy Quality Performance Mark (QPM) is a robust, quality assessment and assurance system for providers of independent advocacy. It is a tool used to benchmark independent advocacy services against a framework. There are eight key quality areas that form the Mark.

Consider the level of training and expertise individual advocates must have in relation to the wide range of processes through which they will need to support people. You should ensure that contracts allow for sufficient time and adequate arrangements for staff training and support, along with continuing professional development.

In addition to completing the Independent Advocacy qualification, providers should be expected to ensure that all independent advocates have access to further relevant training. This may cover:

- Good practice in safeguarding adults.
- Non-instructed advocacy.
- Care and support planning (or person-centred planning).
- Good practice in challenging decisions or the decision-making process effectively.
- Supported decision-making (how to effectively support an individual who is experiencing difficulty with decision-making).

Publicly funded advocacy providers must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic'.

The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex and sexual orientation

Other resources

- Advocacy Quality Performance Mark is delivered by the National Development Team for Inclusion (NDTi)
<https://qualityadvocacy.org.uk>
- SCIE - Commissioning independent advocacy
<http://bit.ly/SCIEadvocacycomm>

11 Adopting a systematic co-productive approach

Key tasks

- Establish a mechanism to give citizens a voice.
- Systematically involve local people who use, or may use, advocacy services, in collecting and analysing information. Co-produce the analysis.
- Engage with communities and community organisations, e.g. third sector providers of preventative services, to identify how independent professional advocacy may be relevant to meeting needs.
- Design approaches based on the principle of co-production, starting for the point of view of people who use the services and their carers.
- Ensure services:
 - Are led by the views and wishes of the individual.
 - Champion the individual's rights and needs.
 - Work exclusively for the individual.
 - Respect confidentiality.
 - Have effective, accessible complaints procedures.
 - Provide continuity of service delivery.
 - Are responsive to the individual's communication needs.

Put in a place a co-produced communication strategy, well publicised through a range of formats, media and locations.

Put in place a system that involves the wider community in reviewing the use and effectiveness of independent professional advocacy.

Introduction/advice

Co-production in the context of advocacy and independent professional advocacy is about supporting people to engage as fully as possible with finding their own solutions. People who need care and support, carers, providers, internal colleagues such as procurement experts all need to be around the table to co-produce effectively. Co-productive approaches take time to build trust, relationships and understanding, but can deliver a better use of resources, better outcomes for people and secure accessible and equitable approaches based on diverse perspectives. There are opportunities to co-produce throughout the planning cycle.

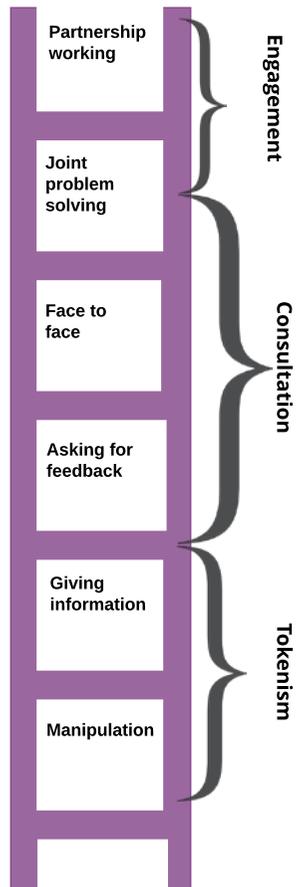
Illustration

Attached at Annex [D] is a report based on the work of the Gwent Regional Collaborative. This describes the process by which partners worked together to develop their strategic approach to commissioning wider advocacy and independent professional advocacy. It highlights how co-production has been put into practice and offers an example of a way forward in commissioning.

The following illustration is based on Arnstein's ladder of participation⁶, adapted by North Wales Advice and Advocacy Association. This sets out stages in a co-productive process.

⁶Lithgow-Schmidt - ladder of citizen participation <http://bit.ly/LadderCitizenParticipation>

Citizen Engagement Matrix
For typical engagement activities



Type of activity	Hall marks	Power of public service/ decision maker	Citizen Power
Partnership working	Long term relationship between services and citizen / group. Numerous points of contact, partnership leads to further engagement, on wider range of issues, citizens are seen as essential assets. All members have access to each other. Citizen can set agenda. Citizen member holds position of power (e.g.Chair).	Power to provide resources, decisions and responsibility is shared. Services have a deeper understanding of how they effect citizens and can respond effectively.	Power to provide resources, decisions and responsibility is shared. Citizen can hold co-members to account. Citizen can set agenda and priorities community issues. Community can act as host. Citizens have knowledge of services enabling informed engagement.
Joint problem solving	Citizen membership of task and finish groups, planning groups, one off workshop based events, working groups. NB citizen must be empowered and able to participate or membership can be tokenistic (see below).	Services allow citizens to influence process as well as decision. Services know the value of involving citizens in terms of community wellbeing and improved services.	Citizen and service have equal power around issue in hand, a deeper understanding of the issue , citizen contribution is valued and can be tracked through process and in the outcomes. Citizens can review outcomes and revisit developments through their relationships with services.
Face to face	Service provider attendance at community led event. Consultation event hosted by services	Consultation between citizen and services Services are prepared to answer questions honestly and to record the views expressed by citizens. Good consultation should offer creative ways of gaining citizen views.	Service can choose whether or not to respond to new issues raised. Following the event services have complete control over what happens next, and what is done with the citizen view including whether the views impact design of service / decisions made.
Asking for feedback	Surveys, feedback forms, comments box. Service provider requests issue is discussed in formal community meeting. Service uses third party to conduct consultation or facilitate survey or feedback.	Issues and topics are set by services at a time convenient for and pertinent to services. No wider context is provided, often no information as to what might happen next. Citizen can't influence how accessible the activity is. No direct contact between service and citizen.	Citizen can raise issues not asked for, citizen can ask questions and have two way conversations with decision makers. They cannot ensure that their views are fed up, or acted upon.
Giving information	Newsletters, announcements, campaigns, information packs about changes or options with attached survey.	Service gets a citizen perspective on a chosen issue, service can use this to improve / change services but can also 'park it' at their convenience. It is within the power of the service to keep the citizen informed / updated.	Citizen can offer their view and experiences on specific issue, difficult to follow process beyond feedback stage. Citizen has less to gain than service. Citizen influence dependent on quality and integrity of facilitation.
Manipulation	One way conversation controlled by service, often not very accessible. Can include survey, but because all aspects of information are controlled by service the surveys ability to have impact can be very limited. Lots of jargon.	Information is whatever the service wants the citizen to know, not what the citizen wants to know. Information can be presented in a biased way, or can be presented honestly. Services can create leading questions to ensure desired response.	Power to receive information.
	Citizens are hand picked, information on issue is limited and prescribed by service. 'Rubber stamp' type activity.	Short time frames, inaccessible information, lack of openness or transparency, citizen has no say in how they engage. Decision has already been made, citizen has prescribed contact with service. Lots of jargon.	Power to 'lead' citizen in certain direction, power to dictate type of involvement, power to dictate who is involved. Power to engineer desired outcome. Power to respond or decline. Citizen is not aware of decision making process, has no way of getting back in touch or following up, is dependent on service goodwill.

© Kathy Slinn 2015 Based on Arnstein's Ladder of Participation

Figure 7: Arnstein's ladder of participation⁷

⁷Lithgow-Schmidt - ladder of citizen participation

Other resources

Some resources which will support you in co-producing commissioning of independent professional advocacy are:

- SSIA - An interactive population needs assessment toolkit which provides guidance on involving people.

<http://bit.ly/PopAssessTool>

- SCIE practice examples of putting co-production into practice

<http://bit.ly/SCIEPracticeExamples>

- Diverse Cymru has produced a report which supports accessibility, and is about enabling people to be involved in influencing decisions and co-creating change.

Connecting with people – How to connect service providers with people from diverse backgrounds

<http://bit.ly/DCaccessibility>

- The Co-production Network for Wales provides support and resources on co-production.

Co-production network resources

<https://info.copronet.wales>

12 Monitoring and reviewing need, delivery and performance

Key Tasks

- Support and fund service user consultation and feedback.
- Use feedback, including complaints, to drive improvement.
- Systematically review individual cases to identify the impact and effectiveness of independent professional advocacy.
- Use horizon scanning techniques to identify future changes.
- Use performance monitoring to ensure it:
 - Is outcome based.
 - Contains information on activity and finance.
 - Is proportionate.
 - Has a simple data gathering system.
 - Contains baselines.
- Undertake self-assessment to understand your own performance.
- Use external evaluation for additional learning.
- Examine research and good practice in order to secure best value and outcomes.
- Apply an effective complaints procedure.

- If necessary, decommission services where they fail to meet outcomes and provide value for money, and where efforts to work in partnership have failed to improve performance.
- Seek to continuously improve commissioning arrangements, reviewing learning to inform all commissioning activities.
- Share learning about current practice and consider future collaboration.
- Put in place proportionate contract monitoring.
- Monitor progress and consider using a maturity matrix.

Information/ advice

Commissioners will want to understand how they are progressing the development of their independent professional advocacy service. The self-assessment and maturity matrix have been developed by local authority commissioners of advocacy services, working with the Golden Thread Advocacy Programme (GTAP) team. They are designed as internal documents, to help commissioners assess their own progress in developing a mature advocacy service commissioning function. They are not meant to be a data return to any external organisation. They are both attached at Annex's [A]) and [B].

Bridgend County Borough Council has developed a dataset which they ask their advocacy providers to return to them on a quarterly

basis; it includes information on individual clients provided with advice and assistance, advocacy and independent professional advocacy as well as impact and on-going support recommended. The Council uses this information to monitor the services that have been commissioned and help plan for future need. Other local authorities could consider this set of information for their own performance management of independent professional advocacy. These are provided as separate documents for reference but are not intended as dataset blueprints. The number of people supported with independent professional advocacy is fed through into their People First Bridgend Quarterly Report Card as measures for 'Securing rights and entitlements' and 'Control over day-to-day life' amongst other measures.

There are some national data available which relate to advocacy and can give some idea about whether advocacy is working well. As it is available nationally, can be used to look at the patterns across Wales and could help to start conversations about different practices and outcomes between regions and local authorities. This data is listed under 'Other resources'.

Other resources

The advocacy outcomes toolkit accompanies the advocacy outcomes framework. It is aimed at assisting advocacy services capture and measure outcomes to demonstrate the difference advocacy can make.

Welsh Government Social Services Performance Measures

Collection: Welsh Government Social Services Performance Measures

<https://gov.wales/social-services-performance-measures>

Publication: None of these Performance Measures are published at the moment and there are no plans to publish them at this point in time. However local authorities are submitting them to the Welsh Government so they are available for internal review.

These Performance Measures that could indicate that people are being supported by advocacy but are not specific to advocacy. If advocacy is being used effectively these indicators should show good performance, but good performance in these indicators is not just about advocacy.

- PM7 People reporting they have received the right information or advice when they needed it
- PM9 People reporting they were treated with dignity and respect
- PM10 Young adults reporting they received advice, help and support to prepare them for adulthood
- PM12 People reporting they felt involved in any decisions made about their care and support
- PM15 Carers reporting they feel supported to continue in their caring role

Welsh Government Adults receiving care and support data

Collection: adults receiving care and support guidance form

<http://bit.ly/WGCandSGuidance>

Publication: stats on adult services provision

<http://bit.ly/StatsWalesAS>

Relevant data

Number of adults with a care and support plan who received the following services during the year (by age group 18-24, 25-64, 65-74, 75-84, 85+) receiving advocacy Services

Annex A

Implementing The Part 10 Code of Practice (Advocacy)

Self Assessment Tool for Commissioners

Introduction

Purpose

The purpose of this Self-Assessment Tool (“the Tool”) is to ascertain organisational readiness to comply with the Part 10 Code of Practice (Advocacy) and its strategic intent.

The Self-Assessment Tool itself is structured in four sections reflecting the different stages of the commissioning cycle: analyse, plan, deliver, review⁸.

Key points that we would like to underline:

- This Tool is for you to use in an iterative way. It can be adapted and revisited as time passes
- It is suggested that you complete it in collaboration with your team and with partners where possible
- This Tool is not designed to question you about facts and figures relating to your commissioning of advocacy services – it is about assessing your professional judgement on the key statements included in the tool.

Guide to assessment

There are challenges in ensuring that there is consistency of scoring in self-assessment exercises. The aim of this document is to provide a structure that will ensure a standard approach to scoring as far as possible. The Table on the following page describes the assessment system.

Whenever you are making an assessment within the Tool, you are judging your own organisation’s readiness to comply with a series of good practice statements regarding the commissioning of independent professional advocacy.

To do this, you will need to consider all the evidence currently available to enable you to make your own assessment, for example: policy statements/corporate commitments; strategic documents supporting these statements; monitoring reports providing evidence of service delivery; contracts in place; evidence of stakeholder input, etc. Once you have considered the currently available evidence, you will select which of the following four levels best matches your assessment, within the range available for that level, as below;

Green	Good evidence to suggest you comply with the good practice statement
Yellow	Sufficient evidence to suggest you comply with the good practice statement
Amber	Insufficient evidence to suggest you comply with the good practice statement
Red	Poor evidence to suggest you comply with the good practice statement

⁸It builds on the work of SCIE and IPC in England who produced a similar self-assessment tool for independent advocacy – see <http://bit.ly/IPCAssessTool>

The top two of these (green and yellow) might be described as being ‘above the line’, and the other two sit below, by which we mean that if you are assessing yourselves as amber or red there is clearly much more work to be done in order to comply with the good practice statements than for assessments in the yellow or green ranges. Within each of these ranges there is also a scale which allows you assess where in that range you think you are (see table 1). For each good practice statement, a score should be placed in one of the boxes.

Completing the self-assessment tool

Who should make the assessments?

This is very much down to you, but discussing the statements as a team and with partners where possible, and coming to a view about them would be a good way to make the assessment.

Table 1: Self-assessment scoring guide for commissioners

Assessment	Range of score that can be given	What this score means?
Good Green	Between 76 and 100	You have good evidence to suggest that you comply with the good practice statement.
Sufficient Yellow	Between 51 and 75	You have sufficient evidence to suggest that you comply with the good practice statement.
Insufficient Amber	Between 26 and 50	You have insufficient evidence to suggest that you comply with the good practice statement.
Poor Red	Between 1 and 25	You have poor evidence to suggest that you comply with the good practice statement.

Good practice statements on commissioning Independent Professional Advocacy

Good Practice Statements		Your assessment of whether you have evidence to suggest you comply with the good practice statement			
		Poor evidence 1-25	Insufficient evidence 26-50	Sufficient evidence 51-75	Good evidence 76-100
1	Analyse				
1a	We collect and analyse information to understand current and future demand for advocacy under the Social Services & Well-being (Wales) Act 2014 “the Act”				
1b	We have a systematic process of involving local people who use, or may use, these services, in collecting and analysing this information.				
1c	We know what resources we have available for commissioning advocacy services and the profile of service users most likely to require support. We can confidently project our future financial commitments.				
1d	We analyse the activity and performance of existing advocacy provision in our area.				

Good Practice Statements		Your assessment of whether you have evidence to suggest you comply with the good practice statement			
		Poor evidence 1-25	Insufficient evidence 26-50	Sufficient evidence 51-75	Good evidence 76-100
2 Plan					
2a	We have developed a clear written strategy and agreed outcomes for the provision of advocacy in line with our duties under “the Act” that signal our future commissioning intentions.				
2b	We facilitate ongoing dialogue with key stakeholders and potential providers in order to build a consensus on the implications of our plans in the local area.				
2c	We have a co-productive approach to commissioning which enables local people to contribute to the design of services and maximizes control over services once they are established.				
3 Deliver					
3a	We have a clear picture of the range of potential providers in our area: their strengths, weaknesses and future plans.				
3b	We influence the local market for advocacy to develop services in line with local needs, rather than the historical awarding of contracts.				
3c	We have developed service specifications and contracts that are flexible, evidence-based, clear about requirements and outcome-focused.				

Good Practice Statements		Your assessment of whether you have evidence to suggest you comply with the good practice statement			
		Poor evidence 1-25	Insufficient evidence 26-50	Sufficient evidence 51-75	Good evidence 76-100
4 Review					
4a	We bring together relevant data on the activity, finance and outcomes of our commissioned services to judge whether they deliver value for money.				
4b	We have contract monitoring processes in place that focus on developing positive and collaborative relationships with providers to improve performance.				

Please use the boxes below to record any key strengths and/or areas for development identified after completing the self-assessment exercise above.

Key strengths (for green or yellow assessments)

Please indicate which good practice statement your key strength corresponds to (using the numbered list in the self-assessment tool).

Areas for development (for amber or red assessments)

Please indicate which good practice statement your area for development corresponds to (using the numbered list in the self-assessment tool).

Annex B

Commissioning independent professional advocacy services

Maturity Matrix for Commissioners

Assessment Template

Local Authority: _____

Team: _____

Date: _____

How to use the Maturity Matrix

This Maturity Matrix has been developed by local authority commissioners of advocacy services, working with the Golden Thread Advocacy Programme (GTAP) team. It is designed as an internal document, to help commissioners assess their own progress in developing a mature advocacy service commissioning function. It is not meant to be a data return to any external organisation.

Understanding the proforma

The proforma is based on the four main components of the commissioning cycle: analyse, plan, deliver, and review. These correspond to the **concepts A-D** in the main headings. These concepts describe the ultimate aim of the commissioning development process.

The **outcomes descriptors** break down the concepts into individual outcomes. These statements closely reflect the self-assessment statements in the GTAP assessment survey. This provides continuity between the GTAP self-assessments and the Maturity Matrix.

The **indicators** state the evidence that commissioners and other stakeholders would see in place if the outcomes statement were true, and if the commissioning function were fully mature.

The **RAG-rated spectrum of statements** (aware, developing, responding, practising) in the **Self-Assessment** column are meant to help commissioners decide how far they have progressed towards maturity in relation to each indicator, and how far they may still have to go. Commissioners should choose the statement that most closely applies to them.

The **Measures** column enables commissioners to cite evidence to back up their self-assessment. **Annex A** provides a table of the most likely kinds of evidence commissioners may wish to cite. Commissioners may also wish to add other evidence.

Completing the proforma

At the simplest level, commissioners need only:

- i. Mark the statement which corresponds most closely to their state of maturity in relation to the indicator;
- ii. Decide which of the evidence at Annex A supports their self-assessment and enter the corresponding letters in the Measures column.

Example

CONCEPT A: A commissioning function based on a sound analysis of community needs and assets

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
A.2 We have a systematic process of involving relevant citizens who use, or may use, these services, in collecting* and analysing this information *Data collection is covered in Concept D.	Relevant citizens provide input to data analysis	Local people / service users' perspectives on data analysis not considered	Local people / service users asked about questions they want asked of data	Data analysis questions generated by local people / service users being developed or piloted	Data analysis including questions generated by local people / service users in use.	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A</i>
				X		A B U L

Some commissioners may wish to add text or a scoring system, if they think that would be helpful when assessing their own commissioning development.

CONCEPT A: A commissioning function based on a sound analysis of community needs and assets

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
A.1 We collect* and analyse information to understand current and future demand for advocacy under “the Act” and other relevant legislation *Data collection is covered in Concept D.	Data analysis reports	Data analysis not yet considered	Considering how to interrogate data	Data reports being designed and piloted	Regular data reports produced	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
	Data used to inform response to current demand	No process for data to be used to inform response	Considering how best to use data to inform response	Developing a process to inform to inform response	Established process being used	
	Data used to predict future demand	No process for data to be used to predict future demand	Considering how best to use data to predict future demand	Developing a process to predict future demand	Established process being used	

CONCEPT A: A commissioning function based on a sound analysis of community needs and assets

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
A.2 We have a systematic process of involving relevant citizens who use, or may use, these services, in collecting* and analysing this information *Data collection is covered in Concept D.	Relevant citizens provide input to data analysis	Relevant citizens perspectives on data analysis not considered	Relevant citizens asked about questions they want asked of data	Data analysis questions generated by relevant citizens being developed or piloted	Data analysis including questions generated by relevant citizens in use.	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A</i>

CONCEPT A: A commissioning function based on a sound analysis of community needs and assets

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
A.3 We know what resources we have available for commissioning advocacy services and the profile of service users most likely to require support. We can confidently project our future financial commitments.	Consolidated, ring-fenced, recurring budget for advocacy services	Demand and costs unclear	Analysing and comparing demand and cost. Identifying advocacy spend across all budgets	Making a business case for ring-fenced, recurring budget	Ring-fenced, recurring budget agreed and reflected in management accounts	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
	3-5 year financial projections	Demand and costs unclear	Identified 3 – 5 year budget requirement	Making business case for 3 – 5 year budget allocation	Ring-fenced budget secured for 3 -5 years	

CONCEPT A: A commissioning function based on a sound analysis of community needs and assets

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
	Map of non-financial assets (non-monetary sources of help and support), e.g., social workers, community organisations, etc.	Non-financial assets unmapped and under-used	Mapping non-financial assets	Increasing use of non-financial assets	Use of non-financial assets maximised	
A.4 We analyse the activity and performance of existing advocacy provision in our area.	360 degree, outcomes-based feedback on the provider's performance, from all stakeholder's feedback	No / inadequate feedback mechanisms	Reviewing feedback mechanisms	Improvements to feedback mechanisms designed or piloted	360 degree feedback implemented	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>

CONCEPT B: A clear strategy and plans for commissioning services to meet the needs identified by the analysis

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
B.1 We have developed a clear written strategy and agreed outcomes for the provision of advocacy in line with our duties under “the Act” that signal our future commissioning intentions.	Published strategy agreed as basis for PIN and related stakeholder engagement	No advocacy strategy	Advocacy strategy scoping / stakeholder engagement exercise under way	Draft strategy available and discussed with stakeholders	Advocacy strategy published	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
	Service level outcomes, generic individual outcomes and KPIs agreed for incorporation into service specifications	No outcomes or KPIs	Outcomes and KPIs being developed	Draft outcomes and KPIs available	Outcomes and KPIs finalised	

CONCEPT B: A clear strategy and plans for commissioning services to meet the needs identified by the analysis

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
B.2 We facilitate ongoing dialogue with key stakeholders and potential providers in order to build a consensus on the implications of our plans in the local area.	LA in regular communication with stakeholders / potential providers about implications of plans, before Prior Information Notice / Invitation To Tender issued	Communications about plans and commissioning intentions infrequent or absent	Communications under review	Continuous communication plans in place	Continuous dialogue with stakeholders about commissioning plans	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
	LA in regular communication with operational teams about how advocacy is promoted in all domains of Social Services provision	Communications with operational teams about plans and commissioning intentions infrequent or absent	Communications with operational teams under review	Continuous communication plans in place	Continuous dialogue with operational teams about commissioning plans	

CONCEPT B: A clear strategy and plans for commissioning services to meet the needs identified by the analysis

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
	Positive feedback and constructive criticism encouraged from all stakeholders	Feedback from stakeholders absent or patchy	Feedback mechanisms being scoped	Feedback mechanisms planned	Feedback mechanisms in use	
	LA response to feedback from stakeholders	Any feedback goes unacknowledged	Receipt of any feedback acknowledged	LA explains how feedback has been considered	Results of feedback visible to stakeholders in practical changes and improvements	

CONCEPT B: A clear strategy and plans for commissioning services to meet the needs identified by the analysis

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
B.3 We have a co-productive approach to commissioning which enables local people to contribute to the design of services and maximises control over services once they are established.	Co-production principles adopted and practiced	Understanding of co-production unclear	Co-production understood and being taken into account in commissioning	Effective engagement events and inclusive policies, strategies and structures in place	Services are jointly planned and commissioned, with sufficient time scales for co-production	Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.
	Relevant citizens engaged in commissioning process	Engagement poor or patchy	Engagement being scoped	Local people involved in part of the commissioning cycle	Local people involved throughout the commissioning cycle	

CONCEPT B: A clear strategy and plans for commissioning services to meet the needs identified by the analysis

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
	Service design reflects contribution of whole spectrum of service users	Service design does not yet reflect whole spectrum	Services being redesigned to reflect whole spectrum	Design of some services reflects whole spectrum	Design of all services reflects whole spectrum	

CONCEPT C: Effective procurement and monitoring of advocacy services

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
C.1 We have a clear picture of the range of potential providers in our area: their strengths, weaknesses and future plans.	Sector status report produced and updated	Range of potential providers unclear	Sector scoping work under way (inside and outside LA area)	In dialogue with potential providers across region	Engaging with potential providers across and beyond region to inform commissioning plans	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
	Potential providers helped to address legislative and other impacts on sector	Impact of wider changes on sector unclear	Working with sector to scope implications	Implications assessed and understood / plans in place to support sector to deal with them	Supporting sector to adapt to changes in wider environment	

CONCEPT C: Effective procurement and monitoring of advocacy services

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
	LAs share knowledge of potential providers	Ad hoc sharing of knowledge	Regular sharing of knowledge	Developing a process to share knowledge	Established processes for sharing knowledge are being used	
C.2 We influence the local market for advocacy to develop services in line with local needs, rather than the historical awarding of contracts.	Appropriate new entrants to sector encouraged	Need and potential for new entrants unclear	Scoping need and potential for any new entrants	Plans in place to encourage new sector entrants if needed	Appropriate new providers bidding for / securing contracts	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>

CONCEPT C: Effective procurement and monitoring of advocacy services

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
	Organisations reconfiguring / exiting sector do so in planned and managed way	Intentions of organisations to reconfigure / exit sector unclear	Scoping intentions to reconfigure / exit sector	Plans in place for supporting organisations to reconfigure / exit sector	Reconfigurations / exits managed effectively	
	Sufficient and sustainable advocacy workforce	Capacity / sustainability of advocacy workforce unclear	Scoping capacity / sustainability of advocacy workforce to meet need	Plans in place to improve capacity / sustainability	Advocacy workforce sufficient and sustainable to meet local need	

CONCEPT C: Effective procurement and monitoring of advocacy services

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
	Reduced duplication of services	Extent of duplication unclear	Unnecessary duplication being scoped	Plans in place to reduce duplication	Duplication minimised / eliminated	
C.3 We have developed service specifications and contracts that are flexible, evidence based, clear about requirements and outcome focused.	Service specifications enable services to deliver maximum value for money	Service specifications do not consider maximum value for money	Service specifications being reviewed to enable delivery of maximum value for money	Service specification being developed to enable delivery for maximum value for money	Service specifications established and being implemented to deliver maximum value for money	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>

CONCEPT C: Effective procurement and monitoring of advocacy services

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
	Service specifications enable providers to accommodate fluctuations in demand	Service specification do not consider possible fluctuations in demand	Service specification being reviewed to accommodate possible fluctuations in demand	Services specifications being developed to accommodate possible fluctuations in demand	Service specifications established and being implemented to accommodate possible fluctuations in demand	
	Service specifications reflect the outcomes of the strategy and planning process	Service specifications do not reflect outcomes	Services specifications being reviewed to reflect outcomes	Services specifications being developed to reflect outcomes	Services specification established and being implemented to reflect outcomes	

CONCEPT D: Effective monitoring of service delivery and review of the knowledge and experience gained

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
D.1 We bring together relevant data on the activity, finance and outcomes of our commissioned services to judge whether they deliver value for money.	Data set based on requirements of legislation and informed by citizens	Data set alignment with legislation and citizen perspectives not yet considered	Considering content of data set	Developing/ testing new data set	Data set reflects legal position and citizen perspectives	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
	Data collection system that involves citizens in collecting and submitting data	No system or citizen engagement yet considered	Scoping / setting up data collection system and engaging citizens	Trialling / refining data collection system, including citizen engagement	Using well developed data collection system that engages citizens	

CONCEPT D: Effective monitoring of service delivery and review of the knowledge and experience gained

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
	Robust data quality, with standards informed by citizens	Data quality not considered or informed by citizens	Quality standards established with providers and citizens	Data quality being raised to meet standards	Data collected meets quality standards	
	Comprehensive and useful data reports	Reports not produced / not useful / not considered	Reviewing content and effectiveness of reports	Meaningful responses to data reports / action taken as a result	Policy and practice rooted in results of data analysis	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>

CONCEPT D: Effective monitoring of service delivery and review of the knowledge and experience gained

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
	Clear picture of value for money	No consideration of what value for money means	Reviewing current services to consider value for money	Data review allows understanding of what value for money means	Data review systems promotes a clear understand of what value for money means	

CONCEPT D: Effective monitoring of service delivery and review of the knowledge and experience gained

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
D.2 We have contract monitoring processes in place that focus on developing positive and collaborative relationships with providers to improve performance.	Commissioning and operational teams working together to produce good picture of services	Commissioners and operational teams are not working together to understand and produce a picture of good services	Commissioners and operational teams considering how to work together	Systems being developed between commissioners and operational teams to produce a good picture of services	Systems established and being implemented between commissioners and operational teams to produce a good picture of services	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>

CONCEPT D: Effective monitoring of service delivery and review of the knowledge and experience gained

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Aware	Responding	Developing	Practising	
	Contract monitoring process co-produced with providers	Providers not yet engaged in developing monitoring process	Providers engaged in designing monitoring process	Co-produced monitoring process being piloted	Robust, tested, co-produced monitoring process in place	
	Positive relationships with providers to discuss feedback, that enables difficult conversations	Relationships non-existent poor or patchy	Discussing with providers how to improve relationships	Improvements planned or piloted	Feedback discussed in constructive way	

Measures to evidence progress

Documentation		Feedback		Staffing		Systems					
A	Statistical returns from providers	B	Case studies	C	Social Worker feedback about services	D	Easy read / pictorial feedback form	E	Local Authority staff advocacy training records	F	User groups
G	Comparative data studies	H	Budget spreadsheets and commentary	I	Social Worker feedback about unmet need	J	Social worker feedback about unresolved issues	K	Advocacy promotion policy and performance objectives	L	Committees
M	Management accounts	N	Financial forecast	O	Social worker feedback about case loading	P	Video feedback channel	Q	TUPE documentation	R	LA governance structures
S	Business case	T	Cost benefit analysis	U	Service user feedback	V	Carer feedback	W	Supervision records	X	IT systems
Y	Prior Information Notice (PIN)	Z	Service specification	AA	Review meetings with providers	BB	Quotation from service users used in documentation	CC		DD	Overview of advocacy permeating all organisational policies and strategies

Documentation			Feedback			Staffing			Systems		
EE	Service contract	FF	Minutes of meetings	GG	Provider feedback	HH	Volunteer feedback	II		JJ	Co-production ladder
KK	Wider organisational policy / strategy	LL	Advocacy promotional literature	MM	Advocacy Counts (Age Cymru provider survey)	NN		OO		PP	Information / publicity campaign
QQ	Responses to PIN	RR	Provider 360 degree assessment report	SS	Chart of accounts	TT	Service level agreement	UU		VV	DEWIS provider database
WW	Population Assessment	XX	Contract implementation plan	YY	Provider annual report	ZZ	Service transition plan	a		b	Provider database
c	Due diligence report on contract implementation plan	d	Care home monitoring return	e	Advocacy commissioning plan	f	SWOT analysis	g		h	Regional / national information sharing mechanisms

Documentation		Feedback		Staffing		Systems					
i	Service level outcomes	j	Key performance indicators	k	Activity data returns	l	Contract implementation plan	m	Due diligence report on service transition plan	n	Schedule of meetings with providers
o	Termination clause in contract	p	Asset map	q	Advocacy strategy	r	Contract termination clause	s	Meeting paper	t	Schedule of engagement events
u	Consultation document	v	Consultation responses	w	Voice and Control strategy	x	Stakeholder analysis	y	Questionnaire	z	Support mechanism for impartial feedback for people with complex disabilities
aa	Analysis of consultation results	bb	Feedback letters to stakeholders	cc	PEST analysis	dd	Value for money report	ee	Generic individual level outcomes	ff	Continuous communication channels with operational teams

Annex C

Delivering independent professional advocacy services

Maturity Matrix for Providers

Assessment Template

Organisation: _____

Team: _____

Date: _____

How to use the Maturity Matrix

This Maturity Matrix has been developed by providers of advocacy services, working with the Golden Thread Advocacy Programme (GTAP) team. It is designed as an internal document, to help organisations assess their own progress in developing a mature advocacy service and their readiness for future commissioning opportunities. It is not meant to be a data return to any external organisation.

Understanding the proforma

The proforma is based on the four main components of the commissioning cycle: analyse, plan, deliver, review. These correspond to the **concepts A-D** in the main headings. These concepts describe the full cycle of the commissioning development process.

The **outcomes descriptors** break down the concepts into individual outcomes. These statements have been developed from a self-assessment tool developed by GTAP.

The **indicators** state the evidence that providers and other stakeholders would see in place if the outcomes statement were true, and if the commissioning function were fully mature.

The **spectrum of statements** (emerging, maturing, established, advanced) in the **Self-Assessment** column are meant to help organisations decide how far they have progressed towards maturity in relation to each indicator, and how far they may still have to go. Organisations should choose the statement that most closely applies to them.

The **Measures** column enables organisations to cite evidence to back up their self-assessment. **Annex A** provides a table of the most likely kinds of evidence organisations may wish to cite. Organisations may also wish to add other evidence.

Completing the proforma

- i. Mark the statement which corresponds most closely to their state of maturity in relation to the indicator;
- ii. Decide which of the evidence at Annex A supports their self-assessment and enter the corresponding letters in the Measures column.

Example

CONCEPT A: Service planning and delivery based on a sound analysis of community needs and assets

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
A.2 We have a systematic process of co-producing our analysis with the local authority (or other statutory sector staff) who plan and commission these services.	Analysis co-produced with key stakeholders who plan and commission services	Considering how best to co-produce analysis	Intermittent co-production of analysis	Regular co-production of analysis	Enhanced co-production of analysis	Please insert reference to appropriate measures from Evidence Matrix attached at Annex A. ABUL
				X		

Some organisations may wish to add text or a scoring system, if they think that would be helpful when assessing their own development.

Analyse

CONCEPT A: Service planning and delivery based on a sound analysis of community needs and assets

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
A.1 We collect and analyse information to help us and commissioners understand current and future demand for advocacy under “the Act”	Data analysis reports	Considering how to interrogate data	Data reports being designed and piloted	Regular data reports produced	Enhanced data reports produced	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
	Data used to inform response to demand	Considering how best to use data to inform response	Intermittent use of data regarding current demand	Regular use of data regarding current demand	Data used to predict future demand	

CONCEPT A: Service planning and delivery based on a sound analysis of community needs and assets

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
A.2 We have a systematic process of co-producing our analysis with the local authority (or other statutory sector staff) who plan and commission these services	Analysis co-produced with key stakeholders who plan and commission services	Considering how best to co-produce analysis	Intermittent co-production of analysis	Regular co-production of analysis	Enhanced co-production of analysis	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
A.3 We know what resources we have available for providing advocacy services and the profile of service users most likely to require support	A map of financial assets and income	Planning mapping	Assets mapped	Mapping information analysed and used	Enhanced use of mapping information	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>

CONCEPT A: Service planning and delivery based on a sound analysis of community needs and assets

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
	Profile of service users most likely to require support	Planning profile	Profile mapped	Profile information analysed and used	Enhanced use of profile information	
A.4 We can confidently project our future financial commitments	3-5 year financial projections	Demand and costs unclear	Identified 3 – 5 year budget requirement	Making business case for 3 – 5 year budget allocation	Ring-fenced budget secured for 3 -5 years	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>

CONCEPT A: Service planning and delivery based on a sound analysis of community needs and assets

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
	Map of non-financial assets (non-monetary sources of help and support), e.g. social workers, community organisations, etc.	Planning mapping	Assets mapped	Mapping information analysed and used	Enhanced use of mapping information	
A.5 We analyse and measure advocacy performance against agreed standards, establishing good practice	Analysis using agreed service performance standards and outcomes	Considering how best to analyse performance against standards	Intermittent analysis of performance against standards	Regular analysis of performance against standards	Enhanced analysis of performance against standards that establishes good practice	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>

Plan

CONCEPT B: A clear strategy and plans for understanding commissioning strategies and meeting the needs identified

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
B.1 We are aware of and understand the commissioning strategies and intentions of commissioners in order to meet their advocacy duties under “the Act”	Provider has maximised opportunities to understand the commissioning intentions	No awareness of commissioning strategy	Increasing awareness of commissioning strategy or intentions	Full understanding of commissioning strategy or intentions	Full understanding of commissioning strategy or intentions and its implications on the service	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>

CONCEPT B: A clear strategy and plans for understanding commissioning strategies and meeting the needs identified

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
B.2 We engage in ongoing dialogue with key stakeholders and commissioners in order to build a consensus on the implications of their plans in the local area	Provider in regular communication with stakeholders and commissioners about implications of commissioning plans or intentions	Communications about plans and commissioning intentions infrequent or absent	Communications under review	Continuous communication plans in place	Continuous dialogue with stakeholders and commissioners about commissioning plans or intentions	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
	Provider response to feedback from stakeholders	Any feedback goes unacknowledged	Receipt of any feedback acknowledged	Provider explains how feedback has been considered	Results of feedback visible to stakeholders in practical changes and improvements	

CONCEPT B: A clear strategy and plans for understanding commissioning strategies and meeting the needs identified

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
B.3 We have a person-centred approach which enables the people we support to contribute to the design of services and maximises control over services once established	Co-production principles adopted and practiced	Understanding of co-production unclear	Co-production understood and being taken into account in service design	Effective engagement events and inclusive policies, strategies and structures in place	Co-production practice exceeds standards set out in policies, strategies and structures	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
	Open dialogue with stakeholders and commissioners	Feedback from stakeholders absent or patchy	Feedback mechanisms being planned	Feedback mechanisms in use	Feedback mechanisms continually reviewed and improved	

Deliver

CONCEPT C: Effective delivery and monitoring of advocacy services

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
C.1 We understand and can demonstrate how our services meet local need and deliver against commissioning plans	Appropriate services in place	Suitability of services not considered	Suitability of services considered	Regular reviews identify how services meet need and acted upon	Reviews identify future need and plan ahead	Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.

CONCEPT C: Effective delivery and monitoring of advocacy services

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
	Sustainable services in place	Sustainability not considered	Sustainability considered	Plans in place for sustainability including appropriate change	Plans in place for sustainability including appropriate change and communicated clearly to all stakeholders	
	Sufficient and sustainable advocacy workforce	Capacity / sustainability of advocacy workforce unclear	Planning capacity / sustainability of advocacy workforce to meet need	Advocacy workforce sufficient and sustainable to meet need	Enhanced planning identifies future workforce needs	

CONCEPT C: Effective delivery and monitoring of advocacy services

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
C.2 We have developed services that are flexible, evidence-based, clear about requirements and outcome-focused	Services accommodate fluctuations in demand	Service cannot accommodate fluctuations in demand	Plans in place to improve service flexibility	Services accommodate fluctuations in demand	Services can foresee and accommodate fluctuations in demand	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
	Services are outcome-focused	Considering how to incorporate an outcome-focused approach	Intermittent use of outcome-focused approach	Consistent use of outcome-focused approach	Enhanced use of outcome-focused approach	

CONCEPT C: Effective delivery and monitoring of advocacy services

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
C.3 We deliver our advocacy services against agreed standards	Services aligned with service specifications	Service delivery not aligned with service specification	Service delivery being reviewed to align with service specification	Service delivery meets service specification	Service delivery exceeds service specification	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
C.4 We are tender ready	Service leaders understand tendering process and have ability to tender	Little or no awareness of tendering process	Increasing awareness of tendering process and improving capability to tender	Fully aware of tendering process and have capability to tender	Competent and experienced at tendering	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>

Review

CONCEPT D: Effective monitoring of service delivery and review of the knowledge and experience gained which informs the next commissioning cycle

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
D.1 We bring together relevant data on the activity and outcomes of our services to judge whether they demonstrate cost effectiveness and impact	Data set based on requirements of legislation	Considering content of data set	Developing / testing new data set	Data set reflects legal requirements	Data set exceeds legal requirements	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
	Data collection system	Scoping /setting up data collection system	Trialling / refining data collection system	Using well developed data collection system	Continuously improving data collection system	

CONCEPT D: Effective monitoring of service delivery and review of the knowledge and experience gained which informs the next commissioning cycle

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
	Robust data quality	Exploring quality standards for meaningful, timely, current data	Data quality being raised to meet standards	Data collected meets quality standards	Data collected exceeds quality standards	
	Consistent submission of data to commissioners	Discussing consistency with commissioners	Plans in place with commissioners to improve consistency	Consistent data submissions sent	Enhanced data submissions	

CONCEPT D: Effective monitoring of service delivery and review of the knowledge and experience gained which informs the next commissioning cycle

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
	Comprehensive and useful data reports	Reports not produced / not useful / not considered	Reviewing content and effectiveness of reports	Using reports that are comprehensive and useful	Continuously improving quality and effectiveness of data reports	
D.2 We provide to commissioners exemplar case studies that evidence the impact of our service, to help inform future commissioning	Exemplar case studies in place	Case studies are of poor quality or non-existent	Case studies in development or needing updating/improving	Exemplar case studies kept continuously up to date	Enhanced use of innovative, exemplar case studies to improve understanding of service impact	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>

CONCEPT D: Effective monitoring of service delivery and review of the knowledge and experience gained which informs the next commissioning cycle

Outcome Descriptor	Indicators (what would you see in place?)	Self-Assessment				Measures (What evidence would you use to measure progress?)
		Emerging	Maturing	Established	Advanced	
D.3 We have monitoring processes in place that focus on developing positive and collaborative dialogue with commissioners or funders to improve performance	System to capture wider service issues	No system in place to capture and evaluate wider service issues	Trialling system to capture and evaluate wider service issues	Established system in place to capture and evaluate wider service issues	Enhanced system in place to capture and evaluate wider service issues	<i>Please insert reference to appropriate measures from Evidence Matrix attached at Annex A.</i>
	Monitoring process co-produced with funders	Funders not yet engaged in developing monitoring process	Co-produced monitoring process being trialled	Using a co-produced monitoring process	Robust, tested, co-produced monitoring process in use and regularly reviewed	

Measures to evidence progress

Documentation		Feedback		Staffing		Systems					
A	Statistical returns	B	Case studies	C	Stakeholder feedback about services	D	Easy read / pictorial feedback form	E	Staff training records	F	User groups
G	Comparative data studies	H	Budget spreadsheets and commentary	I	Stakeholder feedback about unmet need	J	Stakeholder feedback about unresolved issues	K	Promotion policy and performance objectives	L	Committees
M	Management accounts	N	Financial forecast	O	Stakeholder feedback about case loading	P	Video feedback channel	Q	TUPE documentation	R	Governance structures
S	Business case	T	Cost benefit analysis	U	Service user feedback	V	Carer feedback	W	Supervision records	X	IT systems
Y	Prior Information Notice (PIN)	Z	Service specification	AA	Contract review meetings	BB	Quotation from service users used in documentation	CC		DD	Overview of advocacy permeating all organisational policies and strategies

Documentation		Feedback		Staffing		Systems					
EE	Service contract	FF	Minutes of meetings	GG	Provider feedback	HH	Volunteer feedback	II		JJ	Co-production ladder
KK	Wider organisational policy / strategy	LL	Advocacy promotional literature	MM	Advocacy Counts (Age Cymru provider survey)	NN	Commissioner feedback	OO		PP	Information / publicity campaign
QQ	Responses to PIN	RR	Provider 360 degree assessment report	SS	Chart of accounts	TT	Service level agreement	UU		VV	DEWIS provider database
WW	Population Assessment	XX	Contract implementation plan	YY	Service annual report	ZZ	Service transition plan	a		b	provider database
c	Due diligence report on contract implementation plan	d	Care home monitoring return	e	Advocacy commissioning plan	f	SWOT analysis	g		h	Regional / national information sharing mechanisms

Documentation		Feedback		Staffing		Systems					
i	Service level outcomes	j	Key performance indicators	k	Activity data returns	l	Contract implementation plan	m	Due diligence report on service transition plan	n	Schedule of monitoring meetings
o	Termination clause in contract	p	Asset map	q	Advocacy strategy	r	Contract termination clause	s	Meeting paper	t	Schedule of engagement events
u	Consultation document	v	Consultation responses	w	Voice and Control strategy	x	Stakeholder analysis	y	Questionnaire	z	Support mechanism for impartial feedback for people with complex disabilities
aa	Analysis of consultation results	bb	Feedback letters to stakeholders	cc	PEST analysis	dd	Value for money report	ee	Generic individual level outcomes	ff	Continuous communication channels with operational teams

Annex D

Gwent Advocacy Report

October 2017, edited & updated October 2018

Background

Population Needs Assessment (PNA) Gwent Region Report

The PNA includes a section on advocacy and states that the Joint Area Plan will “bring third sector partners and commissioning teams together to fully map advocacy services and identify good practice and gaps in provision. We will also promote independent advocacy provision and work closely with the third sector umbrella organisations to identify solutions.”

The **Joint Area Plan** will deliver:

- Alignment of advocacy provision to identified priorities across partner agencies.
- Work with the Golden Thread Advocacy Programme across the region through regional provider forum.
- A joint approach to advocacy provision with third sector partners especially in promotion of independent advocacy.

The Joint Area Plan will also “Support Children’s Services joint commissioning of a single advocacy service.”

Carers Partnership

Carers who need support are identified as one of the core themes in the PNA. The Carers Partnership work programme for 2017/18 targets advocacy support and the ‘Joint Statement of Strategic Intent – Carers’ identifies advocacy as a priority, with a key action being development and delivery of a consistent, sustainable advocacy service for carers.

The *Report on the Gwent Carers Project (2): The Views and Experiences of Carers* by Dr. Carolyn Wallace of the University of South Wales includes “a description of a future advocacy service which comprises of accessing information through multiple resources, specialist advocacy services delivered by the third sector complimented by a network of volunteers.”

Gwent-wide Adult Safeguarding Board (GWASB)

Following Operation Jasmine, GWASB’s Strategic Plan for 2017-20 includes “raise the standard and take up of advocacy services across the region” as a priority focus for year 1. The plan includes four specific actions on advocacy:

- Establish a benchmark of the current level of uptake of advocacy
- Produce a range of tools to raise awareness of advocacy
- Review the uptake of advocacy across the region over the previous year to establish whether the uptake of advocacy has increased
- Raise awareness amongst professionals of the entitlement by individuals to all forms of advocacy.

National Health Service (Wales) Act 2006

Part 13 outlines the role of independent advocacy services in relation to complaints, which is usually provided by Community Health Councils and is different to IPA as defined in the Part 10 Code of Practice. However, patients in health settings may be eligible for IPA in certain circumstances, including safeguarding, when resident in care and nursing homes and when being discharged from hospital.

Aneurin Bevan University Health Board has a current contract in place across Gwent for provision of IPA to people with mental health issues.

Greater Gwent Health, Social Care & Well-being Partnership Third Sector Review.

The review included early learning from Newport CC and ABUHB contracts for independent professional advocacy. Following the review, Gwent Regional Leadership Group approved an action to:

- Take forward a review of advocacy services drawing on contract information received - learning from recent tenders and to present option proposals for a consistent approach to advocacy provision for adult services across the region.

Heads of Service also requested an advocacy commissioning options exercise across the region.

Golden Thread Advocacy Programme (GTAP)

GTAP is a free resource for local authorities and health boards, funded by a Sustainable Social Services Grant. It will provide independent support for advocacy commissioning through to March 2019, when it will publish the final draft of a National Framework for Commissioning Independent Professional Advocacy for Adults in Wales. GTAP is led by Age Cymru in partnership with Age Connects and Diverse Cymru. The project covers all service user groups aged 18+. Age Cymru is a separate entity to its local brand partners and does not provide advocacy itself but does facilitate a national advocacy provider's forum.

Options for Consideration

Two local authorities (Newport CC and Caerphilly CBC) already have commissioning arrangements for IPA in place, ending in 2019 (with an option to extend by two years). Aneurin Bevan UHB has a separate contract in place for IPA for mental health service users, based on a similar service specification.

The options for taking advocacy commissioning forward across Gwent include the following:

Option 1 - Local authorities continue commissioning independently of each other

Each local authority could continue to commission advocacy services independently from each other, or one or more could join the Newport IPA framework contract.

Option 2 - Sub-regional collaborative commissioning

Two or more of the three local authorities outside the Newport framework could collaboratively commission an alternative arrangement tailored to meet the specific needs of their populations.

Option 3 - Regional collaborative commissioning (Preferred Option)

The five local authorities could agree to work towards developing a regional approach to advocacy commissioning within a timeframe linked to the end of existing contracts.

Option 4 - Regional integrated commissioning

The five local authorities and Aneurin Bevan UHB could work towards a single, integrated commissioning plan for IPA in health and social care across Gwent.

Impact Assessment Against Proposals / Options

Thinking for the long term

The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs

The contract data that has been collected provides a picture of the current levels of advocacy provision. It is difficult to predict how the level of demand will increase when national public awareness raising campaigns commence in 2018.

Options 3 and 4 appear to offer the most progressive approaches to developing advocacy commissioning across the region. Both of these options represent an advance on current commissioning practices in line with Welsh Government policy, and mirror regional developments within Children & Young People's Advocacy. However, in the spirit of co-production, wider stakeholder views should be sought to inform a final decision, including discussion with ABUHB.

Taking an integrated approach

Considering how the Council's well-being objectives may impact upon each of the well-being goals, on other objectives, or on the objectives of other public bodies

To enable development of a Gwent-wide approach to advocacy commissioning, commissioning teams have indicated support for establishing a Gwent Regional Advocacy Commissioners Group. This would build upon the collaborative work begun in the GTAP-led workshop in July 2017. It would provide opportunities for sharing good practice and support development of a culture of

improvement, including through working with the GTAP/WIHSC "commissioning maturity matrix".

Taking a preventative approach

How acting to prevent problems occurring or getting worse may help the Council to meet its objectives

With no additional funding from Welsh Government it is imperative to maximise efficiencies through advocacy commissioning. It may also be necessary to consider increasing the existing budget in future years to meet growing demand for IPA and to support wider advocacy provision and prevention.

Collaborating

Acting in collaboration with any other person (or different parts of the Council itself) that could help the Council to meet its well-being objectives

Work to promote a regional approach to advocacy commissioning has commenced, supported by GTAP. Commissioning teams have self-assessed preparedness for meeting the new advocacy requirements and have expressed a willingness to explore mutual support to further develop their strengths. Blaenau Gwent's Commissioning Team are willing to continue organising meetings initially, with responsibility to be shared with partner authorities in the longer term.

Involvement

The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the Council serves

In parallel with development of a Gwent Regional Advocacy Commissioners Group, it is proposed that a Gwent Advocacy Providers Forum should be established. This would build upon recent work initiated by TVA in forming a local Advocacy Providers Forum. It may also enable co-operative/consortium approaches to be developed. GAVO and TVA have both indicated that they agree in principle to supporting development of a Gwent-wide advocacy providers' forum.

Equality Impact Assessment (EQIA)

An EQIA is carried out when a policy or practice is proposed or being reviewed, and looks for evidence of positive or adverse impact against people or groups from the nine protected characteristics. The Council also factors the Welsh Language into the Impact Assessment Process, to assist with meeting the requirements of the Welsh Language Standards 2015. The Council must carry out EQIAs on policies, procedures, functions, service delivery and financial savings proposals.

An initial report was presented to the Gwent Heads of Service at the end of October by the Service Manager for Commissioning in Blaenau Gwent. The recommendation that the options outlined in section 3 above should be presented to a proposed multi-stakeholder workshop in early 2018 (see 4.1), which would also include discussion of a preferred advocacy service delivery model, was approved. A further report based on these discussions and including a completed options appraisal proforma and Equality Impact Assessment will then be presented to the Leadership Group and Heads of Service for a decision.

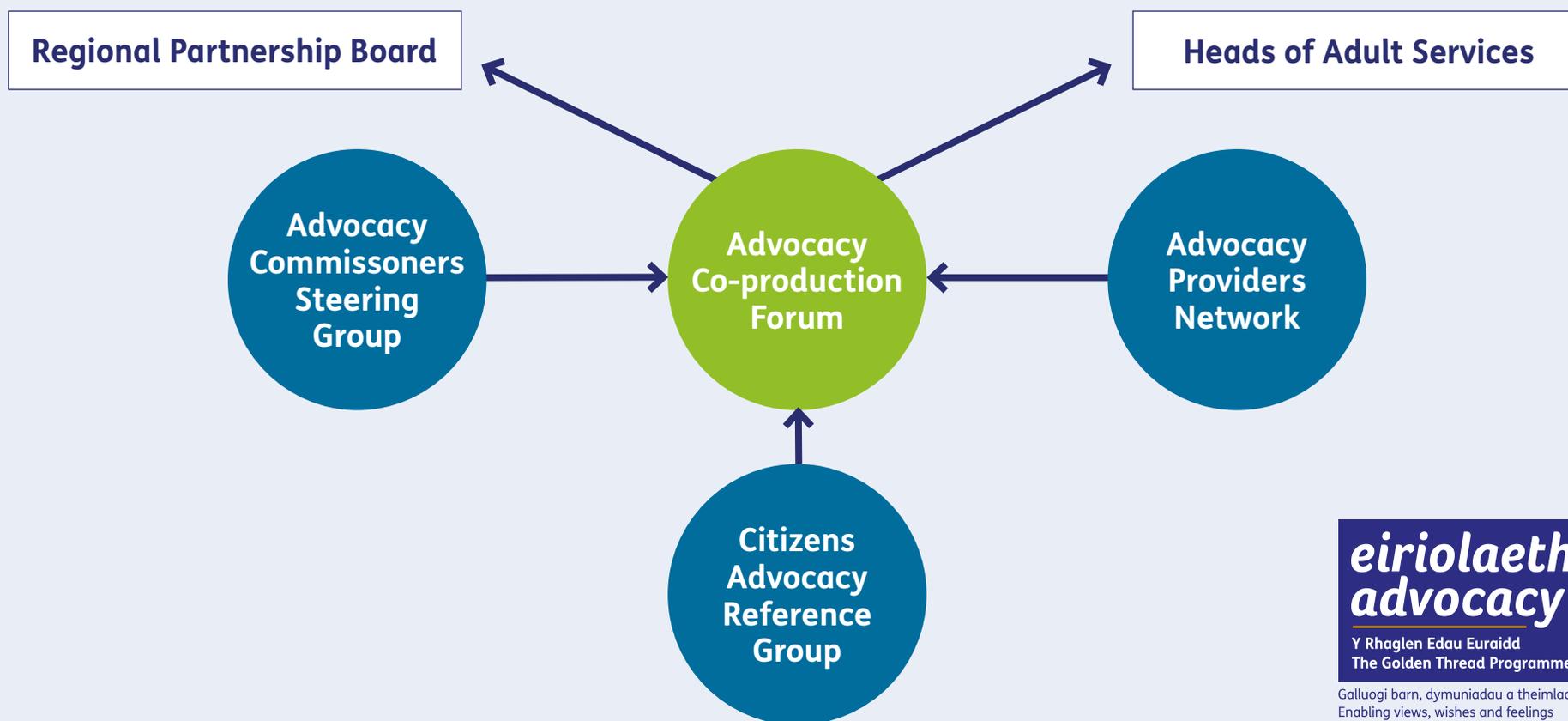
Conclusion

The Advocacy Co-production Forum brings together representatives of the Citizens, Providers and Commissioners groups. It had a key decision making role in co-production of the Gwent adults advocacy commissioning strategy, titled 'Our Vision

and Intentions for Adult Advocacy, 2019-24'. The strategy can be accessed as follows:

English: <http://bit.ly/GwentAdultAdvocacy>

Gwent engagement structure

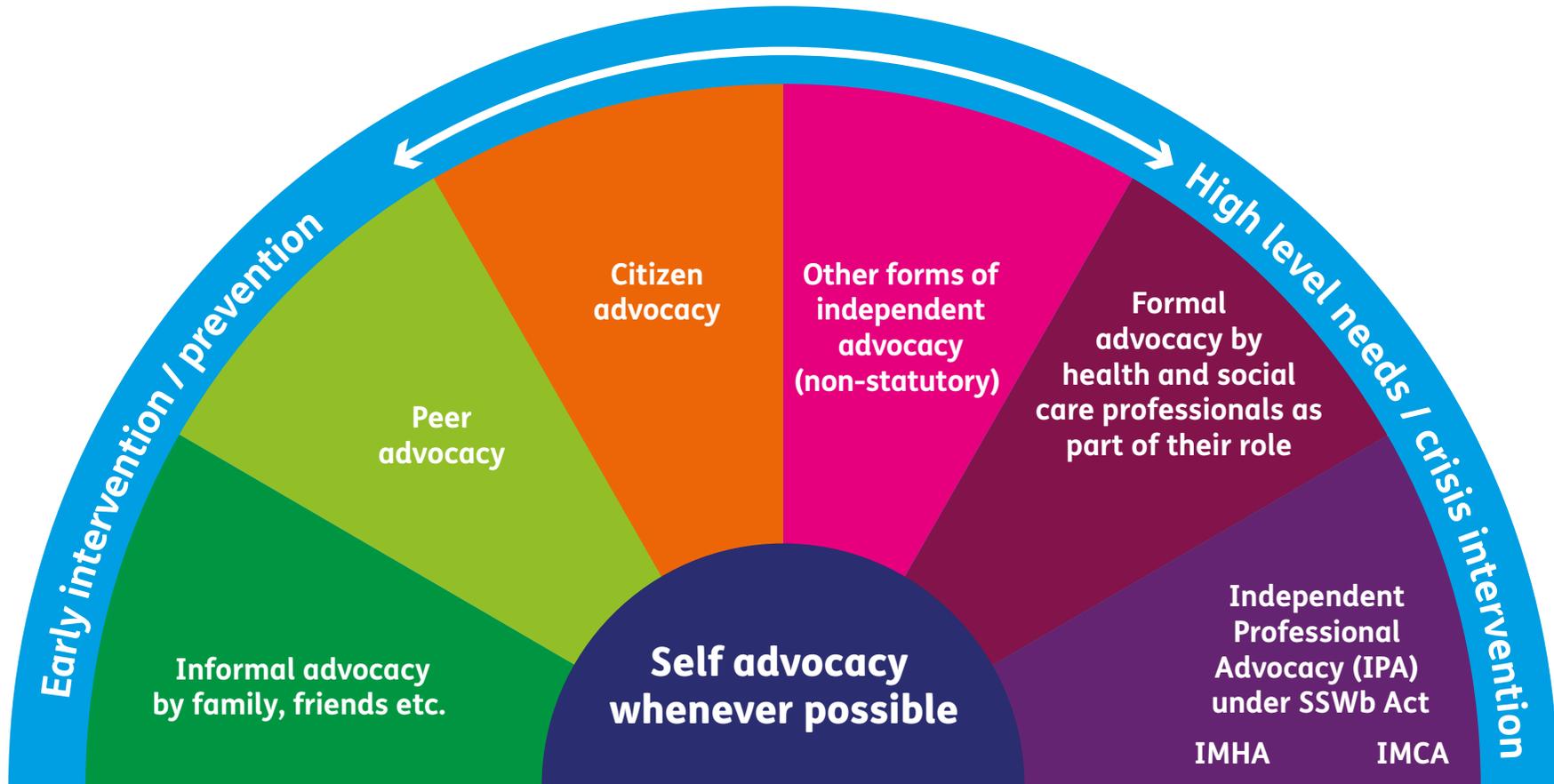


**eiriolaeth
advocacy**
Y Rhaglen Edau Euraid
The Golden Thread Programme

Galluogi barn, dymuniadau a theimladau
Enabling views, wishes and feelings

Annex E

Spectrum of advocacy services



advocacy
The Golden Thread Programme
Enabling views, wishes and feelings

Advocacy Services

As described in the Social Services and Well-being (Wales) Act (2014) Part 10 Code of Practice (Advocacy)

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Annex F

Summary of Approaches to Non Instructed Advocacy

The four currently recognised approaches to non-instructed advocacy are briefly set out below. It is acknowledged that an integrated approach is most effective in delivering non instructed advocacy.

Rights based Approach

With this approach, the role of the advocate is to ensure, using a variety of means, that the basic human rights of service users are promoted, defended and where necessary used to take affirmative action on behalf of the service user. Where the advocate believes that the injustice being done to the service user may be illegal, they should seek appropriate legal representation for the person.

Person-Centred Approach

In spending time with the service user, and maybe others who the client knows and trusts, the advocate builds up a picture of their lifestyle, preferences and needs. The advocate can independently represent the person's views 'as if they were the advocate's own' (O'Brien 1981). In doing so the advocate is raising the profile of the service user's unique perspectives, and as such is promoting a person-centred approach to service delivery and decision making.

The Watching Brief Approach

This approach centres around 8 quality of life domains which are used as the basis for a series of questions that the advocate can put to the decision maker or service provider on behalf of the service user. Watching Brief provides a framework for questioning and challenging the decision maker or service provider in a non-confrontational way and encourages service providers to put the service user at the centre of the decision making process. Using the Watching Brief model advocates have to ensure that a number of issues are clear: The Watching Brief model was developed, and has been extensively used by ASIST advocacy services in Staffordshire.

Witness-Observer Approach

The advocate, in observing the way in which a client lives their life may see or hear things that are unacceptable or which pose a threat to the person's well-being. They may also pick up on the service user's preferences and pleasures, which can in turn be used to enhance positive relationships. This approach does not require the advocate to make judgements or assumptions, merely to report on the facts of his or her observations and bring them to the attention of service providers and decision makers.

Annex G

advocacy

The Golden Thread Programme

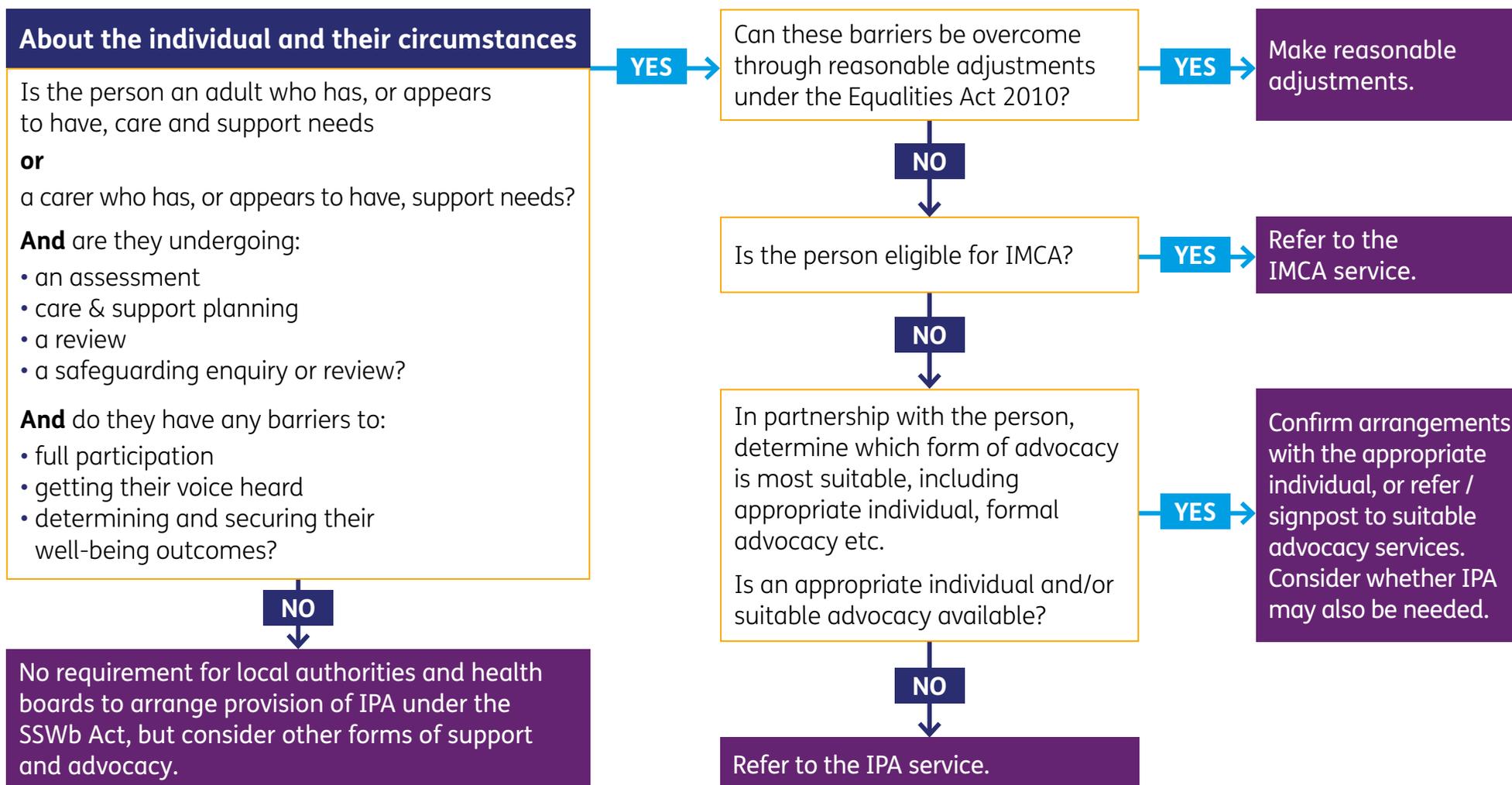
Enabling views, wishes and feelings

Decision making process for determining need for independent professional advocacy for adults

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



Creating an age friendly Wales



Annex H

Proposed Model Outcomes for independent professional advocacy under the Social Services and Well-being (Wales) Act 2014

As a result of support received from the statutory independent professional advocacy service, **advocacy clients:**

1. Are more informed about, and have a better understanding of the care and support options available to them so they can make informed choices and decisions about their personal arrangements.

- I know and understand what care, support and opportunities are available and use these to help me achieve my well-being.
- I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being.
- I get the right care and support, as early as possible.
- I live in a home that best supports me to achieve my well-being

2. Are better able to identify their personal well-being outcomes, the barriers to achieving those outcomes and how they can be addressed.

- My individual circumstances are considered.
- I get the right care and support, as early as possible.
- I can learn and develop to my full potential.
- I do the things that matter to me.
- I live in a home that best supports me to achieve my well-being

3. Can participate more fully in social services processes and have increased control over and their care and support plan.

- I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.
- My voice is heard and listened to.
- I get the right care and support, as early as possible.
- I do the things that matter to me.
- I live in a home that best supports me to achieve my well-being

4. Are better able to communicate, and have acted upon, their views, wishes and feelings to health and social care professionals and others involved in their care and support.

- My voice is heard and listened to.
- My individual circumstances are considered.
- I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.
- I get the right care and support, as early as possible.
- I do the things that matter to me.
- I live in a home that best supports me to achieve my well-being

5. Are better able to challenge and, when necessary, make complaints about health and social services processes, or be represented to do so.

- I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.
- I get the right care and support, as early as possible.
- I do the things that matter to me.
- I live in a home that best supports me to achieve my well-being

6. Have a better understanding of their rights and how to uphold them.

- I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.
- I get the right care and support, as early as possible.
- I can learn and develop to my full potential.
- I do the things that matter to me.
- I live in a home that best supports me to achieve my well-being

7. Feel more informed, safe and better able to protect themselves when there are safeguarding concerns.

- I am safe and protected from abuse and neglect.
- I am informed about how to make my concerns known.

8. Feel that they are treated with more dignity and respect.

- I am treated with dignity and respect and treat others the same.
- I belong.

9. Are better able to access information in their preferred formats and to communicate in their language of choice.

- I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being.
- I get care and support through the Welsh language if I want it.

10. Feel more empowered and confident in their interactions with social care and health professionals.

- My voice is heard and listened to
- My individual circumstances are considered
- I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me

Statutory independent professional advocacy service providers will aim to maximise the following outcomes:

1. Access to and use of the service by a more diverse range of clients.
2. Client satisfaction with the quality of support received from the service.
3. Continual learning from comments, suggestions and complaints.
4. Opportunities for clients to be involved in the service's governance and decision making, and in the co-production of service developments.



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