

Advocacy Newsletter

March 2018 Issue no. 9

Goodbye...

I will be leaving Age Cymru at the end of March to take up a full time position with Headway UK and therefore, this will be my last issue of the Advocacy Newsletter. I have thoroughly enjoyed working for Age Cymru for the past 11 and a half years and will miss working with a wide range of wonderful people.

I would like to wish you all the best and it has been great working with you all.

Best wishes,
Ffion

Outcomes for Independent Professional Advocacy - Part 2

In Part 1 of this article we outlined the national outcomes frameworks for social services and health and proposed a set of model outcomes for providers and clients of IPA services. We are now engaging with a small group of citizens to obtain further feedback on the model outcomes, which will be included in the draft Framework for Commissioning IPA for Adults in Wales. In the spring and summer we will extend our public engagement on the Framework.

Would measuring IPA outcomes be good for people?

Whilst academic research supports discussion of outcomes in clarifying what a service aims to achieve, a recent study suggests that measuring them “undermines effective practice and therefore makes outcomes worse for people, particularly the most disadvantaged”¹. The reason for this is that “measures set up incentives that drive people's behaviour”², leading to prioritisation of what's *easy-to-measure* instead of what *really matters*. These “unintended consequences” might be avoided with an approach to performance measurement that maintains a central focus on achieving positive outcomes for the advocacy client. This should be considered from two aspects: commissioning and service provision.

Measurement of IPA Outcomes - Commissioning

The commissioners' role is addressed in the *Code of Practice in relation to measuring social services performance*³. This requires local authorities to achieve six quality standards which correspond to the National Outcomes Framework. The first standard is: “Local authorities must work with people...to define and co-produce personal well-being outcomes that they wish to achieve”. Local authorities must take a range of prescribed actions to achieve this including: “g) Arrange an independent advocate to facilitate the involvement of an individual where the person can only overcome the barrier(s) to fully participating in the process of determining, reviewing and meeting need, through the support of an advocate.”

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To measure whether the quality standards are achieved, local authorities must have arrangements in place for quantitative and qualitative data collection to enable them to submit annual returns to Welsh Government. However, the *Code of Practice in relation to measuring social services performance* does not currently specify any data collection items relating to advocacy. This could be addressed by adding two new data items, worded similarly to the existing data set, i.e. “people reporting that they have received effective advocacy when they needed it”, and “the percentage of adults who are satisfied with the quality of support received from an IPA service, even if their desired outcomes have not been achieved”. This would incorporate IPA into the performance measurement framework and ensure that IPA is included in local authorities’ annual reports.

Development of advocacy commissioning for children & young people is more advanced than it is for adults and a national standards and outcomes framework is already in place⁴. This links measures and evidence for commissioners and providers to a set of standards under each of five advocacy outcome statements.

One way to achieve parity would be to simply read across from the children & young people’s national standards and outcomes framework advocacy to adults advocacy. This would need to accommodate differences such as the “active offer” in children and young people’s advocacy which is not applicable to adults advocacy. If the outcome statements, and the corresponding standards, measures and evidence, are replicated as far as possible, this would minimise the additional burden of data collection on local authorities, health boards and providers. The five outcome statements could read:

- adults find good quality advocacy easily available and accessible.
- adults have their privacy and confidences respected and their well-being safeguarded and protected.
- adults are valued for their diversity, treated with respect and all forms of discrimination against them are challenged.
- adults are empowered and their rights, wishes and feelings are championed.
- adults participate in the design, planning, delivery, monitoring and evaluation of advocacy services.

We would be interested in your views on these statements as we progress our work.

Measurement of IPA Outcomes - Providers

The draft model outcomes that we outlined in the last newsletter highlight some key areas for progressive improvement over time. They should give IPA providers a better understanding of what’s expected of them and enable local authorities to ensure that they deliver appropriate outcomes for their clients.

Rather than identifying a matching set of key performance indicators which would certainly add to the bureaucratic burden and might have unintended consequences, we suggest that the model outcomes would be more useful as a basis for on-going conversations about the effectiveness of the service between commissioners, providers and clients. They could be regarded as a check list for continuous service improvement for use in contract monitoring meetings. They could also be used to guide client satisfaction interviews. For instance, at the end of an IPA process providers could simply ask their clients for a yes or no response to outcomes 1-9. Responses could then be aggregated for discussion with commissioners and monitored over time.

The model outcomes could be used alongside the comprehensive set of 73 indicators covering eight quality areas, set out in Annex 1 of the Advocacy Quality Performance Mark⁵ (currently under review). They could also be used to initiate conversations in team meetings and individual supervision to encourage reflective practice and promote progressive culture change within advocacy organisations.

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Please feel free to let us know what you think about these ideas for measuring IPA outcomes - all views, positive and negative, will help to shape our work and will be greatly appreciated. In the next newsletter we will discuss the core principles of IPA under the SSWb Act which provide an underlying basis for the service.

References

- [1] <http://bit.ly/outcomes2link1>
- [2] <http://bit.ly/outcomes2link2>
- [3] <http://bit.ly/outcomes2link3>
- [4] <http://bit.ly/outcomes2link4>
- [5] <http://bit.ly/outcomes2link5>

Paul Swann
GTAP Commissioning Development Officer

The Role of Advocacy in Relation to Well-being

What does well-being mean?

Well-being means that people have the assets they need to meet the challenges they face in their everyday lives. These assets can include skills, family support, education and good health. Challenges could be poor health, bullying, neglect or violence at home.

Cwm Taf University Health Board have adapted the [Dodge definition](#) to describe how people's well-being depends on keeping a good balance of assets and challenges:

When people have more challenges than assets their well-being dips. Similarly, if someone has many assets but few challenges, they may not feel fulfilled and that can also tip the see-saw. Differences in opportunity, experience and health can have a poor effect on wellbeing and then also on needs for care and support.

Advocacy and well-being

Well-being is multi-factoral and means different things to different people at different times in their lives. Some people are better able to communicate changes in the balance of their assets and challenges, and the consequences for their well-being than others. The role of advocacy is to help people who have the most difficulty in making their voices heard to communicate their evolving and changing understanding of their own wellbeing, and their beliefs about how they can live their best lives throughout the life course, so that services can respond flexibly to this.

Well-being Goals



Advocacy and the Well-Being of Future Generations (Wales) Act 2015

The [Well-Being of Future Generations \(Wales\) Act 2015](#) (WFG Act) aims to make the public bodies listed in the Act think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach, and do so in a sustainable way.

The WFG Act established 19 Public Services Boards (PSBs) across Wales. Each PSB must improve the economic, social, environmental and cultural well-being of its area by working to achieve seven well-being goals.

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Advocacy has a role to play in achieving all of these goals, and especially in relation to:

Goal 4: A more equal Wales. A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic *circumstances*)

Goal 5: A Wales of cohesive communities. Attractive, viable, safe and well-connected communities.

Making progress towards the Well-Being Goals

Welsh Government has published a set of [46 National Indicators](#) to help measure progress towards achieving the Well-Being Goals. The WFG Act enables Ministers to review and amend the national indicators so that they stay up to date and relevant. At the start of each financial year Ministers must publish an annual progress report setting out the progress made over the last year.

Public bodies must set and publish well-being objectives that are designed to maximise their contribution to achieving each of the well-being goals, take all reasonable steps to meet those objectives and publish an annual report showing the progress they have made in meeting their objectives.

Advocacy safeguards and connects the most marginalised people in society and enables them to engage with services and society and to lead more fulfilled lives. A lack of advocacy for the most marginalised people would only widen the inequalities gap and defeat the object of the WFG Goals. Ensuring access to advocacy services for those who need them is therefore an essential requirement for achieving the Well-being Goals.

LAs who commission effective advocacy services should be able to demonstrate how advocacy is helping to achieve the Well-Being Goals (particularly Goals 4 and 5) by collecting data through the contract monitoring process.

Well-Being Assessments

PSBs' first task under the WFG Act has been to carry out local Well-Being Assessments of their areas. The assessments present a picture of economic, social, environmental and cultural well-being for their communities – for now and for what it might look like in the future. [Most PSBs have now produced assessments](#) and the Future Generations Commissioner has given each PSB individual [feedback](#) on the drafts.

Well-Being Assessments have tended not to focus as much as they might have on advocacy as a contributor to wellbeing, but this is perhaps because Population Assessments under the SSWB(W) Act have covered some of this ground. Regional population assessments have been summarised in a [national population assessment report](#) by Social Care Wales. Under the WFG Act, however, public bodies have to consider the implications of their work for future generations. This means that, when LAs commission advocacy services under the SSWB(W) Act now, under the WFG Act, they also have to consider the implications for future generations. It is therefore important that LAs think holistically about their advocacy duties in relation to both Acts.

Valerie Billingham
GTAP Commissioning Development Officer (North Wales)



Supporting the Commissioning and Good Practice of Advocacy: Resource list

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

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

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

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

Engagement and Commissioning

Co-production is a key principle of the Social Services and Well-being (Wales) Act 2014 (the Act). In order to effectively co-produce there must be effective engagement with all stakeholders on an equal basis.

Articles have already been produced on coproduction within this newsletter. This article outlines two of the engagement methods and events that have been facilitated by the Golden Thread Advocacy Programme (GTAP) in order to share emerging practice. These are only to be viewed as examples; each Local Authority area will need to consider its approach to engagement individually.

An approach to co-production is to use the principles of [Appreciative Inquiry](#). This approach allows strengths to be built on and encourages a “what works well” attitude and in this context, considers what a good service would look like. Both of the examples below follow this principle.

One of the most frequent challenges that have been raised with the programme around coproduction is how to engage service users on the subject of advocacy when they may be needing advocacy support to engage with the process of informing the design of an advocacy service. This may place service users in the difficult position of being expected to comment on the service they are using, perhaps negatively, in the presence of the advocate who normally supports them. An often suggested solution is to engage the support of advocacy organisations outside of the geographical area in which the service is to be coproduced. This can of course be a logistical problem due to availability of other services, distance for them to travel etc.

However, the principles of good independent advocacy including independence, a person centred approach, and empowerment should allow those providers within the area of benefit to effectively work with commissioners and citizens to effectively engage with the subject of service design, and it is down to the facilitation of any engagement to allow for this. An understanding of these principles, found in the [Advocacy Charter](#), should help to mitigate the issue highlighted above.

Example A:

In this example GTAP, in partnership with a Local Authority advocacy steering group developed a set of case studies (an example below) and a set of questions to enable depersonalised, positive thinking across a wide range of stakeholders.

Case study example:

E lives in a residential home and has done for a number of months. Their recent care review has highlighted that the care needs for E have changed and therefore she needs reassessment. E finds any form of meeting overwhelming and due to her medical condition she is becoming increasingly distrustful of the staff in the care home and the support they offer.

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Each case study was considered in light of the following principal questions:

1. what would be needed in terms of access for the citizens described? How would they best access advocacy support? (Referral to initial meeting)
2. what would be a good advocacy experience for that individual? Why would these factors contribute to a good advocacy experience? What would a provider need to focus on to ensure that the experience of the advocacy met those needs?
3. what would the citizen require to know about the advocacy service being provided? What would referrers need to know about the advocacy service being provided?
4. what would be measures of success for the individual concerned? Consider Voice, Choice and Control?

These questions and case studies were designed to allow attendees (including services users, providers etc.) at the workshop to consider the needs from a wide range of perspectives; commissioner, service user, provider, referrer etc. Those in need of support to attend the workshops were provided with appropriate support.

The case study approach was adopted to focus the work of the group and to allow multiple perspectives on the same scenarios to be generated. Opportunities were provided for people to share their own experiences and requirements of Independent Professional Advocacy. This approach produced interesting feedback including the need for clearer referral pathways, the need for awareness raising for all professionals involved in all aspects of social care to understand advocacy. This allowed commissioners to better understand the potential needs and mechanisms of and for an Independent Professional Advocacy service. A difficulty of this approach was that by focusing solely on Independent Professional Advocacy it meant that there was little understanding gained on the wider needs of the population of this region for support through the other forms of advocacy.

Example B:

At another workshop, the region's steering group wished to consider advocacy from a wider context rather than focus purely upon the IPA responsibilities for a Local Authority under the Act.

The following principal questions were used with the attendees of this session:

- what is working well, that we need more of?
- what is not working well and needs to be reduced or eliminated?
- what is absent? What are the gaps?

Under these broad brush headings, groups were encouraged to think around 5 further questions in order to enhance their feedback:

- from a whole advocacy system point of view (referrals, other services to refer to after advocacy etc?)
- from an individual service user/client group point of view
- mapping what's in place, whole system, all forms of advocacy and support
- what is the risk/sustainability of the services identified
- what is the risk if the service was absent.

This broad approach was taken to attempt to provide all stakeholders with a clearer view of the whole advocacy picture within a region so that all needs could be considered. This approach gleaned some useful feedback including the need for a wide variety of advocacy services of different types being needed, a transparent funding arrangement with the Local Authority clearly articulating what was and was not its responsibility in terms of advocacy. It was noted by those present that the format allowed the groups to choose how to engage with the subject and therefore provided a wider range of feedback.

Conclusion:

There is no one size fits all approach to engagement within the commissioning cycle, but those who actively engage with all stakeholders have described the process as useful and illuminating. GTAP officers are here to support this and other elements of the commissioning process and are happy to explore individualised approaches to this process to aim for the best possible outcomes.

Huw Davies
GTAP Commissioning Development Officer

Positive Risk and Shared Decision Making

In recent years, there has been a lot of pressure on health and social care professionals to assess and manage 'risks'. Yet, risk assessment can sometimes prevent people who use social care services from doing the things they want to do, or living where they want to live.

'Positive risk taking' is an approach which aims to:

- Weigh up the potential harms **and benefits** of **each option** when such decisions are being made (including the option of doing nothing);
- Make the decision within the context of **what matters most** to the person and their supporters;
- Consider the **social, emotional and psychological** (as well as the physical) risks and benefits;
- Promote a **shared approach to decision-making**, in which people who use services, their supporters, and different professionals collaborate to find the best and safest way of the person achieving the outcomes that matter to them, using **all** available resources.

Social Care Wales (SCW) has produced a 5-year strategy to improve **Care and Support at Home in Wales**. Supporting a shift in culture and practice towards an agreed approach to positive risk, and nurturing a culture of shared decision making across social care is a priority within this.

SCW has commissioned the independent social research consultancy Imogen Blood & Associates (www.imogenblood.co.uk) to help them understand existing evidence and practice in this area, and work out how SCW can best support the sector to achieve this shift. This project will report by the end of March 2018.

How are we planning to do this?

We are really keen, as part of this, to hear the experiences of those commissioning, delivering and receiving social care services, and professionals working alongside social care. We want to understand what 'positive risk taking' does or might mean to you, and what currently supports or gets in the way of this approach.

We are hoping to run three focus groups in different parts of Wales, and conduct some interviews by phone with individuals where this is more convenient for them. These will take place in late January/ early February, given our timescales.

We plan to structure the focus group discussions around one or more fictitious but realistic scenarios, so that a mixed group of people can discuss the issues 'at one step removed' from their own personal case(s). We hope to audio record these discussions, so we can analyse them accurately, but will ensure that individuals cannot be identified in our report. One of our team speaks Welsh; and we can conduct individual or group interviews in Welsh as well as English.

If you might be interested in participating in a group or individual discussion on this topic, please get in touch with imogen@imogenblood.co.uk.

If you want to find out more about how this project fits into SCW's wider work, please contact:

Jeff.Brattan-Wilson@SocialCare.Wales

Launch of Ministry of Justice Power of Attorney Refund Scheme

On the 1st February, the Ministry of Justice launched their power of attorney refund scheme.

For more information, please visit the link below:

www.claim-power-of-attorney-refund.service.gov.uk

Care Inspectorate Wales

On Monday 15th January 2018, Care and Social Services Inspectorate Wales (CSSIW) changed their name to **Care Inspectorate Wales** (CIW).

This simplification reflects the modern face of the Inspectorate in Wales and has been discussed with staff and stakeholders.

The then CSSIW informed about the name change their [website](#) in December 2017 and will be communicating with staff, stakeholders, care providers and members of the public throughout January to publicise the change.

If care providers or partners have any paperwork or documentation with CSSIW written on it, it will continue to be valid, but CIW will be updating their forms and guidance to include the new name in the coming weeks.

Contact details

The main telephone number (0300 7900 126) will not change, but a number of the other contact details will change.

Please note that the CSSIW website address and CSSIW email addresses will continue to work, and will point users automatically to the new addresses. Individual staff email addresses will not be affected.

CIW new contact details are as follows:

Website address: www.careinspectorate.wales / www.arolygiaethgofal.cymru.

Public email addresses: ciw@gov.wales / agc@llyw.cymru

The new English-language Twitter handle will be **@care_wales**. Anyone who already follows [@CSSIW](#) will automatically transfer over to the new channel when it updates. The Welsh channel [@arolygu_gofal](#) has not changed.

YouTube – Search for ‘Care Inspectorate Wales’

Facebook – CIW have published two new Facebook pages, one in English and one in Welsh. These are www.facebook.com/careinspectoratewales and www.facebook.com/arolygugofal. Please like and share the pages!

Questions?

If you have any questions, please do not hesitate to email cssiwcomms@gov.wales.

Equality and Human Rights Commission (EHRC) Adviser Support Telephone-based Advisory Service

Please see the information leaflet below promoting a new telephone-based advisory service on equality and human rights for external caseworkers from the advice sector, trade unions, and ombudsman schemes.

[Advisor Support Leaflet](#)

Useful publications

The anatomy of resilience toolkit

The toolkit for SSIA on older people and resilience has been launched, using the voices of older people in Wales to improve the way we commission and deliver services. To view the toolkit, please visit the link below:

[The anatomy of resilience toolkit](#)

The Ombudsman Casebook

The latest edition of The Ombudsman's Casebook is now available on the links below:

This edition contains summaries of reports issued by the Ombudsman between October and December 2017.

[English](#)

Useful Websites

Age Cymru Golden Thread Advocacy Programme

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

[Golden Thread Advocacy Programme Website](#)

Dewis Cymru

Dewis Cymru is the place for information about well-being in Wales. Dewis Cymru have information that can help you think about what matters to you, along with information about local organisations and services that can help!

<https://www.dewis.wales/>

Social Care Institute for Excellence (SCIE) Deprivation of Liberty Safeguards (DoLS) - new web section

Find the latest thinking and guidance on Deprivation of Liberty Safeguards in the new web section. SCIE have brought all their DoLS resources and training courses together into one easy-to-access place.

[DoLS resources](#)



Age Cymru's free Advice Line

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

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

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

Contact us...

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

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