

Commissioning Independent Professional Advocacy for Adults
under the Social Services and Well-being (Wales) Act 2014

A Framework and Toolkit



Ministerial Foreword

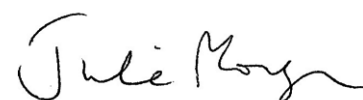
I am pleased to be able to introduce the National Framework for Commissioning independent professional advocacy for Adults in Wales.

I want to emphasise that securing strong voice, choice and control for individuals is a key principle of Welsh Government and this is clearly reflected in the recent legislation and policy we have introduced.


In 2016 Age Cymru was awarded funding from the Sustainable Social Services Third Sector Grant to deliver the Golden Thread Advocacy Programme to support the implementation of Part 10 of the Social Services and Well-being (Wales) Act 2014 for adults. An element of the project was to develop the Framework.

I believe this Framework provides a sustainable strategic approach to improving the availability of advocacy services to adults across Wales, and will guide and support local authorities to fulfil their duties under the Act.

I would like to take this opportunity to thank all involved, for the work that they have done in the last three years in developing this Framework to ensure that advocacy services can support people to engage actively and participate in the development and achievement of their own well-being outcomes giving them a stronger voice.



Julie Morgan AM
Deputy Minister for Health & Social Services



I believe this Framework provides a sustainable strategic approach to improving the availability of advocacy services to adults across Wales.

Acknowledgements

Grateful thanks go to the Strategic Reference Group for their support and guidance in the development of these documents. Members included representatives from:

- All Wales Adult Services Heads
- Welsh Local Government Association
- The advocacy sector
- Health
- ADSS Cymru
- Welsh Government

The members of the Strategic Reference Group also gave their ‘Commitment to Support’ this document.

Thanks also go to local authorities across Wales, to adult advocacy providers and to colleagues across Wales who supported the development of this Framework.

Many thanks to Tony Garthwaite and Heulwen Blackmore, and team, who were commissioned by Age Cymru to complete the work in developing the Framework and Toolkit.

We are grateful for the expertise and knowledge of the Golden Thread Advocacy Programme staff team and for all their hard work in developing the first drafts and continually advising and guiding the process.

Finally, thanks go to the GTAP Board for overseeing and advising on the developing documents.

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Introduction

The concept of independent professional advocacy, and its commissioning, is not new.

However, the Part 10 Code of Practice (Advocacy) issued under the Social Services and Well-Being (Wales) Act 2014, hereafter known as “the Act”, places a new requirement on local authorities to make independent professional advocacy available for the specific purpose of supporting adults who access social services in certain circumstances. Arrangements for the provision of independent professional advocacy must be made when other forms of advocacy are unavailable to people, and there is no appropriate individual to support them.

The toolkit which accompanies this framework provides information on the various legislation that impacts on advocacy. The legislation must be viewed in the context of Welsh Government policy, the most recent significant document being “A Healthier Wales: Our Plan for Health and Social Care”.

Vision for independent professional advocacy

It is important to have a clear understanding and a clear vision of what effective independent professional advocacy will look like in practice.

This framework provides an overarching vision based on the work done to date and research on approaches across the UK in the context of advocacy being one of the “golden threads” of “the Act”.



Purpose of the Framework


This framework is intended to support local authorities and their partners, including Regional Partnership Boards, in delivering the requirements of “the Act” and associated statutory guidance in respect of commissioning independent professional advocacy. The framework will be reviewed in the light of experience.

Independent professional advocacy under “the Act” enables people to be informed and involved, supporting them to have their voice heard when they are unable to speak for themselves and there is no appropriate individual or other form of advocacy available to assist them.

The framework:

- ***Sets out the essential components of commissioning independent professional advocacy for adults (what to do);***
and
- ***Is accompanied by a toolkit which supports local authorities to use the framework (how to do it).***

The nature of any framework is that it should allow discretion to meet local circumstances and whilst legislative requirements must be met in all circumstances, the prescription of a “one size fits all approach” in doing so is neither desirable nor appropriate. Additional advice on applying aspects of the framework is provided in the accompanying toolkit.



Independent professional advocacy under “the Act” enables people to be informed and involved, supporting them to have their voice heard when they are unable to speak for themselves and there is no appropriate individual or other form of advocacy available to assist them.

Key principles for the effective commissioning of independent professional advocacy

Commissioning independent professional advocacy successfully, and in the spirit of the intentions of “the Act”, is dependent on the following four key principles:

- 1** Adopting a systematic co-productive approach with all stakeholders.
- 2** Forming purposeful, collaborative relationships between local authorities, health boards and providers.
- 3** Sharing a common understanding of what advocacy is and the specific role of independent professional advocacy.
- 4** Sharing a common agreement about when independent professional advocacy is appropriate, and always considering its accessibility and application alongside other forms of advocacy.

Following these principles means that to effectively commission independent professional advocacy, commissioners will need to:

- **Understand the legislative requirements** – people’s rights to independent professional advocacy and the obligations to meet them as set out in the Part 10 Code of Practice (Advocacy).
- **Consider different options for commissioning advocacy** – this includes single contracts, hub and spoke models and regional approaches, such as the potential for pooled budgets. Where appropriate and beneficial for future contracts, pooled budgets can act as a mechanism for supporting Local Health Boards and local authorities to work together to maximise their influence in shaping the future development of services, as set out in Part 9 of “the Act”.
- **Be clear about where independent professional advocacy fits on a spectrum of advocacy** – where it is appropriate to be applied as an alternative to other forms of advocacy.
- **Have a vision and strategy for advocacy as a whole** – demonstrating commitment to advocacy as a principle to support effective care and support.

- **Involve people and providers as partners at every stage of the organisation and delivery of independent professional advocacy** – understanding and applying shared aims and objectives.
- **Locate independent professional advocacy within an overall commissioning framework** – having a clear approach to commissioning by:
 - **Including advocacy** within the Population Needs Assessment and Area Plan for each Regional Partnership Board
 - **Being able to estimate the demand for independent professional advocacy** – using data, information and intelligence effectively from the first point of contact, i.e. via information, advice and assistance (IAA) through to exiting service provision.
 - **Allocating and sustaining sufficient resources, including funding, to meet demand** – ensuring independent professional advocacy’s role as part of core services embedded in staff practices.
 - **Establishing sufficient providers to meet demand** – understanding and stimulating the market.
 - **Ensuring procurement processes are fit for purpose** – using specifications and contracts that enable and do not inhibit providers.
- **Regularly review, monitor and evaluate the effectiveness of commissioning** - improving and amending policies and procedures as necessary, using qualitative and quantitative methods.
- **Regularly review and monitor the impact of independent professional advocacy** – focusing on individual outcomes.



The 4 key principles

1. Adopting a systematic co-productive approach

Co-producing independent professional advocacy is critical to successful commissioning. Designing a commissioning strategy for independent professional advocacy with people who need care and support and carers who need support will help to get it right first time. 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.

Co-production as a way of working is embedded within “the Act’s” Part 2 Code of Practice (General Functions). It is an approach to be embraced as a fundamental principle of the design and delivery of care and support, and is essential for wider advocacy and for commissioning independent professional advocacy.

Questions to consider in taking forward a co-productive commissioning approach include:

- How are we involving people who need care and support and carers who need support in designing our commissioning approach for independent professional advocacy? Are they equal partners around the table?
- How are we involving providers and partners internally and externally?
- How are we working with and supporting the market to get the best outcomes for people?

Implementing the principle of co-production will mean following some important guidelines:

- 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.
- Designing commissioning models should be based on an approach which embraces the principle of co-production, starting from the point of view of people who use the services and their carers.
- A co-produced communication strategy, which is well publicised through a range of formats, media and locations, is important. Partners should be involved in designing the communication strategy, ensuring that it is accessible, using alternative formats and ways of disseminating.
- The system for reviewing the use and effectiveness of independent professional advocacy should involve the wider community. Again, citizen panels, provider forums and social value forums can contribute to an effective review.
- Ensuring that co-production really works will need to create the right working environment and key to that is accessibility in all its forms.

Sources of support to assist in developing a co-productive approach more generally and specifically are available within the toolkit. The case study included in the toolkit under the heading “Adopting a systematic co-productive approach” provides information on achieving co-productive commissioning.

2. Forming purposeful, collaborative relationships between commissioners and providers

Commissioning independent professional advocacy and other forms of advocacy should be a collaborative venture designed to support the co-productive approach, and involving commissioners and providers working together to meet people’s needs. The Regional Partnership Boards have a number of duties and responsibilities aimed at ensuring 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 respond to the advocacy requirements for all individuals. Advocacy is firmly placed, therefore, within the regional collaborative governance arrangements of health and social services.

The collaborative approach should be clearly evidenced throughout the commissioning process. The National Commissioning Board Practice Guide on ‘Leading Integrated and Collaborative Commissioning’ is helpful in this regard. In relation to the procuring of all advocacy, decisions on commissioning models, service specifications and contractual arrangements should be based on a purposeful relationship between commissioners and providers that reflects the shared goals of ensuring people’s rights are respected and their needs are met.

Achieving the right approach will require commissioners and providers to:

- Understand that co-production and collaboration are connected but distinct processes. In this context collaboration refers to the commissioners and deliverers of services working together and with others who have an interest in providing effective advocacy.
- Recognise that providers are in competition with each other but that there are benefits in collaborating.
- Note the inherent challenges for small providers to collaborate because of lack of capacity – time, people etc. - and seek to overcome these, particularly for the benefit of people who use services.
- Create opportunities for key people to get together – commissioners, providers from all sectors, health, and any other interested parties involved in the commissioning process.
- Give mutual support, e.g. through establishing provider forums that enable engagement with commissioners.
- Consider following a principle of “competitive dialogue” whereby providers are engaged in developing the vision and specification for the service. Enter into this dialogue sufficiently early in the commissioning process to avoid problems and misunderstandings later.
- Recognise that real benefits will accrue from valuing each other’s roles, and work towards shared aims and objectives.
- Jointly produce requirements and specifications for the service that encourage sufficient and skilled providers.
- Recognise the opportunities of innovative and collaborative approaches to funding.

- Ensure that the benefits of working collaboratively are not lost by operational practices, e.g. separate and multiple invoicing and reporting requirements.

3. Sharing a common understanding of what advocacy is and the specific role of independent professional advocacy

Fundamentally, advocacy is concerned with supporting people to express their views, wishes and feelings, in contrast to the role of most other professionals who are primarily concerned with promoting individuals' best interests.

Local authorities must arrange for the provision of an Independent Professional Advocate (IPA) when a person can only overcome any barrier(s) to participating 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.

The Part 10 Code of Practice (Advocacy) para.7 sets out the requirements for 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) to arrange an Independent Professional Advocate to facilitate the involvement of individuals in certain circumstances.

The importance of advocacy and independent professional advocacy is reflected in the following extracts:

“Advocacy supports and enables people who have difficulty representing their interests, to exercise their rights, express their views, explore and make informed choices. Independent advocacy supports the person regardless of the demands and concerns of others. It challenges the causes and effects of injustice, oppression and abuse and upholds human rights.” (OPAAL National Forum, 2008).

“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.” (Action for Advocacy, 2002)

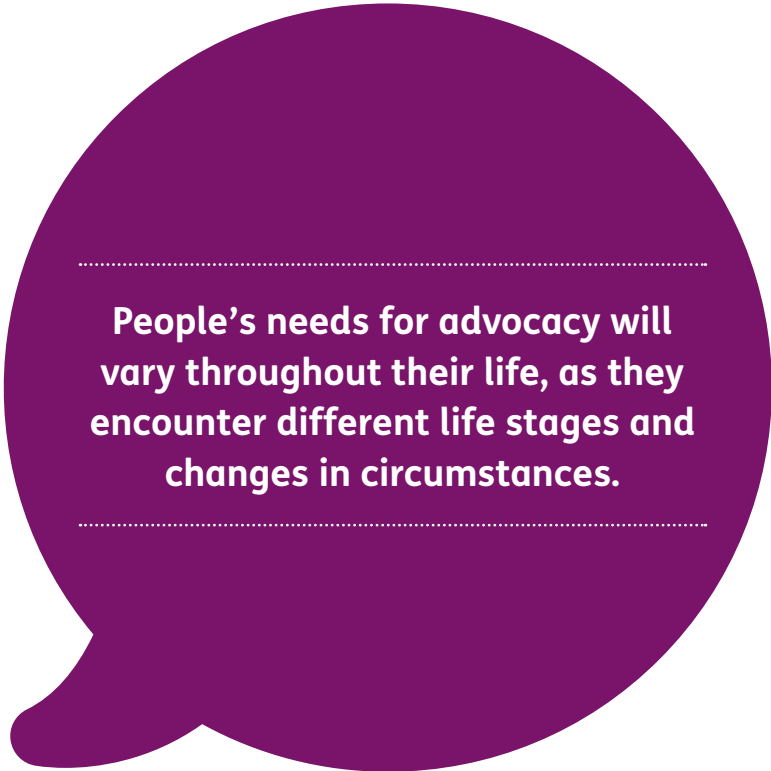
“Independent professional advocacy – involves a professional, trained advocate working in a one-to-one partnership with an individual to ensure that their views are accurately conveyed and their rights upheld. This might be for a single issue or multiple issues.

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).” (Part 10 Code of Practice (Advocacy) para. 32)

4. Sharing a common agreement about when independent professional advocacy is appropriate and always considering its application alongside other forms of advocacy

Independent professional advocacy should be seen in the context of a spectrum of advocacy, as shown in the following figure. Chapter 8 of the Part 10 Code of Practice (Advocacy) sets out a wide range of types of advocacy, from self-advocacy to independent professional advocacy. People's needs for advocacy will vary throughout their life, as they encounter different life stages and changes in circumstances. Local authorities should ensure that the advocacy services they commission are flexible enough to prevent needs from arising or escalating, to adapt to people's changing needs throughout their journey, and to manage a smooth transition to greater independence.

The "Spectrum of Advocacy" model developed by the Golden Thread Advocacy Programme shows the full spectrum of advocacy under "the Act" including independent professional advocacy which should be available to support people at different times and in certain circumstances. It covers stages from early intervention through to crisis management.



People's needs for advocacy will vary throughout their life, as they encounter different life stages and changes in circumstances.

Figure 1: Spectrum of Advocacy



Source: Golden Thread Advocacy Programme

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

See above.

The Commissioning Process

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

Ensuring people access advocacy at the right time in the right way requires effective planning and procurement of services. Commissioning 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.

It is also important to note that health boards commission advocacy alongside their local authority partners in discharging their duties and responsibilities under “the Act” and via their duties under mental health legislation. The decision making process around advocacy may include consideration of services provided by Independent Mental Health Advocates (IMHA) and Independent Mental Capacity Advocates (IMCA) who are commissioned by health boards. The statutory agencies will therefore need to work together to ensure a common understanding of advocacy in its widest context and to enable clarity of decision making.

Regional Partnership Boards (RPBs) have responsibility for overseeing the development of an Area Plan which is the overarching regional plan for health and social care. The Area Plan

should represent a set of integrated regional health and social care priorities in response to the findings of the Population Needs Assessment.

The Area Plan is therefore an important reference point for funding decisions and monitoring of the work of the RPB and its constituent members.

Where Joint Commissioning is deemed as beneficial, all parties should understand their role and make commitments accordingly. While the duty under the Act to ensure access to independent professional advocacy services falls largely on local authorities, the Area Plan should reflect the position where Health Boards also have a role within services in their area. For example, in supporting a person with hospital discharge, or where the Health Board is responsible for a person living in a nursing home with health needs. Proportionate funding contributions from RPB members towards relevant advocacy services will ensure all individuals eligible for independent professional advocacy in the area should be able to access the service they need.

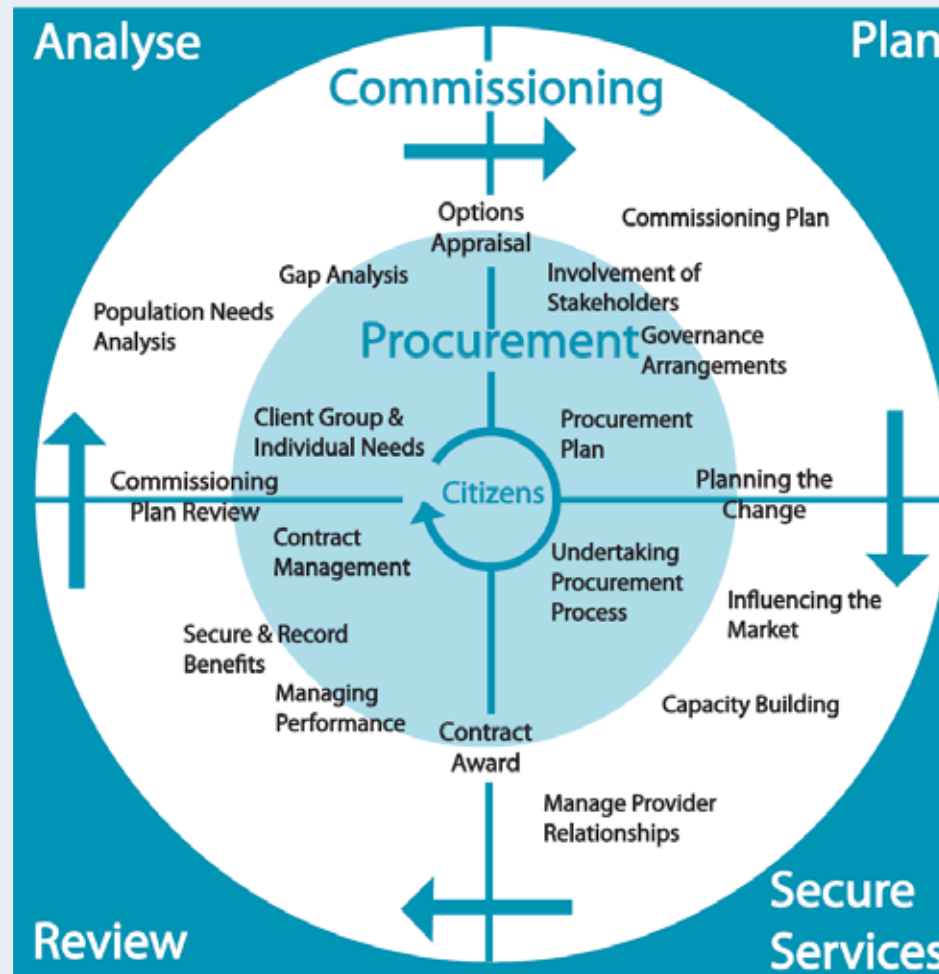
Supporting documents including those from the National Commissioning Board (e.g. the Practice Guide on ‘Leading Integrated and Collaborative Commissioning’) are referenced within the toolkit.

This framework and toolkit provide a set of standards, features and examples of potential measures and a suite of approaches to commissioning independent professional advocacy effectively. This will enable discretion to be applied to meet local circumstances. It adopts an acknowledged approach to commissioning, recognising it is a cyclical process (viz. analyse,

plan, deliver, review) which should be undertaken by professionals working with people as equal partners. Advice on each of the four aspects is included in the toolkit.

The Welsh Government has adopted a model¹ which shows the relationship between commissioning and procurement, reflecting the cyclical process. Commissioners of independent professional advocacy services will need to follow this wider cycle - ensuring meaningful and effective engagement with people and providers at every stage of the cycle - and use it to inform the procurement process, if the services they commission are to be effective.

Figure 2: Relationship between the activities involved in commissioning and procurement



¹Commissioning Framework: Guidance and Good Practice, Welsh Government (2010). <https://gweddill.gov.wales/docs/dhss/publications/150729guidanceen.pdf>

Source: Commissioning Framework: Guidance and Good Practice, Welsh Government (2010). <https://gweddill.gov.wales/docs/dhss/publications/150729guidanceen.pdf>

Measuring the impact of independent professional advocacy

Commissioning independent professional advocacy on a significant scale is a relatively new experience for some local authorities and measuring its impact will be challenging in the short-term at least. Local authorities and their partners should be aiming to ensure that:

- The strategies and operations of health and social services agencies (including those in the third sector) can demonstrate they are actively complying with legislation and supporting the aims inherent in “the Act”.
- Data and indicators of performance can evidence that people are being supported effectively to voice their views and concerns.
- The standards included in this framework are embedded in practice and working across the relevant agencies.
- The work undertaken by professionals and others from all agencies functions seamlessly in the interest of individuals, supporting them to find their own solutions when possible.

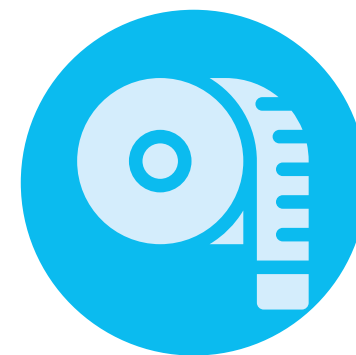
It is important to remember that independent professional advocacy is about supporting the individual to ensure their voice is heard and their full involvement in decisions about their lives, and is not about attempting to achieve the person’s best interests. Measuring a successful outcome in the context of independent professional advocacy, therefore, must be based on whether

there is clear evidence that the voice of the individual was heard in a manner that would not otherwise have been the case, and that doing so via the input of independent professional advocacy was the most appropriate means that could be applied.

Proposed model outcomes for independent professional advocacy can be found at annex H in the accompanying document.

There is a thread running through every aspect of “the Act” that is about treating people as equal partners, ensuring their voices are heard and acted upon. This can be seen in the approach to well-being, prevention, voice and control, co-production, assessment and planning, safeguarding and collaboration and partnership. Support for people through advocacy is a further example of this policy aim.

Chapter 8 of the Part 10 Code of Practice (Advocacy) sets out a wide range of types of advocacy, from self-advocacy to independent professional advocacy. The model shown earlier illustrates the full spectrum of advocacy services, including independent professional advocacy which should be available to support people at different times and in certain circumstances.



Implementing the Commissioning Cycle – checklist of key tasks

This checklist, in the form of a matrix, is a resource to be used in the commissioning cycle for independent professional advocacy and outlines the key tasks at 4 levels, viz. those applying to the individual, the health and social care sector as a whole, the wider community and service providers.

It also includes the four key principles that represent common themes which cut across essential approaches to the tasks. The matrix can be seen as a simplified overall check list and further detail is contained within the framework and toolkit.

It is important to note that framing the tasks in this way, whilst helping to bring clarity to the process, is not a blueprint approach and some tasks may not fit exclusively in a particular component of the cycle. Therefore, both the levels and tasks should be viewed holistically to achieve an effective outcome.



Checklist for Commissioning Independent Professional Advocacy

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 the service and ensure any future commissioning activities take the findings of the review into account

Key principles at all levels and stages

1. Adopt a systematic co-productive approach with all stakeholders.
2. Form purposeful, collaborative relationships between local authorities, health boards and providers.
3. Share a common understanding of what advocacy is and the specific role of independent professional advocacy.
4. Share a common agreement about when independent professional advocacy is appropriate, always considering its accessibility and application alongside other forms of advocacy.

Level of approach	Analyse	Plan	Deliver	Review
<p>Individual</p>	<p>Systematically involve local people who use, or may use, these services, in collecting and analysing information. Co-produce the analysis.</p> <p>Examine individual cases to identify where independent professional advocacy may have been an appropriate resource.</p> <p>Use experience of commissioning advocacy previously.</p>	<p>Consider the role of independent professional advocacy:</p> <ul style="list-style-type: none"> • At first contact. • At assessment. • At times of change and transition. • In safeguarding adults. 	<p>Ensure services:</p> <ul style="list-style-type: none"> • Are led by the views and wishes of the individual. • Champion the individual’s rights and needs. • Work exclusively for the individual. • Respect dignity and confidentiality. • Have effective, accessible complaints procedures. • Provide continuity of service delivery. • Are responsive to the individual’s communication needs. 	<p>Support and fund consultation and feedback from people.</p> <p>Use feedback to drive improvement.</p> <p>Systematically review individual cases to identify the impact and effectiveness of independent professional advocacy.</p>

Level of approach	Analyse	Plan	Deliver	Review
<p>Health and Social Care sector</p>	<p>Collect and analyse information and data to understand current and future demand for advocacy under “the Act”.</p> <p>Carry out market analysis to include the needs of self-funders.</p> <p>Analyse demand in respect of the rights of carers and priority groups, e.g. those with sensory impairment.</p> <p>Examine the population assessment and service strategies to identify how independent professional advocacy may be relevant to meeting needs.</p> <p>Ensure that independent professional advocacy is available in the medium of Welsh (a right).</p>	<p>Ensure maximum cooperation between all commissioned advocacy to meet the range of duties required.</p> <p>Design a clear, written strategy and agreed outcomes for the provision of advocacy.</p> <p>Develop business cases for the commissioning of advocacy.</p> <p>Have strategies and identify a senior named person to lead on advocacy planning.</p> <p>Maintain dialogue with key stakeholders and potential providers.</p> <p>Consider training level for IPAs required.</p> <p>Specify funding model.</p> <p>Consider service model options for commissioning advocacy.</p> <p>Consider the best approach to procurement.</p>	<p>Conduct needs assessments, using a range of methods, to embed equality and diversity into the scoping, design, provision and monitoring of advocacy.</p> <p>Jointly commission services across health and social services where deemed appropriate. Support this with shared resources including funding.</p> <p>Encourage partnerships between smaller and larger providers.</p> <p>Work with independent professional advocacy providers to develop solutions and overcome barriers in partnership.</p> <p>Facilitate a dialogue with key stakeholders and providers.</p> <p>Commission on the basis of forward planning rather than historical data.</p>	<p>Use horizon scanning techniques to identify future changes.</p> <p>Use performance monitoring to ensure it:</p> <ul style="list-style-type: none"> • Is outcome based. • Contains information on activity and finance. • Is proportionate. • Has a simple data gathering system. • Contains baselines <p>Undertake self-assessment to understand performance.</p> <p>Consider using independent evaluation for additional learning.</p> <p>Examine research and good practice in order to secure best value and outcomes.</p> <p>Apply an effective complaints procedure.</p>

Level of approach	Analyse	Plan	Deliver	Review
<p>Health and Social Care sector (continued)</p>		<p>Work closely with other services e.g. health, housing, benefits and consider joint commissioning arrangements to minimise advocacy ‘silos’ and avoid people falling through the gaps in services.</p> <p>Consider how joint commissioning arrangements can contribute to the delivery of value for money for commissioners and sustainability for providers.</p> <p>Influence the local market for advocacy to develop services in line with population needs.</p> <p>Ensure historical awarding of contracts does not drive the approach.</p> <p>Define quality performance standards and incorporate into service specifications.</p>	<p>Train staff to recognise when advocacy support is required (including IAA).</p> <p>Establish a mechanism to give people a voice.</p>	<p>If necessary, decommission failing services, and/or where efforts to improve them through working in partnership have failed to improve performance.</p> <p>Seek to continuously improve commissioning arrangements, reviewing learning to inform all commissioning activities. Share learning about current practice and consider future collaboration.</p> <p>Put in place proportionate contract monitoring.</p> <p>Monitor progress and consider using a maturity matrix.</p> <p>Review the allocation and sustainability of funding.</p> <p>Use quantitative and qualitative methods to review effectiveness.</p>

Level of approach	Analyse	Plan	Deliver	Review
Wider community	<p>Consider information available through IAA and other referral sources.</p> <p>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.</p>	<p>Design approaches based on the principle of co-production, starting from the point of view of people who use the services and their carers.</p>	<p>Put in place a co-produced communication strategy with supporting documentation which is well publicised through a range of formats, media and locations.</p> <p>Make sure advocacy services are clear and easy to navigate and use, responsive, and available when required.</p> <p>Signpost individuals to advocacy services.</p> <p>Ensure equality of access and the availability of appropriate support.</p> <p>Consider equality and diversity ensuring compliance with human rights and equality law.</p>	<p>Put in place a system that involves the wider community in reviewing the use and effectiveness of independent professional advocacy.</p>

Level of approach	Analyse	Plan	Deliver	Review
Service provision	Develop a picture of the range of providers and potential providers for the area, their strengths, weaknesses and future plans.	<p>Agree quality thresholds for providers, including training.</p> <p>Agree how the service should be specified.</p> <p>Review contracting guidelines.</p> <p>Design fit for purpose contracts and/or service level agreements.</p> <p>Consider “approved lists”.</p> <p>Agree payment methods.</p> <p>Consider the implications of any out of area provision.</p> <p>Consider adopting an approach based on “competitive dialogue”.</p>	<p>Consider encouraging partnerships between smaller and larger providers.</p> <p>Ensure providers meet quality thresholds.</p> <p>Apply appropriate procurement and contractual arrangements using agreed approach.</p> <p>Treat all providers equally.</p> <p>Ensure providers’ independence from commissioning bodies.</p> <p>Clarify expectations for providers and practitioners.</p>	<p>Develop contract monitoring processes that focus on developing relationships with providers.</p> <p>Work in positive partnership with them to improve performance.</p> <p>Review appropriateness of service specification and procurement processes.</p>



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