

Advocacy Counts 6

A review of advocacy services for adults in Wales with a particular focus on older people



Contents

1. Executive Summary	3
Findings since Advocacy Counts 5	4
Number of respondents and services	5
Advocacy staff and volunteers	5
Funding and sustainability	6
Quality and standards	6
Language	6
Safeguarding	7
Conclusion	7
2. Introduction	9
Methodology	9
3. GTAP progress to date	11
1. To develop a National Framework for Commissioning IPA	11
2. To support and build the capacity of the advocacy sector in Wales	11
3. Awareness raising	11
4. National developments in advocacy	13
Social Services and Well-being Wales Act (2014) - “the Act”	13
Regulation and Inspection of Social Care (Wales) Act 2016	13
Making Voices Heard: Older People’s Access to Independent Advocacy in Wales (May 2018)	14
Making older people’s rights a reality will make Wales the best place in the world to grow old	15
Quality Performance Mark and Advocacy Charter	15
5. Analysis of the survey results	16
Advocacy services funded specifically for older people (50+) in Wales	16
Advocacy services for a wider client group but older people are supported as part of the service	16
Funding and sustainability	17
Language	18
Quality and standards	18
Safeguarding	19
Conclusion and recommendations	19
Appendix 1	21
Advocacy Counts 6: Data results	21

1. Executive Summary

Independent advocacy is a vital service for individuals to ensure that the person (and their well-being outcomes) is placed at the center of the work of support services. Independent advocacy gives citizens voice, choice and control over achieving their well-being outcomes.

There have been significant developments in the field of independent advocacy in the period between Advocacy Counts 5 (2016) and Advocacy Counts 6 (2018). The Social Services and Well-being (Wales) Act 2014 places a requirement on local authorities to make advocacy available for all individuals in Wales in certain circumstances including (but not exclusively) assessment, care planning, review and safeguarding. Nearly all Local Authorities have either commissioned services to comply with these requirements or are in the process of doing so.

Draft regulations have been developed by Welsh Government that relate initially to commissioned children's advocacy services, but will almost certainly be extended to commissioned adult advocacy services at some stage and may have implications for wider services.

The Older People's Commissioner for Wales has undertaken a review of the extent to which older people in Wales are getting access to independent advocacy. The report highlights areas of concern and makes recommendations to address the barriers. In response, the Welsh Government announced a programme of work that includes key elements relating to advocacy.

The Code of Practice (Part 10, Advocacy) states that:

Advocacy helps people to understand how they can be involved, how they can contribute and take part and whenever possible, lead or direct the process¹. To have voice and control, an individual must be able to feel that they are a genuinely equal partner in their interactions with professionals². Advocacy should be considered as an inherent element of the Act to focus social care around people and their well-being³.

This report looks at all types of advocacy provision which supports adults in Wales in order to provide a broad snapshot of the advocacy landscape.



1 Part 10 Code of Practice page 8 para 22

2 Part 10 Code of Practice page 7 para 16

3 Part 10 Code of Practice page 8 para 22

Findings since Advocacy Counts 5

- There has been a 32% drop in the number of advocacy services (from 19 to 13) specifically for older people.
- There has been a small decrease in services providing advocacy to a wider client group. The reduction is from 44 to 41 services.
- There are 54 full time paid advocates working across Wales with 10 of those delivering advocacy specifically to older people. Both these figures have halved.
- There are 63 part-time paid advocates with 12 of those delivering advocacy specifically to older people.
- There are 51 volunteer advocates working in a variety of advocacy services across Wales.
- There are 21 fewer paid advocates and 15 fewer volunteer advocates specifically supporting older people than reported in Advocacy Counts 5.
- The total number of older people supported across all services over the last 12 months was 5466, a decrease of over 900 from Advocacy Counts 5.
- 2345 fewer older people were supported by advocacy services funded specifically for older people than in 2016.
- Looking ahead, the number of services who believe that their funding will remain the same or increase has risen to 65% compared to 53% in Advocacy Counts 5.
- Services specifically funded for older people are in only 15 of the 22 local authority areas in Wales, down from 17 in Advocacy Counts 5. Services for a wider client group do however continue to cover all local authorities.



Number of respondents and services

	Advocacy Counts 4 2013	Advocacy Counts 5 2016	Advocacy Counts 6 2018
Total number of respondents	22	22	21
Number of services funded specifically for older people	23	19	13
Number of organisations providing these services	15	13	7
Number of other funded advocacy services where older people are part of the client group	26	44	41
Number of organisations providing these services	12	15	18
(Please note that these services will include other statutory services such as IMCA and IMHA)			

(Please note that one provider may have more than 1 advocacy service and some will have services specifically for older people as well as services for a wider client group).

Advocacy staff and volunteers

	Advocacy Counts 4 2013		Advocacy Counts 5 2016		Advocacy Counts 6 2018	
	Older people services	All service types	Older people services	All service types	Older people services	All service types
Full Time	34	33	20	87	10	44
Part Time	46	25	23	43	12	51
Volunteer	53	1	30	36	15	38

The findings suggest a more challenging environment for advocacy services in 2018 with a reduction in both overall numbers of advocates and number of citizens supported by those services. Whilst the number of organisations responding has remained largely the same, the geographical area covered by advocacy services for older people has continued to shrink. This leads to gaps in provision for citizens and a “postcode lottery” of services.

Age Cymru is particularly concerned that while the number of organisations providing support to older people as part of a wider client group has increased and are supporting a greater number of older people, there are significantly fewer specialist services for older people across areas of Wales. This has resulted in an overall reduction in support for older people at a time when the need is increasing, with 900 fewer older people supported than in 2016.

Funding and sustainability

- **Over 40% of providers responded that funding for their current services had less than a year to run; whilst 20% did not know what their long-term future funding arrangements would be.**
- **Over 50% had secured funding for an advocacy service for 3 years or more.**

The results of our survey paint a mixed picture. Compared to Advocacy Counts 5, a greater percentage of organisations are reporting that funding is secured for three years or more and 65% are confident that their funding is going to increase or remain the same in the next 12 months compared to 42% in 2016. Likewise, the number of organisations reporting that they had no knowledge of what was going to happen with their funding has almost halved.

The number of advocates (volunteer and paid) has dropped sharply over the past two years. The number of paid and volunteer advocates working specifically with older people has dropped from 73 in 2016 to 37 in 2018, which is a decrease of 49%. The overall picture is little better, whilst there has been a small increase in the number of part-time and volunteer advocates since 2016, the number of full-time advocates has dropped significantly. These figures have almost halved from 87 to 44.



Quality and standards

- **All providers responded that they meet the advocacy code of practice and set of standards.**
- **40% of respondents have gained the Quality Performance Mark and 10% are working towards it. Of the remaining providers, 40% stated that they did not have it and were not working towards it.**
- **80% of all advocates (paid and volunteer) have the City & Guilds Advocacy qualification, with many working towards the full diploma.**

The full implications of the Regulation and Inspection of Social Care (Act) 2016 on commissioned Independent Professional Advocacy (IPA) services remain unclear and are a concern for some advocacy providers. However, this survey shows that the vast majority of respondents are aware that certain services will be subject to regulation. Many services continue to improve the quality of service provision through already holding a quality performance mark, meeting the code of practice and supporting advocates to become qualified (76 advocates are reported as attaining the recognized qualification compared with 55 in Advocacy Counts 5).

Language

In providing advocacy services to ensure citizen's voices are heard and their wishes respected, it is necessary to offer support in the medium with which they are most comfortable whether that is English or Welsh.

The survey found that 50% of providers had Welsh speaking advocates, which is a reduction on the number reported in 2016 (70%). The uptake of advocate support through the medium of Welsh continues to be very low, with 80% of services continuing to report that 10% or less of their support is provided in Welsh, with many reporting no uptake at all. 50% of providers continue to state that they have provided advocacy support in many other languages such as Chinese, Polish, German and Arabic.

Safeguarding

When reviewing the responses to questions on safeguarding it is reassuring to see that safeguarding remains a high priority for advocacy services, however, the picture is less extensive than in 2016.

75% of services report having a designated manager with responsibility for safeguarding. Four respondents don't have a designated Safeguarding manager, compared to only one in 2016. Whilst nearly all services ensured their staff had adult

protection training, less than half (47%) reported that their volunteers received it. This contrasts with the position in 2016 where 75% of volunteers received adult protection training.

85% of respondents had supported someone who had been abused in the last 12 months. In 2016 this response was 100%.



Conclusion

Advocacy Counts 6 provides an updated snapshot of advocacy provision in Wales for adults with a particular emphasis on older people. It suggests that the overall number of advocates, people supported, and the number of services funded to deliver advocacy across Wales have all decreased since the last survey was undertaken in 2016.

Of particular concern for Age Cymru is the continued fall in the number of specialist advocacy providers and advocates for older people. The loss of this specialist focus and expertise for supporting older people is unlikely to be replicated to the same extent in a service supporting adults of all ages.

The loss of specialist providers may be an indication of commissioning changes to providers who deliver to all ages across a larger geographical area and the end of funding for the Big Lottery Advantage funded projects.

Approaches to commissioning advocacy across Wales continue to be varied and at different stages of development. At the time of writing this report, six Local Authorities have commissioned the IPA provision required of them by the Social Services and Well-being (Wales) Act 2014, however most are in the process of developing their future strategies. Both providers and commissioners remain uncertain about the implications of the Regulation and Inspection of Social Care Act (2016).

In light of the new requirements placed upon Local Authorities it is anticipated that demand for advocacy services will grow and therefore the availability and sustainability of services is a priority for all involved. The mixture of funding sources, statutory and grant funders is similar to that reported in 2016, with the only significant variation being the decrease in the number of organisations funded by charitable trusts. It would appear that the potential impacts of the new requirements anticipated in Advocacy Counts 5 have yet to come to fruition as those Local Authorities who have yet to fully comply with the requirements continue to use existing contracts to ensure advocacy support is available.

Safeguarding remains a fundamental part of the advocacy services provided by the respondents to this survey. Safeguarding is a key area in which there is a requirement for Local Authorities to provide IPA in certain circumstances. Nearly all respondents to the survey reported supporting clients who had been abused in the last 12 months. The respondents have reported a rise in the number of financial abuse cases which they have supported clients to deal with, with financial abuse replacing physical abuse and emotional/psychological as the more prevalent issue reported. The significant reduction in the number of services providing their volunteers with adult protection training is a concern

and will need monitoring in future. Age Cymru supports the right of individuals to live in a safe environment, free from harm and mistreatment. Access to advocacy for those who have been abused will enable them to have their views, wishes and feelings expressed and be at the centre of the safeguarding process, ensuring they are fully involved and supported to be free from future harm.

Age Cymru is committed to supporting the development of the independent advocacy sector in Wales and views it as a vital tool to secure the well-being of all citizens, not just that of older people. Age Cymru's Golden Thread Advocacy Programme has been funded by Welsh Government to support the implementation of Part 10 (advocacy) of "The Act" in a strategic and unified way, seeking to develop consistent, sustainable services across the whole of Wales.

For further information, please contact the Golden Thread Advocacy Team by emailing goldenthreadadvocacy@agecymru.org.uk

Please note:

The Advocacy Counts survey respondents are self-selecting. Responses are based on whether they provide funded advocacy services that are specifically for or include older people as part of their client group. While we endeavour to collect data from all providers, completion of the survey is not mandatory.

The data which we collected was longitudinal, and therefore mirrored the other surveys in our series but we have extracted data to paint the fullest picture of advocacy services in Wales, making the data useful to commissioners, providers and citizens alike. Full data sets are available in the full report on our website.

2. Introduction

We are pleased to present Advocacy Counts 6, our 6th report on advocacy provision for adults in Wales with a particular emphasis on older people.

Over the last 12 years Age Cymru has been reviewing availability of services, issues around funding and sustainability, quality of service and training of advocates, advocacy and its role in safeguarding, accessibility in terms of language, and knowledge and understanding of legislative changes in advocacy.

Our evidence has been used to influence grant funders, commissioners, and Ministers in Welsh Government. We have called for an end to the post code lottery of availability, for a more consistent funding approach, for increased sustainability of the sector and most importantly for people who need the support of these services to have access wherever they are in Wales. We also called for a new statutory duty for advocacy under the Social Services and Well-being (Wales) Act 2014.

Advocacy Counts 6 presents the findings from our most recent survey. It explores the findings in light of the period of transition we are in, from the completion of the large scale grant funding projects to the start of the newly commissioned Independent Professional Advocacy services implemented under the new advocacy requirement within the Act. Advocacy Counts 6 will provide a snapshot of the current situation in Wales.

Methodology

An online survey was used to distribute our questions to providers. We have extensive knowledge of the advocacy sector in Wales but undertook a further desk top exercise to ensure we engaged with as many providers as possible.

The Advocacy Counts survey respondents are self-selecting. Responses are sought from organisations that are funded to deliver advocacy services that are specifically for or include older people as part of their client group. Despite all efforts we cannot guarantee we have data from 100% of providers.

The data which we collected was longitudinal, and therefore mirrored the other surveys in our series; we have extracted data to paint the fullest picture of advocacy services in Wales, making the data useful to commissioners, providers and citizens alike.

We originally sent the survey out in December 2017, making direct contact with as many providers as we could, including those we had already received responses from to previous surveys and those we had become aware of through the Golden Thread Advocacy Programme during the intervening period. We were aware that a lot was changing in the advocacy sector and we have a responsibility to produce a clear and accurate snapshot in this report.

Some responses were received from organisations that were not actually funded to provide advocacy but felt strongly that they were in some way delivering advocacy to their clients without being funded to do so. They felt that they were empowering their clients, upholding their rights and supporting them through difficult times.



These respondents have not been included in the final figures in this report as we were asking for information from services actually funded to provide advocacy. This does not mean that we do not recognise the value and input that these organisations make to the advocacy sector; however, we also recognise that there is still a lot of uncertainty about what the term advocacy actually means. A definition of advocacy can be found in the Advocacy Charter⁴. There is an important piece of work still to be done to ensure that funders, providers, and the people who may need to use advocacy services fully understand what advocacy is and the different roles that advocacy can play including self, peer, citizen, group, informal, formal and independent professional advocacy.

4 <https://qualityadvocacy.org.uk/wp-content/uploads/2018/05/Advocacy-Charter-A3.pdf>

3. GTAP Progress to date

Age Cymru has shown a major commitment to the development and sustainability of independent advocacy services for older people and citizens in general over the last 12 years.

The Golden Thread Advocacy Programme (GTAP) was established by Age Cymru in partnership with Age Connects Wales and Diverse Cymru in 2016 and funded by Welsh Government to support the implementation of the advocacy element of the Social Services and Well-being Wales Act (2014). To achieve this, three overarching objectives were established:

- 1. To develop a National Framework for Commissioning Independent Professional Advocacy for Adults in Wales**
- 2. To support and build the capacity of the advocacy sector in Wales, and**
- 3. To raise awareness of advocacy**

The following is a summary of what has been achieved in the first two years of the programme:

1. To develop a National Framework for Commissioning IPA

The GTAP team has developed a framework based on their experiences of working with local authorities and providers across Wales, guided and advised by a Strategic Reference Group made up of representatives from Welsh Government, Health, WLGA, All Wales Adult Services Heads, a member from the GTAP Board, National Commissioning Board and ADSS Cymru.

The primary audience for the framework are local authorities and other service commissioners.

The framework will be supported by a toolkit which is still in early stages of development and is focussed around the commissioning cycle (Analyse, Plan, Do and Review).

GTAP has facilitated numerous co-productive workshops to support the development of local and regional advocacy strategies as well as to inform the commissioning of advocacy services. So far, six local authorities have commissioned IPA.

2. To support and build the capacity of the advocacy sector in Wales

The National Advocacy Network receives presentations from a range of expert speakers to support the skills and knowledge of advocates. GTAP has also supported the development of regional advocacy networks across Wales to provide stronger regional strategic voices. It is intended that the networks will become self-sustaining.

Advocacy Counts 6 report supports this objective by providing a picture of the adult advocacy sector in Wales.

3. Awareness raising

A range of bilingual awareness raising tools have been developed. These so far include leaflets, bookmarks, a visual representation of the range and types of advocacy services and the bi-monthly newsletter.

The resources are being distributed as widely as possible with a focus on those who may need to understand the role of an advocate and how they can help.

The newsletter is published bi-monthly and provides useful information, updates, and good practice in advocacy. It also provides links to useful documents, training, websites and news all about advocacy.

To subscribe to the newsletter please contact Sue Vaarkamp:

- sue.vaarkamp@agecymru.org.uk
or 01352 706228
- www.ageuk.org.uk/cymru/policy/golden-thread-advocacy-programme/
- goldenthreadadvocacy@agecymru.org.uk
- www.agecymru.org.uk/advocacy

4. Developments in advocacy in Wales

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

As the Social Services and Well-being (Wales) Act 2014 came into force on the 6th April 2016 and is having a significant impact on the types of local authority services that are delivered and how they are delivered in Wales. It puts people right at the heart of service delivery. It also means that in certain circumstances local authorities must ensure that an individual has access to advocacy.

Independent Professional Advocacy (IPA) is a service that can support someone to participate fully in decisions about their well-being and ensure that their views, wishes and feelings are heard, respected and taken account of. Advocacy supports people to have their rights upheld, to express their views and opinions, to make decisions about things that affect them, and if necessary to represent people’s views at meetings.

Through the responses to this survey and the work of the GTAP team with commissioners, it has been identified that, at the time of writing this report, six local authorities had commissioned IPA services and another one is in the process of inviting service providers to tender for the contract. Enquiries with other local authorities revealed that nearly all are planning to complete the commissioning process required by the Act by April 2019 with most of these preparing to jointly commissioning regional services with one or more neighbouring local authority.

Regulation and Inspection of Social Care (Wales) Act 2016⁵

The Regulation and Inspection of Social Care (Wales) Act 2016 reforms the regulation and inspection regime for social care in Wales. The 2016 Act provides the statutory framework for the regulation and inspection of social care services and the social care workforce. It enables the Welsh Ministers to put in place a number of items of subordinate legislation through the making of regulations, the publication of guidance and the issuing of codes of practice. It enables the Welsh Government to:

- Reform the regulatory regime for care and support services, to ensure it is focussed on outcomes for service users;
- Reform the inspection regime for local authority social services functions;
- Re-name and give new powers to the Care Council for Wales; and
- Reform the regulation of the social care workforce.

Section 2(1)(g) of the Act identifies advocacy services as a regulated service. In recognition of the broad range of advocacy services made available for people, the Welsh Ministers took powers to specify through regulations the type of advocacy services that will fall within the scope of the Act. Under the Act it will be an offence for a person to provide a regulated service without being registered, subject to any changes arising following consultation.

Consultation on the legislation and subsequent implication of the regulations has been undertaken by Welsh Government in three phases. Social Care workforce regulations came into effect in April 2017. Duties on Service Providers and Responsible Individuals

5 <https://beta.gov.wales/advocacy-services-regulations>

in Care homes (adults and children); Secure accommodation (children); Residential Family Centres and Domiciliary support came into effect in April 2018.

At the time of writing this report, Welsh Government is consulting on phase three of the regulations, relating to Advocacy Services; Adult Placement Services; Fostering Services and Adoption Services. Phase three is scheduled to come into effect in April 2019

The current proposals in the consultation documents regarding advocacy services relate only to children's statutory advocacy services arranged by local authorities under their duty to assist children, looked after children and certain types of care leavers in making representations about their needs for care and support. Whilst it is commissioned children's advocacy services that will be covered initially by these regulations, it was reported during the consultation process that the regulations will almost certainly be extended to commissioned adult advocacy services and may have implications for wider services. No timeframe exists at the time of writing for the regulations to be extended to adult services.

Making Voices Heard: Older People's Access to Independent Advocacy in Wales (May 2018)⁶

The Older People's Commissioner for Wales has undertaken a review of the extent to which older people in Wales are getting access to independent advocacy, including when they have a legal right to it, to enable them to participate in, and be at the center of, decisions that affect their lives.

The commissioner concludes that, a significant number of older people are unable to access independent advocacy, both more generally and in relation to new legislative duties. Independent advocacy is not being routinely used as a means of ensuring people's rights are made real, throughout the delivery of health and social care across Wales.

The report highlights several key areas of concern that appear to act as barriers across Wales:

- The legal rights to statutory independent advocacy are not always understood by professionals and there is a lack of clarity on what independent advocacy is.
- The offer of independent advocacy is too passive, which is further compounded by the lack of an 'active offer' from professionals.
- Shortcomings in current legislation and in the way in which it is applied can sometimes prevent people from having an effective voice in the decision-making process.
- The current and future need for independent advocacy is not sufficiently understood to inform the planning process and future investment in independent advocacy.

The report concludes that the following recommendations need to be implemented in order to address the barriers:

- Action taken by Local Authorities and Health Boards to ensure that the workforce is adequately trained so that they are aware of the legal rights to statutory independent advocacy and to increase awareness and understanding of the benefits that independent advocacy can bring. This must be supported by strong leadership to embed a culture of valuing a person's voice throughout public services.
- An 'active offer' of independent advocacy extended to older people living in care homes and older people awaiting discharge from hospital. This must be mandated by the Welsh Government to improve the offer of statutory and non-statutory independent.
- Improved and targeted awareness of independent advocacy to ensure that those in most need of independent advocacy are made aware of their rights and the benefits of independent advocacy.

⁶ www.olderpeoplewales.com/en/reviews/advocacy2018.aspx

- Action taken by the Welsh Government, Local Authorities and Health Boards to improve the approach to planning in relation to the provision of statutory and non-statutory independent advocacy. This must be supported by ensuring that robust data is available to demonstrate both the offer and uptake of statutory and non-statutory independent advocacy to support the planning process.
- Action taken by the Welsh Government to develop critical indicators to evidence what 'good looks like' in relation to access to, and the offer of, both statutory and non-statutory independent advocacy.

Making older people's rights a reality will make Wales the best place in the world to grow old⁷

Speaking at an event on 16th May 2018 to celebrate the work and impact of the outgoing Older People's Commissioner, Sarah Rochira, the First Minister, Carwyn Jones and Social Care Minister, Huw Irranca-Davies, announced the Welsh Government will be working with older people to take forward a programme of work that will support everyone to live healthy, prosperous and rewarding lives.

The Ministers stated that early work will involve supporting all older people to have voice and control over their health and social care, with a focus on commissioning, safeguarding and advocacy.

This will include:

- Revising the guidance relating to escalating concerns on care homes to ensure that older people are not put at risk due to the closure of the place where they live and call home. Where a closure is unavoidable, the guidance will ensure the care home is closed in a way that upholds the rights of residents;
- Improving the quality, consistency and availability of Independent advocacy services, that give a voice to people who feel their views are being ignored;

- Integrating the rights of older people into the process the Welsh Government uses to assess the impact its policies have on groups of people;
- Working with older people to deliver a new programme of work that will address barriers to ageing well.

The First Minister also confirmed that to further demonstrate the Welsh Government's commitment to older people, the Minister for Children and Social Care will become the Minister for Children, Older People and Social Care.

Quality Performance Mark and Advocacy Charter⁸

The Quality Performance Mark (QPM) is a quality assurance assessment for providers of independent advocacy in England, Wales and Northern Ireland. It is based on the principles contained in the Advocacy Charter and the Advocacy Code of Practice, enabling providers to demonstrate how they are meeting the different standards.

The QPM has been reviewed and re-launched following consultation with advocacy providers, national stakeholders and commissioners. The 4th edition of the QPM was formally launched in May 2018.

It has been updated to reflect changes in both practice and legislation as well as aiming to ensure its continued effectiveness in supporting a diverse advocacy sector to deliver high quality independent advocacy provision. The Assessment Process has been streamlined to reduce the administrative burden whilst maintaining the robust and rigorous approach of previous versions.

The Advocacy Charter has also been refreshed.

⁷ <https://gov.wales/newsroom/health-and-social-services/2018/olrights/?lang=en>

⁸ <https://www.ndti.org.uk/news/new-version-of-the-qpm-award-launched>

5. Analysis of the survey results

Please see appendix 1 for full data sets.

Advocacy services funded specifically for older people (50+) in Wales

Our survey suggests that there are 13 services funded specifically for older people compared to 19 in 2016. This is a loss of six services or a 32% decrease. The number of organisations providing those services has gone down from 13 to 7. The majority of organisations (four) only provide one advocacy service each, with the other three organisations providing two, three and four services each respectively.

Unsurprisingly, the number of older people supported by these services during the previous 12 months has also dropped significantly, reducing from 4054 in 2016 to 1709 in 2018.

The number of paid and volunteer advocates has dropped from 73 in 2016 to 37 in 2018 which is a fall of 49%.

Organisations are funded to provide a broad spread of advocacy services across the categories listed in Part 10 Code of Practice that accompanies the Social Services and Well-being Act (Wales) 2014. Each of those categories is being delivered to older people somewhere in Wales. Likewise, a broad range of client groups are supported by these advocacy services.

Geographically, there has been a reduction in the number of counties with advocacy services specifically for older people. In 2016, 17 counties had services and yet in 2018 that number has fallen to 15 with these services being delivered by seven organisations. The areas with gaps in services are; Bridgend, Carmarthenshire, Ceredigion, Flintshire, Merthyr, Neath Port Talbot and Swansea. However, older people may be able to access

support from services with a wider client group as all local authority areas have at least one advocacy service.

Three respondents said they have a waiting list and six said they have a prioritising system. 15 respondents skipped this question. Some additional comments made by services include:

“We are dealing with an increasing caseload and are dealing with crisis”.

“Access to refer to the service is currently limited to health and social care professionals. This means that the professional has to decide if the person would benefit from advocacy or not - there is no promotion or awareness raising of IPA so those people who may need it but are not considered so by a professional, cannot access it. This is not what the SSWBA intended”.

Advocacy services for a wider client group but older people are supported as part of the service

Since 2016 the number of services providing advocacy to a wider client group where older people are also supported has remained relatively consistent. 26 services were identified in 2013, which increased to 44 in 2016 and this figure has dipped slightly to 41 in 2018.

The number of organisations providing these services has continued to rise, with the figure increasing from 15 to 18 in the last two years.

The respondents report a mixed picture regarding the number of advocates. Whilst there has been a small increase in the number of part-time and volunteer advocates since 2016, the number of full-time advocates has dropped sharply. These figures have almost halved from 87 to 44.

In contrast to advocacy services funded specifically for older people, the number of older people supported within services catering for a wider age group has seen a significant rise with an increase from 2354 in 2016 to 3757 in 2018. It would appear, therefore, that most older people are now receiving their advocacy support from services working with all ages of adults rather than from services dedicated to supporting only older people. Overall, the total number of older people receiving advocacy support has dropped since 2016.

A broad range of advocacy services are delivered including IMCA, IMHA and also four services categorised as IPA commissioned under the SSWB Act. These services covered the Local Authority areas of Anglesey, Bridgend, Gwynedd and Newport. Since the Advocacy Counts 6 survey was completed, the IPA pilot service in Cardiff and the Vale of Glamorgan has been jointly commissioned and also the service in Wrexham was being commissioned at the time of writing.

There continued to be a complete geographical coverage of these services across Wales. Some additional comments made by services include:

“Support for older people with learning disabilities is becoming more regular request and more complex in nature”.

Funding and sustainability

When comparing the results regarding how long services are funded for, there has been a decrease in the number of services funded for only one year. In 2016 respondents indicated that 66% of services were funded for one year, 8% were funded for two years, and 19% for three years. This time, less services (42%) are funded for one year, 5% for two years, 36% for three years and 17 % for five or more years.

The survey also revealed a more positive trend regarding sustainability of funding. In 2016, only 53% of services reported that their funding was going to increase or remain the same over the following period. By 2018, this figure has increased to 65%.

40% had no knowledge of what was going to happen with their funding in 2016, whereas this figure has almost halved to 22% from the responses to this survey.

All these trends are welcome, would appear to be positive and suggest that a greater percentage of advocacy services have more knowledge about their future funding and that the information received from commissioners is for services to receive longer periods of funding and therefore, greater sustainability.

Some of the concerns raised include:

“Currently I think it will remain the same, but I’m unsure past 12 months as we have been on a rolling contract and this is likely to change.”

“Applications for funding are being made - none have been successful so far.”

“There has recently been a Welsh Government whitepaper proposing to abolish CHC’s so the future of the Advocacy Service in its current form is uncertain.”

“The organisation is looking at the strategy for the next five years. It is unclear whether advocacy will be part of the organisations future. The uncertainty around RISCA / IPA etc adds to the lack of clarity.”

Of the respondents, 11 services are funded by the local authority, seven by health trusts, seven by Welsh Government, two jointly by health and local authority, five funded by grant funders and three through fundraising and donations.

There has been a significant decrease in the number of organisations funding by charitable trusts from nine to four. This figure is more consistent with the level of non-statutory funding identified in both Advocacy Counts 4 and 3, with Advocacy Counts 5 in 2016 revealing a significant rise in all areas of non-statutory funding. Since Advocacy Counts 4 in 2013, there has been a consistent rise in the number of services relying on statutory funding sources, to the extent that nearly twice as many services receive this type of funding compared to grants, charitable trusts, etc.

Not surprisingly when respondents were asked about what needs to happen to ensure sustainability, responses were focused on ensuring secure funding with clear planning for the long term. Other responses included:

“LAs and Health Boards need to work together on co-production and joint funding with a view to increasing funding.”

“Services need to be fully commissioned with no spot contracting.”

“Funding and joint working.”

“To enable advocacy services to exist and be effective it is important to maintain independence from the local authority and health board this allows for autonomy and freedom of conflict and set agendas.”

“To ensure sustainability it is important that a large proportion of funding is provided by Health/Local Authorities, but also sources from other charities, enterprises etc.”

“Once commissioners are commissioning and contracts are laid out (preferably for 5 rather than 3 years) and once the requirements under RISCA are clarified and in place, things will stabilise. The issue is the loss skilled staff and quality services in the transition, which is undermining the whole sector.”

“Welsh Government should provide transitional funding and support to providers that meet a certain level, so that we don’t lose the skills and experience in the meantime.”

“Ensure that the commissioning of IPA does not disadvantage wider advocacy services.”

“Tendering opportunities should be planned well ahead to allow sufficient time to prepare.”

“Collaborative working should be encouraged, rather than competition between organisations. Some recognition that core funding is important not just frontline project staff.”

“Local authorities need to understand the difference between self-advocacy and advocacy and its importance as a preventative service in the SSWB Wales Act.”

Overall, when asked about the respondents’ level of knowledge of the Social Services and Well-being (Wales) Act 2014, responses were very positive with 85% reporting excellent or good knowledge. Although 15% reported that their knowledge was limited or non-existent.

45% of respondents had started discussions with their local commissioners about funding Independent Professional Advocacy services.

Language

There has been a reduction in the number of organisations with Welsh speaking advocates from 14 in 2016 to 10 in 2016. 50% of our respondents now have Welsh speaking advocates compared to 74% previously. However, the actual number of Welsh speaking paid advocates has remained the same at 34. Only two organisations continue to use Welsh speaking volunteer advocates.

The uptake of advocate support through the medium of Welsh continues to be very low, with 80% of services continuing to report that 10% or less of their support is provided in Welsh, with many reporting no uptake at all.

Requests for support in other languages continues to be broad with half the services reporting that clients require such support. In 2018 additional support has been required in Chinese, Mandarin, Russian, German, Polish, Portuguese, Lithuanian, Bangladeshi, Arabic, Urdu, Kurdish and Somali. At least three respondents said they had used sign language.

Quality and standards

100% of respondents said that they work to a set of standards and a code of practice.

50% of respondents have the Quality Performance Mark (QPM) or are working towards it. This means that twice as many organisations don’t have the QPM and are not working towards it compared to 2016. Some of the reasons for this include:

“We have got ourselves ‘ready’ so that it should be a reactively quick process, but have not applied due to cost.”

“We are currently working on our own standards of self-advocacy.”

Over 80% of respondents were aware that certain advocacy services will be subject to regulation under the Regulation and Inspection of Social Care Act (2016).

There continues to be an increase in the number of organisations whose staff now have the City and Guild’s National Advocacy Qualification. It has increased during the period 2013 to 2018 from 9 to 16. The total number of staff who this survey suggests have the qualification has also continued to rise sharply from 37 to 76 over the same period. A 100% increase.

Training requirements were identified as the following:

- Safeguarding
- Updates on legislation
- Advocacy qualifications
- Supporting parents through Child Protection

Safeguarding

It is reassuring to see that safeguarding remains a high priority for advocacy services and taken extremely seriously both practically and in terms of the policies, procedures, and training in place. However, the picture is less comprehensive than in 2016 with fewer Safeguarding managers and less safeguarding training delivered.

Services are dealing with all types of abuse although financial abuse has become significantly more prevalent compared to the other forms of abuse listed and is now the most common category. The primary location continues to be the person’s own home.

95% of respondents have a safeguarding policy and procedure while 75% have a designated manager. Four respondents now report not having a designated manager, compared to only one in 2016.

95% of services report having had safeguarding training whereas 100% did in 2016. Around 20% of this training continues to be done in house, whilst only 40% is now delivered by the local authority compared to nearly 70%

previously. There has been an increase in the number of organisations receiving their training from other organisations or specialist trainers.

Less than half the services (47%) reported that their volunteers received safeguarding training. In 2016, 75% of volunteers had this training as well. In response to this, one service noted that:

“When safeguarding training is offered to us free of charge we offer it to volunteers. However, many volunteers work and are unable to take time off work. We do not insist on training but do talk about safeguarding during initial induction training.”

85% of respondents had supported someone who had been abused in the last 12 months. In 2016 this response was 100%.

Conclusion and recommendations

Advocacy Counts 6 has provided an updated snapshot of advocacy provision in Wales for adults with a particular emphasis on older people. It suggests that the overall number of advocates, the overall number of people supported and the number of services funded to deliver advocacy provision across Wales have all decreased since the last survey was undertaken in 2016.

Of particular concern for Age Cymru is the continued fall in the number of specialist advocacy providers and advocates for older people. As a result, the number of older people supported by specialist services has fallen significantly and has only been partly counteracted by an increase in the number of older people supported by advocacy services that extend to a broader range of client groups. There is concern that the loss of this specialist focus and expertise for supporting older people is unlikely to be replicated to the same extent in a service supporting adults of all ages.

The significant decrease in the number of specialist advocacy providers who support people aged 50 and over is again only partly counteracted by a smaller increase in the number of organisations providing support for adults of all ages. Again this could be

an indication of a move away from the commissioning of specialist advocacy providers to providers who deliver to all ages across a larger geographical area. The end of funding for the Big Lottery Advantage funded projects which were recorded in Advocacy Counts 4 and 5 could also account for the lower number of providers in this report.

Approaches to commissioning advocacy across Wales continue to be varied and at different stages of development. At the time of writing this report, six Local Authorities have commissioned the Independent Professional Advocacy provision required of them by the Social Services and Well-being (Wales) Act 2014, however most are in the process of developing their future strategies. Both providers and commissioners remain uncertain about the implications of the Regulation and Inspection of Social Care Act (2016).

In light of the new requirements placed upon Local Authorities it is anticipated that demand for advocacy services will grow and therefore the availability and sustainability of services is a priority for all involved. The mixture of funding sources, statutory and grant funders is similar to that reported in 2016, with the only significant variation being the decrease in the number of organisations funded by charitable trusts. It would appear that the potential impacts of the new requirements anticipated in Advocacy Counts 5 have yet to come to fruition as those Local Authorities who have yet to fully comply with the requirements continue to use existing contracts to ensure advocacy support is available.

Safeguarding remains a fundamental part of the advocacy services provided by the respondents to this survey. Safeguarding is a key area in which there is a requirement for Local Authorities to provide IPA to citizens in certain circumstances if it is decided that it would be beneficial following discussion. Nearly all respondents to the survey reported supporting clients who had been abused in the last 12 months. The respondents have reported a rise in the number of financial abuse cases which they have supported clients to deal with, with financial abuse replacing physical abuse and emotional/psychological as the more prevalent issue reported. The significant reduction in the number of services providing their volunteers with adult protection training is a concern and will need monitoring in future. Age Cymru supports the right for individuals to live in a safe environment, free from harm and mistreatment. Access to advocacy for those who have been abused will enable them to have their views, wishes and feelings expressed and be at the centre of the safeguarding process, ensuring they are fully involved and supported to be free from future harm.

Age Cymru is committed to supporting the development of the independent advocacy sector in Wales and views it as a vital tool to secure the wellbeing of all citizens, not just that of older people. Age Cymru's Golden Thread Advocacy Programme has been funded by Welsh Government to support the implementation of Part 10 (advocacy) of "The Act" in a strategic and unified way, seeking to develop consistent, sustainable services across the whole of Wales.

Appendix 1

Advocacy Counts 6: Data results

Q1 Contact details

- 21 respondents provided us with their contact details with 20 agreeing to further contact.

This first set of questions is specifically aimed at services for older people (50+)

Q2. How many of your services are funded to provide advocacy specifically for older people?

Answer Options	Response Percent	Response Count
None	66.67%	14
1	19.05%	4
2	4.76%	1
3	4.76%	1
4	4.76%	1
5	0.00%	0
6	0.00%	0
More than 6	0.00%	0
	Answered question	20
	Skipped question	2

Q3. What type of advocacy service(s) do you have?

Answer Options	Response Percent	Response Count
Self-advocacy	14.29%	1
Collective/group advocacy	28.57%	2
Peer advocacy	28.57%	2
Citizen advocacy	28.57%	2
Independent volunteer advocacy	14.29%	1
Independent Professional Advocacy (IPA) commissioned under the Social Services Act (2014)	28.57%	2
Non commissioned IPA	42.86%	3
Other	14.29%	1
	Answered question	7
	Skipped question	14

Q4. Who are your client group(s)?

Answer Options	Response Percent	Response Count
People with dementia	100.00%	7
People in LGBT communities	42.86%	3
People experiencing domestic / elder abuse	71.43%	5
Carers	71.43%	5
People from black, minority, ethnic (BME) communities	42.86%	3
People in care homes	100.00%	7
People with learning disabilities	57.14%	4
People with mental health problems	71.43%	5
People with physical impairments	71.43%	5
People with sensory impairments	71.43%	5
Refugees / asylum seekers	0.00%	0
Homeless people	0.00%	0
People lacking capacity	57.14%	4
Other	14.29%	1
	Comments	1
	Answered question	7
	Skipped question	14

Additional information on this question:

- Older people in the community and those with cancer

Q5. Where are your services delivered?

Answer Options	Response Percent	Response Count
Anywhere	85.71%	6
People's own homes	42.86%	3
Hospitals	42.86%	3
Care homes	42.86%	3
Sheltered accommodation	28.57%	2
Day Centres	14.29%	1
Other	0.00%	0
	answered question	7
	Skipped question	14

Q6. Which counties do these services (for older people) cover?

Answer Options	Response Percent	Response Count
All Wales	0.00%	0
Blaenau Gwent	28.57%	2
Bridgend	0.00%	0
Caerphilly	28.57%	2
Cardiff	14.29%	1
Carmarthenshire	0.00%	0
Ceredigion	0.00%	0
Conwy	14.29%	1
Denbighshire	14.29%	1
Flintshire	0.00%	0
Gwynedd	14.29%	1
Isle of Anglesey	14.29%	1
Merthyr Tydfil	0.00%	0
Monmouthshire	14.29%	1
Neath Port Talbot	0.00%	0
Newport	7.7%	1
Pembrokeshire	14.29%	1
Powys	28.57%	2
Rhondda Cynon Taf	28.57%	2
Swansea	0.00%	0
Torfaen	28.57%	2
Vale of Glamorgan	14.29%	1
Wrexham	14.29%	1
	Answered question	7
	Skipped question	14

Q7. How many full-time paid advocates work for these services? 10

Q8. How many part-time paid advocates work for these services? 12

Q9. How many volunteer advocates are involved in these services? 15

Q10. Approximately how many older people did these services support in the last 12 months? 1709

Q11. Please let us know about the demand for your services

Answer Options	Yes	No	Response Count
Waiting list?	3	3	6
Prioritising system?	6	0	6
		Answered question	6
		Skipped question	15

Q12. Please let us know if there is anything else you would like to share about these elements of your service

- We are dealing with an increasing caseload and are dealing with crisis. The volunteers support the service and do low level advocacy, because of the nature of our clients this is the only way not to over burden our volunteers. As crisis advocacy can be challenging for them.
- Access to refer to the service is currently limited to health and social care professionals. This means that the professional has to decide if the person would benefit from advocacy or not - there is no promotion or awareness raising of IPA so those people who may need it but are not considered so by a professional, cannot access it. This is not what the SSWBA intended.

The next set of questions was aimed at services that are not specifically funded for older people but have older people as part of their client group.

Q13. How many advocacy services adults (18+) do you provide?

Answer Options	Response Percent	Response Count
None	14.29%	3
1	52.38%	11
2	9.52%	2
3	0.00%	0
4	9.52%	2
5	4.76%	1
6	4.76%	1
More than 6	4.76%	1
	Answered question	21
	Skipped question	0

Q14. How many of your advocacy services that you provide also support older people (50+)?

Answer Options	Response Percent	Response Count
None	5.26%	1
1	52.63%	10
2	10.53%	2
3	0.00%	0
4	15.76%	3
5	0.00%	0
6	10.53%	2
More than 6	0.00%	0
	Answered question	19
	Skipped question	2

Q15. What type of advocacy service(s) do you have?

Answer Options	Response Percent	Response Count
Self-advocacy	29.41%	5
Collective/group advocacy	29.41%	5
Peer advocacy	11.76%	2
Citizen advocacy	11.76%	2
Independent volunteer advocacy	0.00%	0
Independent Professional Advocacy (IPA) commissioned under the Social Services Act (2014)	23.53%	4
Non commissioned IPA	29.41%	5
IMCA	23.53%	4
IMHA	17.65%	3
Community Mental Health	23.53%	4
CHC Health Complaints advocacy	23.53%	4
IDVA	0.00%	0
Other	29.41%	5
	Answered question	17
	Skipped question	4

Other:

- Parent Advocacy
- Carers
- Advocacy for People with dementia (whether it comes under IPA or not)
- Paid RPR
- Young people's advocacy 18-25 years' old

Q16. Who are your client group(s)?

Answer Options	Response Percent	Response Count
People with dementia	70.59%	12
People in LGBT communities	47.06%	8
People experiencing domestic / elder abuse	41.18%	7
Carers	64.71%	11
People from black, minority, ethnic (BME) communities	41.18%	7
People in care homes	64.71%	11
People with learning disabilities	64.71%	11
People with mental health problems	58.82%	10
People with physical impairments	64.71%	11
People with sensory impairments	58.82%	10
Adult refugees / asylum seekers	23.53%	4
Homeless people	29.41%	5
People lacking capacity	41.18%	7
Other	17.65%	3
	Comments	4
	Answered question	17
	Skipped question	4

Additional information on this question:

- Adults with learning disabilities who may also fit into any of the above i.e. have dementia, LGBT, Experiencing domestic abuse etc.,
- Relatives of the above individuals with the patient's consent.
- ASD within our work we would support all other groups other than carers.
- All of our services would be inclusive of any one with a protected characteristic, ticked boxes are groups who are specifically named in contracts.

Q17. Where are your services delivered?

Answer Options	Response Percent	Response Count
Anywhere	76.47%	13
People's own homes	17.65%	3
Hospitals	29.41%	5
Care homes	11.76%	2
Sheltered accommodation	0.00%	0
Day Centres	0.00%	0
Other	23.53%	4
Other (please specify)		4
	Answered question	17
	Skipped question	4

Additional information on this question:

- Our offices
- CHC offices and other negotiated venues
- At our office and other places where NHS services are provided e.g. GP surgery etc.
- National Council - Member led forum comprising of People First groups in Wales

Q18. Which counties do these services cover?

Answer Options	Response Percent	Response Count
All Wales	11.76%	2
Blaenau Gwent	5.88%	1
Bridgend	17.65%	3
Caerphilly	11.76%	2
Cardiff	11.76%	2
Carmarthenshire	17.65%	3
Ceredigion	11.76%	2
Conwy	17.65%	3
Denbighshire	17.65%	3
Flintshire	11.76%	2
Gwynedd	11.76%	2
Isle of Anglesey	11.76%	2
Merthyr Tydfil	11.76%	2
Monmouthshire	5.88%	1
Neath Port Talbot	11.76%	2
Newport	5.88%	1
Pembrokeshire	23.53%	4
Powys	11.76%	2
Rhondda Cynon Taf	17.65%	3
Swansea	11.76%	2
Torfaen	11.76%	2
Vale of Glamorgan	11.76%	2
Wrexham	11.76%	2
	Answered question	17
	Skipped question	4

Q19. How many full-time paid advocates work for these services?	44
Q20. How many part-time paid advocates work for these services?	51
Q21. How many volunteer advocates are involved in these services?	38
Q22. How many adults did your services support in the last 12 months?	8723
Q23. How many older people did your services support in the last 12 months?	3757

Q24. Please let us know if there is anything else you would like to share about these elements of your service

- Support for older people with learning disabilities is becoming more regular request and more complex in nature

The next sets of questions are general to all services

Q25. How long is your service(s) funded for?

	Length of funding						Total
	1 yr	2yrs	3yrs	4yrs	5yrs	Over 5yrs	
Service 1							
Response Percent	44.44%	5.56%	27.78%	0.00%	5.56%	16.67%	
Response Count	8	1	5	0	1	3	18
Service 2							
Response Percent	37.50%	12.50	37.50%	0.00%	12.50%	0.00%	
Response Count	3	1	3	0	1	0	8
Service 3							
Response Percent	62.50%	0.00%	25.00%	0.00%	12.50%	0.00%	
Response Count	5	0	2	0	1	0	8
Service 4							
Response Percent	40.00%	0.00%	40.00%	0.00%	20.00%	0.00%	
Response Count	2	0	2	0	1	0	5
Service 5							
Response Percent	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	
Response Count	0	0	3	0	0	0	3
Service 6							
Response Percent	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	
Response Count	0	0	1	0	0	0	1

Q26. Over the next 12 months what do you think funding for your services is likely to do?

	Stay the same	Increase	Reduce	Come to an end	Unknown	Total
Service 1						
Response Percent	45.00%	0.00%	5.00%	15.00%	35.00%	
Response Count	9	0	1	3	7	20
Service 2						
Response Percent	77.79%	0.00%	0.00%	22.22%	0.00%	
Response Count	7	0	0	2	0	9
Service 3						
Response Percent	83.33%	0.00%	0.00%	0.00%	16.67%	
Response Count	5	0	0	0	1	6
Service 4						
Response Percent	80.00%	0.00%	0.00%	0.00%	10.00%	
Response Count	4	0	0	0	1	5
Service 5						
Response Percent	75.00%	0.00%	0.00%	0.00%	25.00%	
Response Count	3	0	0	0	1	4
Service 6						
Response Percent	50.00%	50.00%	0.00%	0.00%	0.00%	
Response Count	1	1	0	0	0	2

Comments:

- Currently I think it will remain the same, but I'm unsure past 12 months as we have been on a rolling contract and this is likely to change.
- Applications for funding are being made - none have been successful so far.
- Hopefully stay the same. However, funding is made up of various pots of money some of which will end. Hopefully new pots will be found.
- There has recently been a WG whitepaper proposing to abolish CHC's so the future of the Advocacy Service in its current form is uncertain.
- The organisation is looking at the strategy for the next 5 years. It is unclear whether advocacy will be part of the organisation's future. The uncertainty around RISCA / IPA etc. adds to the lack of clarity.
- Difficult to state with any certainty.

- We have received an indication that we are to have a roll-over of contract, awaiting confirmation in writing.
- It is really difficult to say. Although we have received consistent Welsh Government funding and our income has substantially increased over the last two funding rounds, we are aware that the uncertain political times/ times of austerity may have an impact on self-advocacy for people with learning disabilities

Q27. How are your services funded?

Answer Options	Response Percent	Response Count
Charitable trusts	20.00%	4
Local Authority	55.00%	11
Health Trusts	35.00%	7
Joint funding by Local Authority and Health	10.00%	2
Welsh Government	35.00%	7
Fundraising and donations	15.00%	3
Grant funders	25.00%	5
Other	10.00%	2
Other (please specify)		4
	Answered question	20
	Skipped question	1

Other:

- As advocacy is seen as a statutory service we cannot gain funding for it from Charitable trusts or grant funders
- Banks etc.
- Social Services and Well Being Wales Act, Engage to Change (Getting Ahead 2) - Big Lottery, DRILL (Disability Research Inclusive Living and Learning)
- Private contracts

Q28. Please let us know if there is anything else you would like to share about these elements of your service

- Our service is getting busier and busier. Nearly all our clients fall outside the commissioning band. Most of our clients don't have social workers and many of our clients are members of families - in particular of those who are in hospital settings.
- Short term funding contracts make it very difficult to recruit, retain and develop good quality advocates. The development of strong, sustainable relationships with social services and health staff takes time and adequate resourcing by the provider organisation if independent professional advocacy is to be embedded as a genuine option of support, not just for the end user but also for public sector staff and assessment processes.
- We have and will provide grant funded projects, just none currently. Most of our local authority funded contracts have been 'rolled over' for many years until a recent tendering process which amalgamated a number of services which have been rolling over for 10-15 years.

Q29. In your professional opinion, what needs to happen to ensure the sustainability of independent advocacy services?

- LAs and Health Boards need to work together on co-production and joint funding with a view to increasing funding.
- There is such a need for advocacy across the County, with only a small amount of advocacy providers and trained advocates employed, it's becoming a challenge to manage the capacity. More and more people also seem aware they are entitled to advocate. In order for the services to continue health and social care need to commit to funding the services, it's so important when working with them that the service has some security. In addition, advocacy services are difficult to fund by other means, as they are seen by funders as a statutory duty. so unless some security is sort, many could close which would be tragic for the clients the services support.
- Services need to be fully commissioned with no spot contracting.
- Funding and joint working.
- With the Health and Social Care being widely talked about in the media at the moment - not ONE of the reports on the TV or in discussion groups have mentioned Advocacy. We need to talk to people and talking to staff and doctors about our advocacy services. I sent out leaflets recently to all wards - this week I have had three referrals and spoke to a doctor about Advocacy. To enable advocacy services to exist and be effective it is in my opinion important to maintain independence from the local authority and health board this allows for autonomy and freedom of conflict and set agendas. To ensure sustainability it is important that a large proportion of funding is provided by Health/Local Authorities, but also sources from other charities, enterprises etc. to allow for total commitment to the partner
- The majority of referrals we receive for advocacy support comes from hospitals where people cannot be discharged due to disagreements about transition into a new care setting. Health and social care commissioners need to talk about how they can resolve this issue jointly, through open and honest dialogue. It is everybody's problem. If WG really wants advocacy to work in the way the SSWB Act intended, they need to ring-fence adequate resources to ensure LA's discharge their duties.
- Once commissioners are commissioning and contracts are laid out (preferably for 5 rather than 3 years) and once the requirements under RISCA are clarified and in place, things will stabilise. The issue is the loss skilled staff and quality services in the transition, which is undermining the whole sector. WAG should provide transitional funding and support to providers that meet a certain level, so that we don't lose the skills and experience in the meantime.

- Ensure that the commissioning of IPA does not disadvantage wider advocacy services.
- Tendering opportunities should be planned well ahead to allow sufficient time to prepare. Collaborative working should be encouraged, rather than competition between organisations. Some recognition that core funding is important not just frontline project staff.
- Local authorities need to understand the difference between self-advocacy and advocacy and its importance as a preventative service in the SSWB Wales Act.
- Purchasing authorities abide by their own purchasing guidelines and 3rd sector covenants. % year contracts would be better than 3 given that it can take 6+ months to bed in and three months to go through tender. For a small organisation this is difficult to resource.

Q30. What level of knowledge do you have of the provisions in Part 10, Chapter 3, ‘Advocacy Services’ in the Social Services and Well-being Wales Act?

Answer Options	Response Percent	Response Count
Excellent	30.00%	6
Good	55.00%	11
Limited	10.00%	2
None	5.00%	1
	Answered question	20
	Skipped question	1

Q31. Have you had any discussions with your local commissioners about funding independent advocacy services under the Social Services and Wellbeing Wales Act?

Answer Options	Response Percent	Response Count
Yes	45.00%	9
No	30.00%	6
Unsure	0.00%	0
Other	25.00%	5
	Answered question	20
	Skipped question	1

Additional information on this question:

- Tender submitted but unsuccessful
- Yes, not directly but via an information sharing group hosted by the Local Authority.
- Although we provide what would be regarded as IPA services, we do not wish to be commissioned, as we wish to retain independence. It is a concern that this may not be an option moving forward.
- This is being arranged via Golden Thread
- We are in the process of speaking to regional partnership boards in Wales.

Q32. Do you have Welsh speaking paid advocates?

Answer Options	Response Percent	Response Count
Yes	50.00%	10
No	50.00%	10
Don't know	0.00%	0
	Comment	7
	Answered question	20
	Skipped question	1

Q33. If you answered yes to the previous question, how many Welsh speaking paid advocates do you employ? 34

Q34. Do you have any Welsh speaking volunteer advocates?

Answer Options	Response Percent	Response Count
Yes	10.00%	2
No	90.00%	18
Don't know	0.00%	0
	Comment	3
	Answered question	20
	Skipped question	1

Q35. If you answered yes to the previous question, how many Welsh speaking volunteer advocates does your service(s) have? 4

Q36. Approximately what percentage of your clients has received advocacy support in Welsh?

Answer Options	Response Percent	Response Count
None	35.00%	7
Don't know	0.00%	0
1% - 10%	45.00%	9
11% - 20%	5.00%	1
21% - 30%	0.00%	0
31% - 40%	5.00%	1
41% - 50%	5.00%	1
51% - 60%	0.00%	0
61% - 70%	0.00%	0
71% - 80%	0.00%	0
81% - 90%	5.00%	1
91% - 100%	0.00%	0
	Answered question	20
	Skipped question	1

Q37. Do your clients require advocacy support in any other languages?

Answer Options	Response Percent	Response Count
Yes	50.00%	9
No	50.00%	9
	Comments	11
	Answered question	18
	Skipped question	3

Other languages and comments included:

- Chinese, various Asian dialects
- German, Polish and Russian
- Sign language has in the past been useful
- Sylheti, Arabic, Somali, Kurdish, Urdu, Mandarin, British Sign Language
- Polish, Portuguese, Sinhala, Singlish, Lithuanian, Russian
- Polish
- Bangladeshi, Polish

Q38. Please let us know if there is anything else you would like to share about these elements of your service

- Sometimes clients bring family/friends to interpret, other times an interpreter is provided by us

Q39. Do you work to a set of standards and a code of practice?

Answer Options	Response Percent	Response Count
Yes	100.00%	20
No	0.00%	0
	Comment	15
	Answered question	20
	Skipped question	1

Comments included:

- Advocacy Code of Practice
- Advocacy Charter 2014 Advocacy Code of Practice 2014
- Action for Advocacy
- QPM
- Code of Practice based on the Advocacy Charter
- PQASSO
- Advocacy quality mark and Code of Practice
- MIRROR Principles of Self-Advocacy and MIRROR Training in self-advocacy.

Q40. Does your organisation have the NDTi Quality Performance Mark for advocacy or are you working towards it?

Answer Options	Response Percent	Response Count
Yes we have it	40.00%	8
Have it but waiting for it to be reviewed and reissued	0.00%	0
Working towards it	10.00%	2
Don't have it and not working towards it	40.00%	8
Don't know	10.00%	2
	Comment	5
	Answered question	20
	Skipped question	1

Comments:

- Only because we have just completed advice quality standard and Age UK information and advice quality standard
- Don't have it at moment but preparing to work towards it

- We have got ourselves ‘ready’ so that it should be a reactively quick process, but have not applied due to cost.
- Awarded the advocacy QPM in April 2017 which lasts 3 years.
- We are currently working on our own standards of self-advocacy.

Q41. Are you aware that under the Regulation and Inspection of Social Care Act (2016) certain advocacy services will be subject to regulation by CSSIW from April 2019?

Answer Options	Response Percent	Response Count
Yes	80.00%	16
No	15.00%	3
Working towards it	5.00%	1
	Answered question	20
	Skipped question	1

Q42. Do your advocates have the City and Guilds National Advocacy Qualification?

Answer Options	Response Percent	Response Count
Yes	80.00%	16
No	15.00%	3
Working towards it	5.00%	1
	Answered question	20
	Skipped question	1

Q43. If you answered yes to the previous question, how many have the qualification?

At least 76 have the qualification. 4 respondents skipped the question

Q44. Do you have any training requirements?

- Updates on legislation
- Supporting parents through Child Protection
- Advocacy qualifications
- Safeguarding

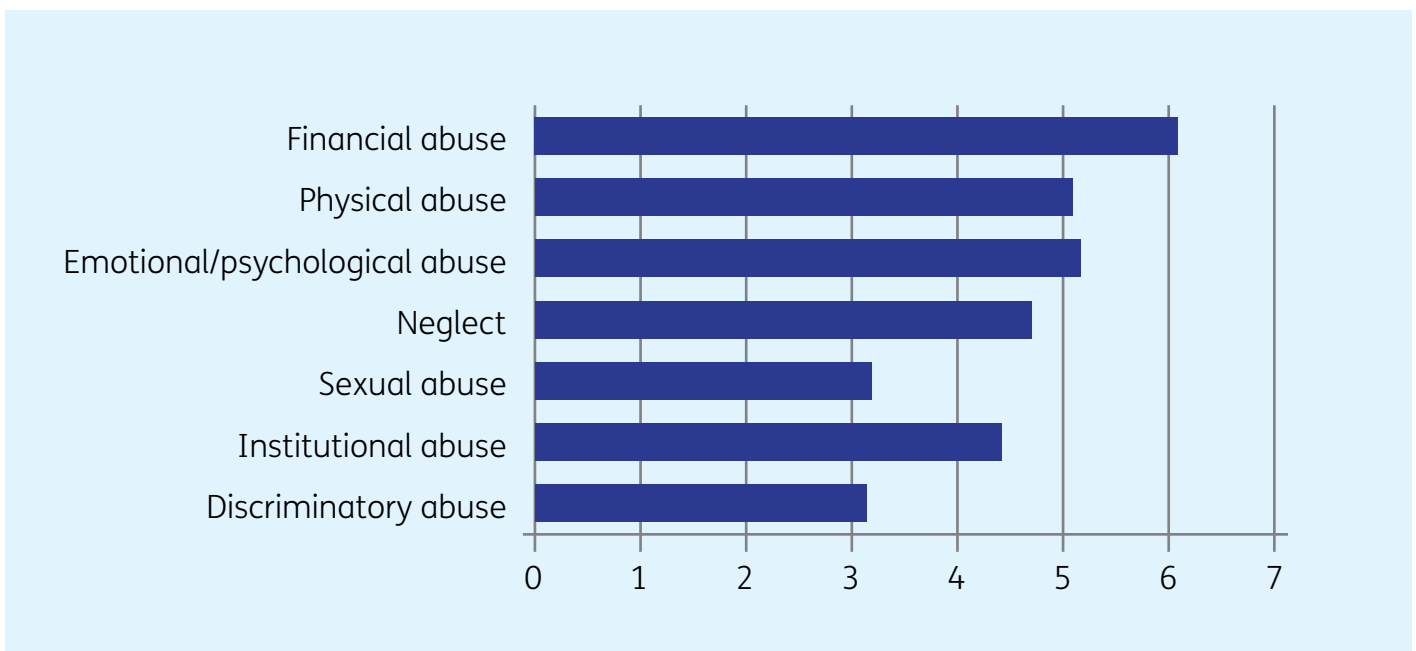
Q45. Please let us know if there is anything else you would like to share about these elements of your service

- The service is independent and very much for the person. A citizen advocate is a person that will spend time with a partner, listening to what they want and making sure they have a voice which is heard. Volunteers come from all walks of life and vary in the amount of time they are able to offer to their partner. We have no rule to say how much time should be spent as it is down to each partnership. Volunteer advocates are CRB approved and reference checked they undertake an induction process by the citizen advocacy coordinator who offers ongoing support to the partnerships.

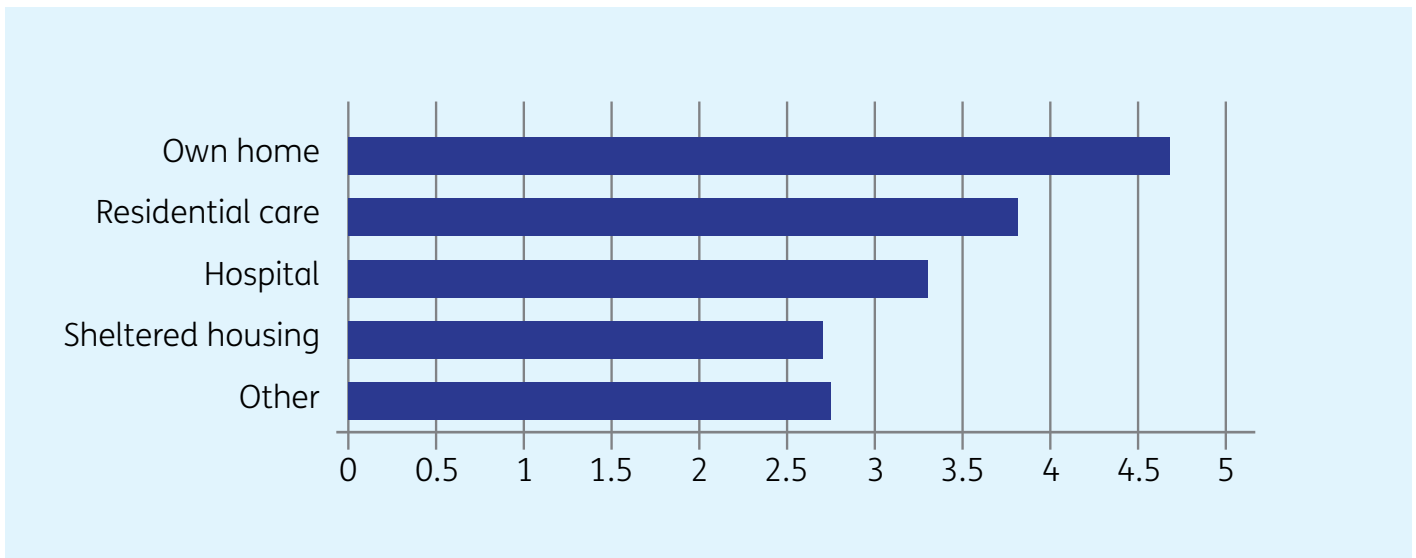
Q46. Have your advocate(s) supported people who have been abused in the last 12 months?

Answer Options	Response Percent	Response Count
Yes	85.00%	17
No	10.00%	2
Don't know	5.00%	1
	Answered question	20
	Skipped question	1

Q47. What types of abuse have you supported older people with in the last 12 months?



Q48. Where did the abuse happen?



Q49. Does your organisation have a safeguarding policy and procedure?

Answer Options	Response Percent	Response Count
Yes	95.00%	19
No	0.00%	0
Don't know	5.00%	1
	Answered question	20
	Skipped question	1

Q50. Does your organisation have a designated manager with responsibility for safeguarding?

Answer Options	Response Percent	Response Count
Yes	73.68%	14
No	21.05%	4
Don't know	5.26%	1
	Comment	3
	Answered question	19
	Skipped question	2

Q51. Have your staff had safeguarding training?

Answer Options	Response Percent	Response Count
Yes	95.00%	19
No	5.00%	1
Don't know	0.00%	0
	Answered question	20
	Skipped question	1

Q52. If you answered yes to the previous questions how was it delivered?

Answer Options	Response Percent	Response Count
In house	21.05%	4
By the local authority	42.11%	8
Other	36.84%	7
	Answered question	19
	Skipped question	2

Q53. Have your volunteers had adult protection training?

Answer Options	Response Percent	Response Count
Yes	47.06%	8
No	41.18%	7
Don't know	11.76%	2
	Answered question	17
	Skipped question	4

Q54. Please let us know if there is anything else you would like to share about these elements of your service

- When safeguarding training is offered to us free of charge we offer it to volunteers. However, many volunteers work and are unable to take time off work. We do not insist on training but do talk about safeguarding during initial induction training.
- We have developed our own safeguarding training for volunteers as they are people with learning disabilities and there was nothing already available that was accessible.

Q55. If you have any further comments to make please complete the box below

None received

Acknowledgements

Age Cymru are grateful to all of the advocacy service providers who took time to complete the online survey and to those who agreed to be contacted in order to get some more detailed responses to some of the issues raised.

We would also like to thank everyone who assisted in preparing the survey to go live and in the production of the report.

For further information, please contact:

Louise Hughes
Golden Thread Programme Manager
Age Cymru
St Andrews Park
Queen's Lane
Bromfield Industrial Park
Mold
Flintshire
CH7 1XB
01352 706228
Louise.hughes@agecymru.org.uk

Or for general enquiries:

Age Cymru
Ground Floor
Mariners House
Trident Court
East Moors Road
Cardiff
CF24 5TD
029 2043 1555



Age Cymru, Ground Floor, Mariners House, Trident Court,
East Moors Road, Cardiff CF24 5TD

Tel: 029 2043 1555 Fax: 029 2047 1418

E-mail: enquiries@agecymru.org.uk www.agecymru.org.uk

Age Cymru is a registered charity 1128436. Company limited by guarantee and registered in England and Wales 6837284. Registered office as above. ©Age Cymru 2018



Follow us on:  [facebook.com/agecymru](https://www.facebook.com/agecymru)  twitter.com/agecymru