



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
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ECAY5003: The Evolving Landscape of Advocacy Provision Advocacy Services in Wales 2023

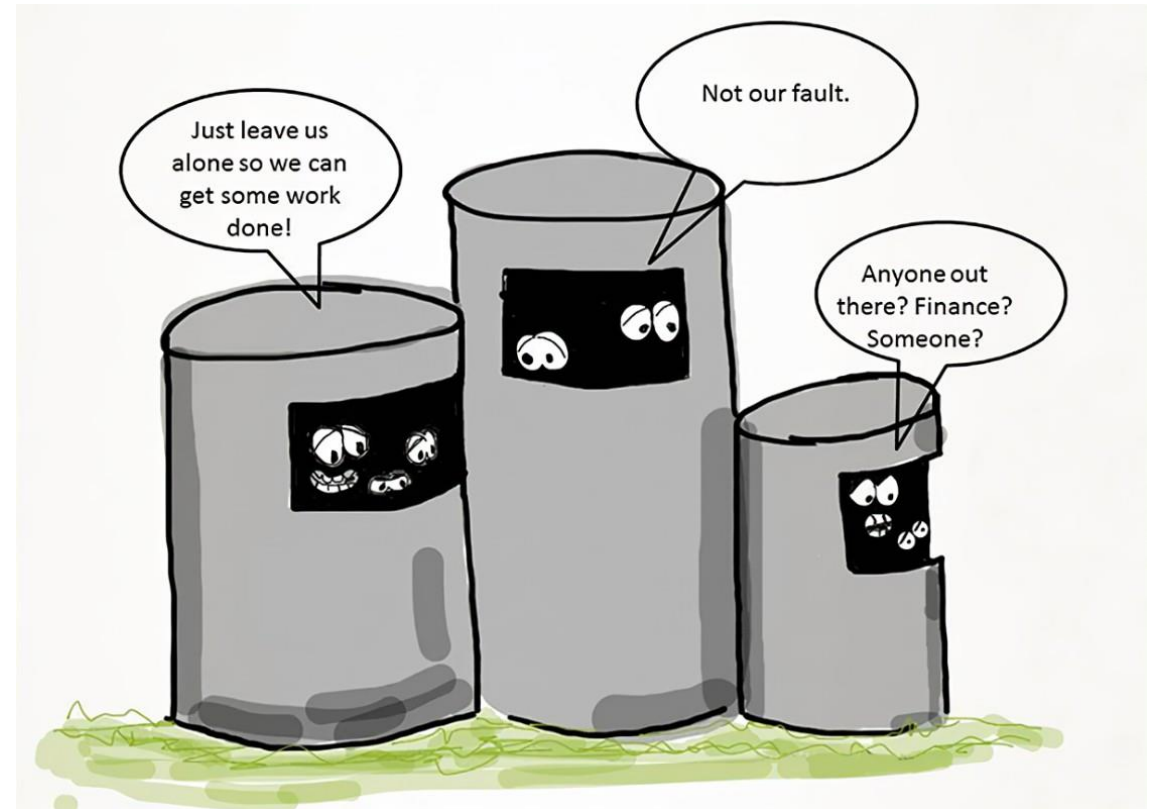
Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives



www.uwtsd.ac.uk

Silo working

- Silo-working happens when people come into work and focus on their own jobs and nothing else.
- Teams do their job and then go home
- There is no interest in what is happening outside their team
- There is no curiosity, no willingness to share their experiences.



Multi-agency working

- Multi-agency working enables different services to join forces in order to prevent problems occurring in the first place.
- It is an effective way of supporting children, young people and adults who are in need of support to secure improved outcomes.

Working with Families



**Multi-agency
Working**



Working Professionally as an Independent Advocate & Challenges to that role

The Advocacy Charter

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

- The Charter is one tool in an advocate’s box as well as being the fundamental guidance/belief system we draw on.
- Read it. Re-read it. Come back to it. It keeps us rooted as advocates.

That Wise Old Bear – Advocacy In a Nutshell



"Don't walk behind me;
I may not lead.
Don't walk in front of me;
I may not follow.
Just walk beside me
and be my advocate"

Person Led

- Client leads the relationship.
- Client is owner of the information – no withholding (*usually).
- Client's expressed needs and wishes and legal and human rights are key
- Non-judgmental and respectful – different choices.
- Room for positive risk taking.
- Not purely medical model but holistic/well-being approach.
- Accepting and supporting client choices.

Best Practice

- By following the Advocacy Charter principles,
- We, as advocates, are adhering to the principles that keep us grounded as advocates.
- This is how we know we have the best interests of the clients in hand.

Best Practice for Advocates

- To ensure that we are following best practice, it is important to understand the boundaries and safeguards that impact us, not just the client.
 - Solid understanding of role –
 - Building strong relationships in advocacy grounded in advocacy
 - Personal boundaries – being appropriate
 - Maintaining independence and Confidentiality – with clients and others
 - Professional boundaries – working relationships with professionals and family
 - Reflecting and reviewing -
 - Training and development -
 - Regular supervision – safe place to work through dilemmas – reflection is challenging.

Informed choices – the difference between exploring options and consequences and imposing an influence

- How do we make informed choices? How is that complicated by illness, vulnerability, power imbalance,
- Impartial information – tone and balance.
- Options explained with potential consequences
- Pros and Cons – weighing things up.
- Risk taking
- Do we influence?
- Yes – in supporting informed decision making by the provision of unbiased and relevant information.
- Avoid influence by not allowing advocate's/others' views to impede on the exploration of the options and the consequences.

Am I a channel or a filter?

- It is important never to lose sight of this.
- If I act as a filter I am choosing the best bits of my client's view to put forward. I am redacting information which could be relevant.
- As a channel, I may be a conduit through which their information/views flows without losing any essential elements along the way.

Challenges as an empathic human being and an independent practitioner?

- Not the decision maker – which is ok when the decision maker is the client!
- Positive outcomes (sought by the client) aren't guaranteed and sometimes they aren't achievable.
- Just because something is wrong, it doesn't mean my client wants to take action. Safeguarding qualification – see later.
- Respecting objectively bad decisions.
- Working with vulnerable and frightened people – not all clients want to take the power or are yet able to.
- Working with professionals who work heavily in the medical mode or who are resistant to advocacy.
- Restrictions – what is actually possible?
- Work and home life clash.

Do my beliefs even matter?

- No –
- Only if I can't put them to one side to stand with my client.
- Only if I can't put them to one side to ensure the information I give is unbiased and not tainted by my personal view.
- Can I still hold contrary views? Would I ever express them?
- Frustration with the health and social care environment at present?
- Crossing the line – risk, illegality, safeguarding.

Personal Power – Use of and potential for abuse of

- Power – it's what makes us effective and it's what has the potential to be abused to the detriment of our clients. Beware the advocate ego.
- In practice we must reflect regularly on our use of our power.
- "The only way to get anything done on this ward is to have an advocate" – isn't that a sad state of affairs.
- "What do you think? I trust you!"
- Sensing where the power lies and ensuring that we always work for that to be with the client

Personal Power – Use of and potential for abuse of

- Client perspective: I am as small or as tall as my client wants me to be. My language is appropriate to my client and their understanding. They lead not me, or at least we are alongside.
- Professional perspective: Being assertive with professionals within my role, articulating client's views strongly without losing the client's voice. Realism – what's possible? How far can we take that?
- Non adversarial where possible – good relationships with professionals are more likely to lead to good outcomes for our clients – BUT – there are limits!
- Non adversarial with clients – don't argue with a client

Back to That Wise Old Bear – Advocacy In a Nutshell



"Don't walk behind me;
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Don't walk in front of me;
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Barriers to Working with an Advocate - Client

- Choice – no one has to work with an advocate. Issue is where client would otherwise want support but some element of the service, characteristic of the advocate or experience gets in the way of the client's ability or confidence to engage. Difficulty in NIA – not want/not able to say?
- Not understanding the role or not having information about the role – address.
- Difference in gender, race, education, class. Build in some capacity for choice of advocate, advocate works to minimise personal power and build power of individual client.
- Awareness of unconscious bias, robust supervision and E&D training.
- Capacity or illness – make it person led – if a client with severe dementia needs

Barriers to Working with an Advocate - Client

- Accessibility – geography, language, disability –
- Lost hearing aids or dentures -
- Past experience – example – Women's Aid – challenge to our independence in that situation.
- Influenced negatively – or fearful – professionals or carers.
- Conflict – previous relationship/know outside of professional life.

Barriers to Working with Advocates - Carers

- Not understanding the role of advocacy, or
- Not understanding the decision making processes.
- Sometimes understandably strong views about what's best for their loved one. "He/she doesn't need an advocate, he/she has me"
- Difficulty accepting that client view differs from carer's own view – "I don't care what he says. He has learning disability so can't make those decisions"
- Issues of abuse/neglect – wrongdoing. Fear of discovery or malice itself.
- Fear that decision making will be taken out of carer's hands.
- Does need to work alongside a carer prejudice independence?

Barriers faced when working with professionals

- Lack of understanding of role – limited training, promotion of service, awareness raising.
- Creates more work – yes and no. Creates better decision making and client led care.
- Bad past experience – replace them with good ones.
- Patriarchal attitudes survive – reinforce client right to make decisions affecting life.
- Not person led care, imposing professionals views.
- Getting the advocate to do the hard stuff – we are not the bearer of others' bad news!
- But I advocate for my patients – yes within constraints that Independent Advocates don't have.
- Best interest decision making v positive risk taking – challenges thinking and budgets.
- What is achievable in the current climate in H&S care?
- Decisions under the MCA – proper process and encourage safer decisions.
- And ultimately – statutory rights to advocacy.

When Does it Get Difficult?

- Confidentiality – fundamental principles – how do we approach a scenario of potential breach? Setting the ground rules early.
- Safeguarding – a higher duty – person in receipt of care and support and at risk of harm from which they can't protect themselves.
- Breakdown – relationships with professionals and for client with advocate.
- Outcomes not per client wishes – Bricks and the chink of light.
- What's achievable? What are the options? Systemic advocacy/legal challenge?
- Fluctuating Capacity, Unclear Mandate – finding the thread to secure a mandate.
- Advocate's personal view/mission is imposing on the relationship – STOP!

Confidentiality – Approach

- Advocacy provides a safe space for open discussion of issues, exploring options and consequences, formulating a plan, making informed choices.
- Establish awareness around confidentiality and qualification to that early. Repeat.
- Conflict in cases of risk or s/guarding
- Supervision around potential for breach wherever possible.
- Seek consent/mandate where possible – experience indicates a client/advocate relationship can survive breach when it's been properly established - example.
- Safeguarding duties override our other duties though.

Safeguarding – How do we reconcile this within independent advocacy?

- Guidance is clear now: SSWBA and new definition.
- Clear duty.
- Safeguarding – how do we observe our duties and respect the client's view?
- How do we approach safeguarding disclosures?
- Clients with and without capacity to instruct/decide on the issue.
- Consent of client – always? Lack of consent – are we at odds with our clients?
- Involvement of client in the process.

Complaints – help or hindrance?

- Unavoidable? When do they happen?
- Honesty – prompt and open handling of complaint leads to better resolution.
- Apology – where due.
- Opportunity for reflection and learning - individual.
- Chance to develop practice and procedure - organisational.
- Support for advocate.
- Complaints work against other services can form a significant part of an advocate's work with a client and so the way we deal with complaints against the service is key.
- Instinct to protect the organisation shouldn't override the service's or independent advocate's duty to client.

Advocacy Regulations

Statistics

- The total number of people supported across all services in Wales over the last twelve months is 16,909 of which just under half is older people (8153)
- There are 107 full time paid advocates working across Wales.
- There are 140 volunteer advocates working in a variety of advocacy services across Wales.

Advocacy Provision in Wales



Tr
Bywyda
Transforming Education, Transforming Lives

Commonality

- Drivers of change
- Mandate
- Representation
- Protection of independence
- Autonomy, liberty and freedom(s)



Advocacy QPM

- The 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



Recognising quality
in independent advocacy

Code of Practice

Revised Edition 2014

The Social Services and Wellbeing (Wales) Act 2014

- Advocacy services in Wales were unregulated up until as late as 2018
- The Welsh reform of the regulatory system for social care providers in Wales was driven primarily through implementation of the Social Services and Wellbeing (Wales) Act 2014.



Social Services and Well-being (Wales) Act 2014

Working Together to Safeguard People:
Volume 6 – Handling Individual Cases to Protect Adults at Risk



The Social Services and Wellbeing (Wales) Act 2014

- Ensuring citizens are at the heart of care and support
- Developing a coherent and consistent Welsh approach
- Tackling provider failure
- Responsiveness to new models of service and
- Any emerging concerns over the quality of care and support services.



Social Services and Well-being (Wales) Act 2014

Working Together to Safeguard People:
Volume 6 – Handling Individual Cases to Protect Adults at Risk



Regulation and Inspection of Social Care (Wales) Act

- The Regulation and Inspection of Social Care (Wales) Act 2016 ('the 2016 Act') received Royal Assent on 18 January 2016
 - A new statutory framework for the regulation and inspection of social care services
 - Reforms the regulation of the social care workforce in Wales
 - Replaces relevant systems previously put in place under the Care Standards Act 2000
 - Implemented in a 3 Phased approach



Regulation and Inspection of Social Care (Wales) Act 2016



Regulating for success

Phase 1:

Dated 2016/17

Included regulations relating to the new system of workforce regulation required by the Act.

These came into force on 3 April 2017.

Alongside these, Social Care Wales developed the rules and procedures which govern the process of workforce registration and regulation.

Phase 2:

Dated 2017/18

Systems for registration of regulated services put in place and operated by Care Inspectorate Wales from April 2018.

This phase also included regulations and statutory guidance relating to the requirements and standards expected of service providers and responsible individuals of care homes (including children's homes), secure accommodation for children, residential family centres and domiciliary support services.

These came into force on 2 April 2018.

Phase 3:

Dated 2018/19

Included development of regulations and statutory guidance relating to the requirements and standards expected of service providers and responsible individuals of:

Adoption services, fostering services, adult placement services and certain advocacy services.

Link to Social Care Wales Learning Hub

- <https://socialcare.wales/hub/home>



Welsh Government Links

- Link to the Legislation The Regulated Advocacy Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019
- <https://www.legislation.gov.uk/wsi/2019/165/regulation/37/made>
- Link to Welsh Government Guidance for Regulated Advocacy Services here:
- <https://gov.wales/guidance-regulated-advocacy-services>

Consultation

- Two consultation events were held as part of the consultation process.
- The events aimed to encourage stakeholders to respond and to enable those attending to:
 - Gain an overview of the draft legislative framework and
 - Key changes it will effect;
 - Check their understanding of the proposals and
 - Seek clarity, if needed
 - Consider potential implications for their role and organisation

Discussion: Module Learning Outcomes

01

Develop a critical understanding of the drivers of advocacy provision in Wales, UK and beyond.

02

Develop a critical understanding of the impact of advocacy provision on service users, advocacy providers and local government;

03

Demonstrate a critical understanding of the barriers in accessing advocacy services and working as an independent professional advocate.

Discussion: Module Indicative Content

01

Demonstrate a critical understanding of the content, purpose and effects of current legislation relating to advocacy. Consideration will be given to what constitutes a 'driver' in the context of advocacy.

02

A critical exploration of the impact on the professionalisation of advocacy in Wales, UK and wider. This will include reference to current legislation and policy in addition there will be a consideration of the links made between service users, advocacy providers and local government.

03

A critical overview of the impact of modern advocacy provision/providers. Communication between organisations and users, which allows for best practice, will be explored. Critically review of the limitations and barriers faced by individuals in gaining access to advocacy services.