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**Bwrdd Iechyd Lleol(a)
(t)Local Health Board
Powys**

20th December 2007

Mr John Grimes
Clerk to the Committee
Assembly Parliamentary Service
Cardiff Bay
Cardiff
CF99 1NA

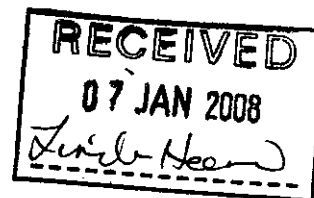
Dear Mr Grimes,

Advocacy Services for Children and Young People

I write in response to the request for evidence. Please find attached response from Powys Local Health Board.

Yours sincerely,

R. Williams
Clare Lines
Head of Clinical Strategy



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Rydym yn croesawu gohebiaeth Gymraeg
We welcome correspondence in Welsh



Consultation on a New Service Model for Delivering Advocacy Services for Children and Young People

Response Questionnaire

The closing date for this consultation is
23 July 2007

Your comments must reach us by that date

March 2007

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CHILDREN AND YOUNG PEOPLE - RIGHTS TO ACTION

G/583/06-07

March

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Consultation Response Form CONSULTATION ON A NEW SERVICE MODEL FOR DELIVERING ADVOCACY SERVICES FOR CHILDREN AND YOUNG PEOPLE

The closing date for this consultation is 23 July 2007. Your comments must reach us by that date.

The information you provide in your response will be subject to the Freedom of Information Act 2000 and Environmental Information Regulations, which allow public

access to information held by the Department. This does not necessarily mean that

your response can be made available to the public as there are exemptions relating

to information provided in confidence and information to which the Data Protection

Act 1998 applies. You may request confidentiality by ticking the box provided, but you should note that neither this, nor an automatically generated e-mail confidentiality statement, would necessarily exclude the public right of access.

Please tick if you want us to keep your response confidential.

Name: **Amanda Lewis /Vinny Ness/ Janet Matthews**

Organisation (if applicable): **Powys Children and Young People's Partnership, Powys [Project Management Board]**

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If your enquiry is related to the consultation, you can contact

Patrick Harper on: 02920 825296, e-mail: patrick.harper@wales.gsi.gov.uk.

General

Are the areas covered by the Draft Consultation on a New Service Model for Delivering Children's Advocacy Services comprehensive and pertinent? Are any critical issues not covered?

Should any part of the draft document be changed and, if so, how?

Are the key Actions proposed appropriate and relevant? Are there other Key Actions that could be included?

We would welcome any practical examples that can be used to illustrate the text.

Response

Chapter 3: Background and Rationale for Change

Q1. Have we accurately summarised all the key national drivers for change and their findings or conclusions?

YES

Q2. Are there any that we should add, or give more weight?

Telling Concerns and the model described within this report i.e. a one stop Shop approach

Q3. Do you agree with our vision and overall aims for advocacy services for children and young people in Wales?

We agree with the vision and overall aims, although given the unique size and location of Powys there are some issues with the proposed models that may in fact have a detrimental impact upon such as communication, listening and learning at a strategic level to the issues raised by the advocacy provider and development issues. Therefore there may need to be some flexibility in how the key requirements that are identified can be delivered.

Q4. Should the key aspects be strengthened or amended in any way?

It will be important to include the issue of private residential schools ,and to look at the interface with the provision of advocacy in England given the number of children placed in Powys from other local I Authorities.

Q5. Do these arrangements meet the requirements for accessibility and

independence?.

The issue of independence is an interesting one. It is questionable that where you have a robust multi agency board monitoring the service under the umbrella of the partnership what greater degree of independence the models are likely to deliver, as the providers will be reporting back to a group of partnerships, all of whom will have some commissioning responsibility.

Chapter 4: The New Service Model

Q6. Do you agree with the proposed staged approach to collaborative commissioning and have we correctly identified the areas which require priority attention within the New Service Model?

In principle we agree with the staged approach however there are particular vulnerable groups where the right to advocacy should be made more explicit such as children with a disability, children involved with the child protection process and looked after children .In Powys we have already successfully commissioned on a multi agency basis under the umbrella of the CYPP a robust advocacy service .

Q7. Do you agree with the principle of moving towards a more integrated model of provision?

Integration of advocacy provision is essential as views and concerns often cross more than one area of a child's life. This has proved most beneficial to date in the way advocacy services are delivered across Powys.

Q8. In what circumstances do you consider advocacy services should be available to schools?

Advocacy should be made significantly more accessible in schools and available in some form to all school children to deal with a range of issues such as bullying, lack of access to health promotion advice from school nurse or transport to school etc .Obviously this has cost implications and will need to be developed in a staged way . Particular priority should be to those children in educational placements living away from home.

Q9. How can we define a serious complaint and in what circumstances do you feel advocacy support would be important?

All complaints are serious to the person complaining but the seriousness must depend on how easily a resolution can be found. A simple form of advocacy i.e. phone advice may suffice in some cases

Q10. Are there other groups of children and young people that should be included in the service model two?

As already stated children in need, looked after children, care leavers and children involved with the child protection system should be more explicitly be referred to. All of these groups should be in stage one. In addition, in Powys children who receive a service from our CWD team are already able to access our advocacy service and we would not wish this to change given their vulnerability. Given the number of children placed from other local authorities within Powys further consideration needs to be given to the funding implications of including these children in stage 2.

Chapter 6: A Framework to Implement the New Service Model

Q11. Is the proposal for collaborative commissioning across local areas the most realistic and best way forward to achieve improved access to, independence and quality of advocacy services to children and young people?

This will be an important means of ensuring equity and quality of services across Wales. However it is vitally important that local working arrangements are robust with good networking on the ground in order to ensure that the resolution of issues can wherever possible be locally managed. The CYPP also has some concerns as already expressed that given the large geographical area the to commission the service across 3 partnerships may in fact be cumbersome and much could be lost at a local level. Currently we have direct feedback to key senior managers across the partner agencies through the project management board and this is vital information which influences strategic planning which given the proposed models would at best be diluted and at worst lost.

We have discussed within the PMB the issues of independence and the ability of the provider to challenge the commissioners but the detailed reporting and performance management reinforces their ability to do this. The commitment to work openly and honestly reflects the way in which we would want to engage with service users and the PMB has a responsibility to model this way of working.

Q12. How might collaborative partnerships be defined across Wales? Are

There e any existing partnerships relevant to your area and/or to advocacy services that could be used or further developed for this purpose?

The three regions could be a good place to start. The newly developed CAMHS. Regional Commissioning Networks are beginning to function effectively and could be built upon as a model for advocacy commissioning. The current model of tri partite funded advocacy provision in place in Powys could be used as a best practice template. However given that Powys works across 3 large geographical shire areas and the CYPP is working to enhance local integrated working within these shires , a further option for Powys may be to utilise this shire model to make up the one larger area.

Q13. What other influences on commissioning or commissioning drivers relevant to children and young people's services do we need to take into account?

The new SO 31 guidance for Commissioners may be relevant as advocacy provision should be part of the total package of care for children being placed away from home. In addition there is the work that each CYPP will be undertaking in respect of the CYP plan. Further thought could also be given to a single complaints officer across all of the statutory agencies that sat under the umbrella of the advocacy service.

Q14. How might the lead Children and Young People's Framework Partnership for collaborative commissioning be selected?

The lead CYPP could be voted in by all partners within each consortia or appointed by WAG against a set of criteria .However it may also be important to consider where models of good practise are already working well and for this CYPP to be the lead commissioner. There will be issues of time, resource and cost to be taken into account, both for the commissioner and the provider.

Q15. What are the barriers to establishing a lead CYPFP and lead commissioner for advocacy services, and how might they be overcome?

Barriers will likely centre around financial contributions but this could be overcome with clear guidance from WAG on costings and the basis for what individual contributions should be per head of child population. In addition the issue of geography, distances to travel, and critical mass will be of particular importance in Powys

Q16. Which structural model outlined in section six do you prefer and why: model one or model two?

Model two allows for better communication and collaboration between partners within the consortium. It will also assist in maintaining ownership of the pertinent issues that are raised. However, as already stated both models will raise some serious organisational challenges within Powys to maximise the limited resources available, and there is a coherent argument that the current structure and processes in place could be enhanced to fully meet the delivery expectations that WAG are putting forward.

Q17. Are there any other models that you think we should also consider, and what are their key characteristics?

Given the existing joint commissioning model in Powys has been tried and tested for over 3 years now there seems to us to be a strong case for the continuation of existing arrangements and strengthening of the Terms of Reference of the Project Management Board under the CYPP..

Consideration could be given to advocacy services being developed on a Shire basis.. In this way there would be a coming together of 3 areas (as suggested in the Consultation doc.) within one huge County.

Q18. Are the roles and responsibilities of key commissioning partners outlined in section six sufficiently clear and robust?

YES

Q19. Are the commissioning principles outlined in section six sufficiently clear and robust?

YES. But there would need to be a range of local factors taken into consideration as well as other issues which may become apparent as the model begins to work..

Q20. Are the proposals for governance and performance management sufficiently robust? Are there any that we have missed?

Nothing to add

Chapter 7: The Role of a Children's Advocacy Unit

Q21. Do you agree that we have identified the support and development needs to ensure the delivery of the service model proposed?

YES

Q22. What additional forms of support might be necessary?

Further issues may be identified as the process unfolds.

Q23. Are the timescales for implementation of commissioning service under the New Integrated Service Model (by 2008 for Stage One and Two) achievable? Are there any constraints?

These may be reasonable on one level but bearing in mind some partnerships are still in the early stages of development along with LSCBs and there is no clear children's plan in place as yet it is probably unrealistic to expect partnerships to form consortia, get joint commissioning in place and elect a lead commissioner in the coming year. However, every effort would be made to consider what would be required to deliver stage one at a local level. The current financial position within the Powys NHS as a whole is also likely to be a constraint for health organisations being able to contribute effectively.

Q24. What will be the impact and cost implications on your business in introducing the New Service Model?

The partnership would face some challenges at the current time to fully introduce the new model given the workload that has been outlined above. There would not necessarily be any new monies available to commit to advocacy at the current time give some recent investment in the service and to work to either of the 2 models outlined would require time and resource to set up.

Q25. Do you consider we should set up an Advocacy Unit as suggested above?

This suggestion may be a useful support in the early stages of implementation .

Q26. Would it be advantageous to set up a Board, i.e. to monitor progress and advise Assembly Government Ministers?

Perhaps the lead CYPP'S could feedback to WAG and the other CYPP'S in the consortium through the unit..

Q27. What do you feel would be the minimum representation membership on the C&YP Advocacy Advisory Board?

Reps from the provider agencies, the lead consortia, the unit, and WAG. Clear T of R and objectives would need to be set in order to make the meeting and activity value for money and meaningful.

Chapter 8: Workforce

Q28. Should advocacy services/providers be regulated?

Advocacy providers should be regulated/monitored\in some way but would this be the same as GMS/NMC/CCIW or would a body such as WAG of CSSIW be able to undertake this role? There is a huge cost implication to regulation such as running a register, validating and revalidating registrants, setting standards for education etc. Is this practical and or doable and who would bear the cost of this? They may be considered along with the project looking at the regulation of other non qualified staff but this is already proving a difficult nut to crack and the view currently is that it is employers who should be regulating them through good employment practice. Many advocacy staff are already registered with the professional bodies with whom they have a qualification. How would the issue of duplication be managed?

Q29. Should advocates be a recognised profession?

This is a difficult question to answer given that many advocates are drawn already from a variety of experiences and professions. In part the contractual arrangements with the provider will be what provides the most important safeguards.

Q30. What are the implications to your service in requiring registration and

regulation of advocacy providers?

If all advocacy providers are to be registered and regulated there may not be a sufficient pool of appropriate trained and qualified staff to meet the current service need. There are also considerable time constraints in setting up a register etc. that could delay the introduction of any service provision by registered practitioners. In Powys four of our staff already have social work qualifications and are registered with the care Council. All others have some qualification i.e., youth work, teaching etc. In addition our advocacy provider delivers key training and awareness raising packages across partner agencies.