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Welsh Government

Consultation – summary of responses

Code of Practice in relation to Part 10 of the Act

Date of issue: December 2015

Code of Practice in relation to Part 10 of the Act - Consultation Summary

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Section 1

Introduction

The Social Services and Well-being (Wales) Act 2014 ("the Act") received Royal Assent on 1 May 2014. The Act forms the basis of the new statutory framework for social care in Wales.

A consultation was held for the code of practice on the exercise of social services functions in relation to Advocacy and related parts in the Social Services and Wellbeing (Wales) Act 2014 (the code) from 8 May – 31 July 2015.

The consultation document was distributed to:

- Association of Directors of Social Services (ADSS) Cymru
- Children's Commissioner
- Older People's Commissioner
- Wales Community Rehabilitation Company (CRC) Wales
- Royal College of General Practitioners (RCGP)
- Secure Estate Improvement Network
- Welsh Medical Committee
- College of Occupational Therapists
- Care Council for Wales
- British Association of Social Workers (BASW) Cymru

In total 81 responses were received. A list of respondents is attached at Annex A. A summary of consultation responses together with the Welsh Government's analysis can be found in Section 2.

Background

The Welsh Ministers have made it clear that they wish the core elements of the new statutory framework to be in place for April 2016, when the Act will be implemented.

The statutory framework will consist of three main elements, the Act itself, regulations made under the Act, and codes of practice/statutory guidance. These three elements work together to form the framework within which social services will operate from April 2016.

The consultation on and laying of the regulations and codes of practice to be made under the Act is being conducted principally in two tranches. This consultation formed part of the second tranche. The intention is to lay these regulations before the Assembly from May 2015 to give the health and social care sector the maximum

amount of time to adjust to the new requirements ahead of implementation in April 2016.

The evidence for change

Social services are at the heart of Welsh public life. They support 150,000 young, old and disabled people every year to achieve their potential and help make them safe. Many of these services are delivered in partnership with others, including housing, health and education services. Society is changing and social services must change in response. There has been and will continue to be shifts in the public's expectations of social services, as a result of demographic change and changes in our society. Social services need to alter and to respond to all of these.

Furthermore, demand is rising across social services, yet the financial outlook for all public services is difficult. Whilst we have protected social services expenditure, we need to make a more fundamental change than just pursuing the obvious efficiency measures if we are to make social services sustainable. Our White Paper Sustainable Social Services for Wales: A Framework for Action sets out a programme of change to meet these challenges based on the following nine principles:

- A strong voice and real control;
- Supporting each other;
- Safety;
- Respect;
- Recovery and restoration;
- Adjusting to new circumstances;
- Stability;
- Simplicity;
- Professionalism.

These have been informed by discussion with stakeholders and debates in the National Assembly for Wales and elsewhere since *Sustainable Social Services for Wales* was published. They sit alongside the evidence of the Independent Commission on Social Services in Wales, the Law Commission review of adult social care legislation¹, and our Review of Safeguarding². All this forms the backbone of our case for change.

This evidence, and the process of considering it through the Assembly scrutiny process on the Bill, has informed and shaped the contents of the Act. The next

¹ http://lawcommission.justice.gov.uk/areas/adult-social-care.htm

http://wales.gov.uk/topics/health/publications/socialcare/reports/advisory/?lang=en

stage, the development of the regulations and codes of practice or statutory guidance, has been informed by key strategic inputs such as *More than just words*, our Strategic Framework for Welsh Language Services in Health, Social Services and Social Care³, the *Enabling Wales* project which directly supports the delivery and implementation of the Welsh Government's *Framework for Action on Independent Living* and by evidence sourced through technical groups consisting of key stakeholders. These groups have looked at the Act's provisions and the policy underpinning these in detail, and provided advice to officials on how the regulations and codes of practice should be framed in order to achieve the aims of the Act and, through this, the outcomes of *Sustainable Social Services: A Framework for Action*. This process has secured a range of valuable input which Welsh Government officials have drawn upon to develop the draft regulations and code of practice which were consulted upon.

The proposal

The code has been co-produced by a technical group comprising representatives encompassing disability, learning disability, carers, independent living, children, older people, local government, NHS Confederation as well as the Children's and Older People's Commissioners.

The development of the code has also been informed by the development work undertaken during Tranche 1. That work has reinforced that:

- individuals and their well-being outcomes are placed at the centre of the new system;
- individuals must be supported to express their wishes and feelings;
- individuals must be involved in making decisions that affect their lives; and
- Individuals are able to speak for themselves or have someone to do so for them.

The code requires the provision of advocacy by local authorities and reinforces and builds upon the duties under the Act to ensure a person's views, wishes and feelings are taken into account, appropriate support is provided and people are involved as much as possible in their care and support. The code therefore sets out:

- a clear recognition of the benefits of advocacy;
- the range of advocacy available to people;
- the key points when people's need for advocacy must be assessed:
- the circumstances and environments that impact on people's need for advocacy;
- when independent professional advocacy must be provided;
- the circumstances when it is inappropriate for certain people to advocate;
- the arrangements for publicising advocacy services;
- charging.

It is intended that this code should be read in conjunction with all relevant codes of practice issued under the Act to require local authorities to consider people's needs for advocacy where a local authority exercises a specific function in relation to that person.

Consultation Events

Two consultation events were held as part of the consultation process. The purpose of these was to:

- promote engagement with the consultation;
- provide a base level of understanding to key stakeholder groups of the areas we were consulting on.

Attendees were asked to participate in discussions on the implementation of the regulations, and also to share information from the events with their wider networks to provoke deeper engagement with the proposals and a wider span of consultation responses.

The first event was held on 21 May in St. George's Hotel, Llandudno. The second was held on 4 June in The Liberty Stadium, Swansea with 200 attendees overall, representing a range of organisations. The range of stakeholders included representation from:

- Age Alliance Wales
- British Deaf Association
- Barnardo's Cymru
- Care Council for Wales
- Children in Wales
- CSSIW
- Disability Wales
- Learning Disability Wales
- Local Authorities

- Local Health Boards
- WLGA
- RNIB Cymru
- Public Health Wales
- Office of the Children's Commissioner
- Office of the Older People's Commissioner

Workshops were held at the events on each of the Parts of the Act subject to consultation under Tranche 2. The content of these workshops was tailored to suit the subject matter, but at the core of each was a presentation from officials and group discussions and activities.

The comments and outputs from these events were considered alongside the formal written responses in order to inform the final code of practice on advocacy.

In total 81 responses were received. Some responses received were purely narrative and therefore do not appear in the summary of tick box responses. All have been considered equally in terms of comments received. A list of respondents is attached at Annex A. A summary of consultation responses together with the Welsh Government's analysis can be found in Section 2.

The technical group also met through the consultation period to continue to ensure the code is comprehensive.

Section 2 - Response to the Consultation Questions

Question 1:

	Do you agree that the code identifies the peo to whom advocacy must be provided?				
	Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
Total 81	11	26	17	5	22

Summary of responses

There was a majority agreement, with 46% of respondents agreeing, that the code identified people to whom advocacy must be provided. Whilst 27% disagreed, a further 27% did not express an opinion. Those that disagreed felt the code only describes, rather than identifies, the individuals to whom independent advocacy must be provided.

Overall the person centred approach looking at individual need was seen as positive. However, it was highlighted that whilst the purpose of the code is to set out the requirements on local authorities in relation to advocacy services for "individuals", as written it felt more adult focussed and there needed to be more inclusion of children and young people. Specifically the code should recognise children's existing rights and ensure consistency in the use of language, terminology and approach across all age groups.

Whilst the code was welcomed, there was a call to identify the full importance of the role of advocacy in people's lives through better highlighting the benefits of advocacy, plus it was suggested that the guidance should be more specific and list different groups of people who might be affected by the functions. The purpose of this is to try and address perceived inconsistencies in commissioning for some vulnerable groups but not others. It was recognised that a definitive list might not be possible.

A number of respondents were pleased to see the see different forms of advocacy set out but a minority felt there should be an addition of legal advocacy and more emphasis on the importance of self-advocacy.

Respondents sought a clearer definition of who could not be an appropriate individual. Concerns were expressed on whether or not a social worker or support worker could/should act as an 'appropriate person.' This focussed on those in supportive roles, where a person is acting in the best interests of another can, in some circumstances, conflict with the views of the represented person, which may therefore lead to a conflict of interest.

There was overall support for inclusion of the 'barriers' but with the request for recognition that barriers apply to a variety of people with a variety of impairments, not just complex needs without wider support.

Support was given for an amended definition of when the local authority must provide an advocate as set out in 4.11 of the draft code.

To help with context and understanding there was support for some examples of circumstances in which advocacy may be beneficial in supporting an individual in expressing their views. To further complement respondents sought the inclusion of practical working examples and case studies that would be beneficial to practitioners. This would help local authorities understand when individuals can claim advocacy support - paid for and provided via the local authority - as a right.

Whilst the principles of the partnership approach were welcomed respondents called for this to be strengthened so that the decision whether an individual is provided with advocacy does not rest solely with the professional. In addition, there was confusion whether the code relates to those funded via the local authority and does not apply to those that are fully funded by the local health board.

Welsh Government response

Welsh Government accepts that the code of practice should be strengthened to better encompasses children's existing rights and ensure consistency in the use of language, terminology and approach across all age groups.

We have reflected the support in the consultation responses for the technical working group's amendment to the consulted upon definition. In response we have provided a revised definition of when a local authority must provide advocacy.

In parallel, those that may be an appropriate individual has been further defined.

Welsh Government is clear that through the Population Needs Assessment process there is a responsibility on Health to meet the needs of its population and it is not solely the responsibility of Social Services.

Finally all the codes of practice and statutory guidance under the Act have been further strengthened to recognise the inherent role advocacy has across all aspects of an individual's well-being.

Question 2:

	2. Do you agree that the code identifies the range of circumstances where advocacy may be required?				
	Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
Total 81	9	36	11	2	23

Summary of responses

There was a majority agreement of 56% that the code identifies the range of circumstances where advocacy may be required compared to 16% who disagreed.

Whilst a number of respondents felt the list was too prescriptive others recognised that it was not an exhaustive list and to have a code which is quite broad rather than directive or prescriptive was helpful.

Respondents highlighted additional circumstances that they felt would be beneficial to recognise such as when an individual is actually in hospital not only "when leaving hospital". Furthermore when leaving hospital there was a recommendation that it is widened to include people who may not have had an inpatient stay in hospital, but have had a significant change in their health or abilities. There have been a wide range of suggested inclusions for this list which have been considered.

Respondents felt it should be explicit that circumstances should include the point at which a person first comes into contact with social care services and then when the person needs a reassessment to determine their care needs as a result of deterioration in their condition.

Some respondents highlighted that there needs to be a paragraph recognising the value of advocacy as a preventative service. It should be noted that the involvement of advocacy at an early stage can potentially reduce the need for the involvement of social services.

Support has been expressed for the recognition of the benefits of advocacy and to complement the table of functions there was a suggested addition to the list of functions, the code should include more examples of how advocacy could benefit both the individual and the local authority. For instance, in the example of safeguarding, it would be helpful to specify that when there are safeguarding concerns some of the issues which advocates may be able to assist with include: ensuring the individual understands the process and is being given appropriate support; representing client views as part of POVA / MARAC /Police proceedings.

Welsh Government response

Welsh Government recognises the importance and benefits of advocacy and has welcomed the comprehensive feedback from respondents on this matter. Advocacy will be recognised as a preventative service and the code will be strengthened through the inclusion of additional examples of both benefits and circumstances- whilst making clear these are not exhaustive.

The code has been strengthened to further reinforce the identification of advocacy needs during the population needs assessment and the preventative services that flow from that. The Welsh Government will support the inclusion of case studies as part of the development of the next practice guidance under the Act.

Question 3:

	3. Do you agree that the code identifies appropriate arrangements for publicising advocacy services?				
	Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
Total 81	7	30	19	2	23

Summary of responses

Despite 46% agreeing that the Code identifies appropriate arrangements for publishing advocacy there were strong calls for further development of this section.

There has been a wide range of suggestions for inclusion in this section of the code. One respondent felt that whilst it makes clear that local authorities and health boards must provide information, advice and signposting to advocacy services, it does not lay out how publicising advocacy services should be undertaken. There was a perception that it lays responsibility on some commissioned providers/services to signpost service users to advocacy services.

Whilst 23 respondents provided no comment, the majority of 37 welcomed this section of the code. It was highlighted there was opportunity to strengthen the link with other codes such as Information, Advice and Assistance.

Welsh Government response

The Welsh Government recognises the importance that publicity has for informing service users what advocacy services are available to them. The Code has been strengthened to ensure the recognition of information in accessible formats that are suitable for the range of people including the hardest to reach groups. It reinforces service provider responsibilities to ensure they can communicate, understand and engage effectively with the individual.

The code as a result of feedback sets out more explicitly the links with local authorities, general duties under the Act.

Question 4:

	4. Do you agree that the code will support local authorities to ensure advocacy is provided to support people to express their wishes and feelings?				
	Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
Total 81	11	28	14	2	26

Summary of responses

Respondents generally agreed (48%) that through the code the local authorities will recognise the importance that advocacy services should be independent of service providers to allow people to fully express their wishes and feelings. However this was subject to clarity around issues raised regarding appropriate individual and independent advocate as outlined in Q1.

Whilst there was support there was broad recognition that there is a lack of advocacy services in general in Wales especially for those requiring more specialist services. Linking to this recognition is the concern over capacity and funding available. Specifically one respondent who disagreed felt that there may not be a suitable number of advocacy services to refer people to, and funding for advocacy will need to be looked at.

Some of the 28 respondents who tended to agree felt that the emphasis was not on providing an independent professional advocate but on exploring all other options first. Due to financial pressures, this could lead to professionals encouraging the use of family members or friends who may have personal involvement in the issues.

A few respondents such as Barnardo's and Carers Trust believe there should be an active offer of advocacy to individuals with care and support needs and carers with support needs.

There was a call for the Code to be implemented across all agencies, health, social care and education. Additionally, It would be helpful for more emphasis and recognition on the overlap of rights legislation e.g. Health, Social Care, Education, Mental Health.

Welsh Government response

Our response to question 1 identifies the actions taken by Welsh Government to clarify the consultation responses regarding appropriate individual and independent advocate.

As a new component of the revised framework, there is a shared recognition of the need to build capacity and sustainability of provision. The code has recognised and reinforced this by embedding advocacy throughout all the

codes of practice and statutory guidance under the Act to further recognise the inherent role advocacy has across all aspects of an individual's wellbeing. The code further reinforces how local authorities and health boards can commission an effective service and utilise population needs assessment outcomes as part of their shared responsibility for partnership and cooperation under part 9 including pooled budgets.

A model for an active offer is currently under development by local authorities in relation to looked after children and other specified individuals. The outcomes of that work will be considered following submission to the Minister and its capacity to be reflected within longer term development of this code.

The Welsh Government has strengthened the code on existing advocacy services. This ensures that due consideration is given by all parties to ensure that when statutory advocacy entitlements overlap the maximum opportunity to secure continuity in an individuals advocacy needs is achieved without duplicating the processes the individual needs to go through.

Question 5:

Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?

Summary of responses

The majority of respondents welcomed the code and felt the proposals set out would have positive impacts on groups with protected characteristics with some respondents feeling their representative groups should benefit greatly.

It was felt that a positive resulting from the code is that it will promote the rights of groups of people with protected characteristics, by allowing their voice to be heard, particularly if individuals are concerned that they are being subject to discrimination, and additionally provide them with more choice and control.

As one of the main outcomes of advocacy is improved well-being for individuals, these proposals on advocacy would be of significant benefit to everyone who is eligible for support with identifying and achieving their personal well-being outcomes, regardless of their protected characteristics.

Whilst the majority felt this was positive there was a note of caution that the proposals would potentially only have a positive impact on all groups with protected characteristics if the services are readily available.

A proportion of respondents highlighted that the disparity between children's services and adult services in terms of how developed they are should be

noted and that issues around funding for the commissioning of services should not be ignored.

A reservation was the perception that despite the code setting out that it 'places the person and their well-being at the centre of this new framework and gives them a voice in, and control over achieving those outcomes' they were unable to identify reference to equality/ anti-discrimination issues in the code.

Welsh Government response

Welsh Government reflected on the responses received and has concluded that the code will be strengthened to address some of these issue concerned.

There will be more information on the benefits of advocacy, further consideration of the barriers and an amended definition of when local authorities must arrange an advocate with more information that decisions should be taken strategically to recognise that advocacy services are fundamental to supporting people to engage actively and participate in the development of their well-being outcomes.

A more detailed section on advocacy for looked after and other specified children will be included. Furthermore, we intend to include information setting out the role of the independent advocate and the local authority's role in supporting the advocate.

Question 6:

Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?

Summary of responses

A number of respondents replied no without expanding further however there were a number who specifically raised that the proposals in this consultation have the potential to be of positive impact to these groups by ensuring access to an advocate to support them to express their views, wishes and opinions about their social care.

A small number of respondents highlighted that through a lack of reference to the protected groups in the document there was the suggestion they are not priority groups.

There was expectation that if local authorities fail to effectively publicise advocacy services and people's right to have an advocate, in a range of accessible formats, this has the potential to exclude certain groups such as those who have an impairment and/or are subject to a learning disability by not

informing them of their rights, or of services available.

One respondent highlighted the need to be aware that whilst advocacy benefits groups of people with all protected characteristics in many cases, generic independent advocacy may be sufficient. However, some will require culture-specific (including sexuality or gender transition issues) or impairment-specific (e.g. people who are not neuro-typical) to ensure that their requirements for support with identifying and achieving their personal well-being outcomes are thoroughly understood. To minimise the risk of negative impacts this should be taken into consideration when developing a resource for advocacy commissioning.

Welsh Government response

The Act is clear in the principle of providing support to enable all people to express their views, wishes and feelings. The code has been strengthened to ensure that local authorities recognise the barriers to the individuals outcomes they are seeking.

The response to question 3 identifies the actions taken by Welsh Government regarding effective publicity of advocacy services.

Question 7:

Re-balancing the care and support system to deliver the new legal framework will require reprioritisation of resources. What are the key actions that need to be taken to achieve this?

Summary of responses

There was strong support for ensuring that advocacy is recognised and is high on everyone's agenda because of the important role it has (or can have) in peoples lives.

However whilst recognising the importance of advocacy there was a general consensus that there is a severe shortage of advocacy services across Wales with variable services in each local authority area across the country. It was suggested that there will need to be a shift in culture and finances to enable expert independent, long-term sustainable services to develop.

Availability of adequate long term finances and resources were repeatedly highlighted to ensure successful implementation of and training on the code.

It was recognised that the commissioning Process/Plans needed to reflect the wider Act and be based on population needs assessment.

Some felt there needs to be more direction related to communication of advocacy as although the Code puts a duty on local authorities to publicise the services it leaves it predominantly at the discretion of the local authorities as to how to fulfil that duty.

A small number of respondents shared concerns that although the Act is intended to have application to all people regardless of age, there should be caution about the potential to align advocacy services with the all-age approach of the Act as this could result in funding and resources being directed away from children where they currently exist.

Welsh Government response

Welsh Government welcomed the feedback on this matter.

As a new component of the revised framework, there is a shared recognition of the need to build capacity and sustainability of provision. The code has recognised and reinforced this by embedding advocacy throughout all the codes of practice and statutory guidance under the Act to further recognise the inherent role advocacy has across all aspects of an individual's well-being. The code further reinforces how local authorities and health boards can commission an effective service and utilise population needs assessment outcomes as part of their shared responsibility for partnership and cooperation under part 9 including pooled budgets.

Welsh Government accepts that the code of practice should be strengthened to better encompass children's existing rights and ensure consistency in the use of language, terminology and approach across all age groups.

In recognition of the statutory rights a more detailed section on advocacy for looked after and other specified children will be included. Furthermore, we intend to include information setting out the role of the independent advocate and the local authority's role in supporting the advocate.

Question 8:

We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to tell us about them.

Summary of responses

It would be welcomed if there was recognition that it is good practice for advocates to stay involved long enough for a person to reflect on a decision made or a change, in case the individual needs to make adjustments or give feedback about the process.

Some respondents felt that funding cuts and the competition for charitable grants across Wales has already seen a reduction in the number of independent advocacy services and, therefore, experienced professional advocates. The code therefore seems to disregard the time, money and effort saved by using experienced independent advocacy services.

A minority felt disappointment that the Welsh Government is not regulating with regard to advocacy. Additionally highlighting there is lack of reference to

rights and independent living within the Act itself and the Codes of Practice and regulations. Also, there is no reference to the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

A number of respondents felt more focus was required on self- advocacy as felt it is the most important way of maintaining the choice and control promoted in the Act. They highlighted self-advocacy not only promotes an individual's rights to speak for themselves but this too can be a mutually beneficial arrangement in that self-advocacy groups can offer a local authority collective feedback to inform decision makers about issues which affect those who are not as able to speak up for themselves. Local authorities should promote self-advocacy in local services and should work with local CSSIW and HIW boards to assess how well this is happening.

A small number of respondents felt the language and examples provided within the code excluded children, particularly unique concerns of children and young people, especially looked after children, in relation to advocacy.

A number of comments received centred on the need for the expectations in the code not to be solely seen as social services functions. It is essential that the population assessment required by the Act and Advocacy Code is clearly understood as a collective responsibility, and that Health Boards are fully aware of their role and responsibilities to deliver effective partnership working.

Welsh Government response

The Social Services and Well-being (Wales) Act 2014 promotes people's independence to give them a stronger voice and control in the way social services are delivered. Advocacy should be considered as an inherent element of the Act, as it helps people to express their wishes and feelings and to make decisions about their well-being.

Our response to question 7 reinforces the actions taken through the code to utilise evidence from population needs assessments so as to inform the provision of the full range of advocacy as part of the preventative services and support in meeting needs.

The code recognises the full breadth of advocacy available to individuals as agreed with the technical working group.

Welsh Government whilst working with the technical working group decided to take a more comprehensive approach to the provision of advocacy support. Rather than prescribing through regulations advocacy support based upon circumstances and persons, we embedded consideration of advocacy support throughout the Act based upon people's needs rather than within the confines of the regulation making powers.

The code therefore complements other codes issued under the Act by setting the over-arching framework within which the needs of adults, carers and children for advocacy are identified and supported at key stages of their journey towards the well-being outcomes that matter to them.

It reinforces and builds upon the duties under the Act to ensure a person's views, wishes and feelings are taken into account, appropriate support is provided and adults, carers and children are involved as much as possible in determining their care and support needs. In view of the very limited stakeholder responses seeking the exercise of the regulation making powers, we intend to proceed with the code of practice only.

In regards to the comments on the references to UN Convention on the Rights of Persons with Disabilities (UNCRPD), this has been included in the Code of Practice for Part 2, which places requirements on local authorities to have due regard to the UNCRPD when exercising any of their functions under the Act.

Welsh Government Analysis

There has been significant support for a dedicated code of practice on advocacy and strong support for the contents of the code as drafted. Some areas of clarification and refinement have been identified which will inform a revised draft code. These fall within three main areas:

- a. more recognition of children and young people's existing statutory and non-statutory entitlements;
- b. publicity of advocacy; and
- c. further definition of "appropriate individual" and independence of the advocate.

The Welsh Government welcomes these comments as they have provided evidence to inform refinement of the final code of practice.

In regards to the comments on the references to UN Convention on the Rights of Persons with Disabilities (UNCRPD), this has been included in the Code of Practice for Part 2, which places requirements on local authorities to have due regard to the UNCRPD when exercising any of their functions under the Act. When exercising their duties in regards to advocacy local authorities must also follow the requirements set out in the code of practice on Part 2.

a. Children

The consultation responses recognised that the existing entitlements of looked after children and specified others to advocacy under the Children Act 1989 fall outside the scope of the code of practice. Whilst there was also recognition of the separate work stream on a national approach to advocacy for children there was a call for the existing statutory entitlements to be encompassed within the code now rather than after the national approach work is concluded.

The Welsh Government recognised that this introduces a significant challenge due to the timings of the workstreams. It has therefore concluded to to incorporate the core elements of the existing statutory guidance on children's statutory advocacy into the advocacy code of practice that would, as a minimum, maintain the existing rights and entitlements from April 2016.

This change provides the explicit children-related content requested in the consultation whilst recognising the significant time-lag between the two projects.

b. Publicity

Whilst this section of the code was informed by the technical working group, Welsh Government recognised that the consultation responses would provide additional opportunity for further development and refinement. The

subsequent feedback was that whilst this section was welcomed and comprehensive, additional content would further strengthen the code.

Respondents have provided a comprehensive range of information on this matter for consideration. Issues for further inclusion include accessible formats suitable for the range of people including the hardest to reach groups together with service provider responsibilities to ensure they can communicate, understand and engage effectively with the individual.

Welsh Government recognises the need to secure coherence with similar arrangements under the Act and other code(s) of practice such as information advice and assistance and has undertaken this work accordingly.

c. Independence and Appropriateness

A core component of the draft code was the requirement for a local authority to secure an independent professional advocate where there is no appropriate individual (e.g. family, friends or wider support network) able to advocate on an individual's behalf or it would be inappropriate to utilise such an individual because they were implicated in the concerns impacting on the person's need for care and support.

From responses received there was strong call for further clarification over what could be regarded as independent and who an appropriate / inappropriate individual should be.

The Welsh Government has used the consultation responses to inform the final code of practice.

Annex A - List of respondents

No	Confidentia		Name	Organisation/On behalf of
1	*		Hame	Organisation/on Schair or
2		*	Dawn Price	RCT People First Limited
3	*		Dawn Theo	The Free pie Fried Emilied
				Rhondda People First - Bynna Jones
4		*	Dawn Price	Group
5	*			
6		*	Dawn Price	Blaenau Gwent People First
7		*	Denise Inger	SNAP Cymru
8		*	Richard Williams	Action on hearing loss cymru
9	*			
10		*	Susi de Lacey	Eiriol Mental Health Advocacy Charity
			Mr John Miles;	
		*	Mr Thomas	
11		*	Clark	Disability Can Do Organisation
12		*	Beth Evans	Carers Wales
				North Wales Advice and Advocacy Association / Community Voice -
13		*	Kathy Slinn	NWAAA
14		*	Jane Lane	Advocacy Matters (Wales)
15		*	Pat Dunmore	Welsh Refugee Council
16		*	Daphne Rose	Public Health Wales
17	*		'	
				SNAP Cymru volunteer group with
18		*	Denise Inger	parents
4.0		*		Three Counties Advocacy Strategy
19		*	Susi de Lacey	Network
				Gwent Association of Voluntary Organisations, Chair of Caerphilly
			Susanne	Third Sector Health and Social Care
20		*	Maddax	Alliance
21		*	Sarah Payne	NOMS
			Professor Sally	
22		*	Holland	Children's Commissioner for Wales
00		*	Rhian Huws	Core Coursell For Marks
23			Williams	Care Council For Wales Wales Social Co-operative
24		*	Adrian Roper	Development Forum
25		*	Lynn Howells	Eiriol Mental Health Advocacy Charity
26		*	Mike McCarthy	Powys People First

				National Network for Older People's
27		*	Louise Hughes	advocacy in Wales
			Ruth Northway	
		*	& Sopgie	
28			Hinksman	Learning Disability Advisory Group
29		*	Caroline Oakley	Hywel Dda University Health Board
30		*	Joe Powell	All Wales People First
31		*	Angela Broadbridge	Older Peoples Advocacy Alliance
32		*	Wayne Crocker	Mencap Cymru
33		*	Cathy Murray	Swansea Directorate of Social Services
34		*	Ellie Munro	The Motor Neurone Disease Association (MND)
35		*	Eunice Jones	Torfaen County Borough Council
36	*			
37		*	Gareth Llwyd	Cyngor sir Ynys Mon
38	*			
39		*	Sharon Lovell	NYAS
40		*	Susan Cooper	Bridgend County Borough Council
41		*	Dave Street	Caerphilly County Borough Council
42		*	Eirian Wynne	Cares Outreach Service (North West Wales - Angelsey, Conwy and Gwynedd)
43		*	Carol Floris	Voices from care
				All Wales Forum of Parents and
44		*	Pauline Young	Carers with a learning disability
45		*	Tess Saunders	RNIB
46		*	Stephen Harris, Mari Ropstad, Nicola Benney, Alwena Pearson	Dewis Centre for Independent Living
47		*	Sarah Durrant	Tros Gynnal Plant
48		*	Tim Ruscoe	Barnado's Cymru
49		*	Dr Catrin Mair Edwards	SENSE cymru
50		*	Dr. Catrin Edwards	SCWAW
51		*	Dr Rosanne Palmer	Age Cymru
52		*	Helen Evans	Third Sector Western Bay
53		*	Helen Evans	NPTCVS
54		*	Stephanie Hoffman	MEIC
55		*	Professor Judith E Hall OBE	CSSIW
56		*	Carol Walker	Conwy County Borough Council

57		*	Jean Davies	Pembrokeshire County Council
58		*	Alice Southern	Alzheimer's Society
59		*	Natasha Hughes/Stephan ie O'Donnell	Denbighshire County Council
				All Wales Heads of Children's
60		*	Leighton Rees	services.
61		*	Jeff Hawkins	AGE CONNECTS WALES
62		*	Neil Ayling	Flintshire County Council
63		*	Mark Saunders	Greater Gwent Health, Social Care and Well-being Partnership
64		*	Ele Hicks	Diverse Cymru
65		*	Nicola Evans	Older People's Comissioner for Wales
66	*			
				Disability Wales / Anabledd Cymru and Wales Alliance for Citizen Directed
67		*	Paul Swann	Support Citizens & Providers' Forum
68		*	Sue Evans	ADSS Cymru
69		*	Nichola Poole	City of Cardiff and Vale of Glamorgan Councils
70		*	Sara Harvey	Western Bay Health and Social Care
71		*	Owen Williams	Wales Forum Vison Forum
72		*	Mary Wimbury	Care Forum Wales
73		*	Joanna Robinson	The Survivors Trust
74	*			
75		*	Sean O'Neill	Children in Wales
76		*	Sean O'Neill	Children and Young People's Advocacy Providers Group and Advocacy Practitioners Group
77		*	Kieran Rees	Carers Trust Wales
78		*	Cheryl Evans	WNMC
79		*	Jan Lilley	BCA Independent Advocacy Services
80		*	Rhian Stangroom-Teel	Leonard Cheshire Disability
81		*	Alice Owen	Law Society