Bridgend Voice and Choice: IPA Pilot evaluation (April 2018)

Background:

Bridgend County Borough Council commissioned MHM Wales and ProMoCymru to carry out a pilot project of a 'hub and spoke' Independent Professional Advocacy service in April of 2017. This pilot period is approaching an end and there is now a need to evaluate its effectiveness as well as to learn lessons that will inform future commissioning in Bridgend as well as to disseminate emerging practice.

The Social Services and Well-being (Wales) Act 2014[1] (the Act) places a requirement on local authorities to arrange provision of an Independent Professional Advocate (IPA) to people in *certain circumstances* to help them to overcome *barriers* to *participating fully* in the assessment, care and support planning, review and safeguarding processes.

A Code of Practice on Advocacy was issued under section 145 of the Act which gives detailed explanations regarding the requirements and standards expected from a Local Authority when arranging Advocacy services to fulfil functions under the act.

Paragraphs 7 and 8 of the Code of Practice state:

7. This code sets out the requirements for local authorities to:-

a) Ensure that access to advocacy services and support is available to enable Individuals to engage and participate when local authorities are exercising Statutory duties in relation to them and

b) To arrange an independent professional advocate to facilitate the involvement Of individuals in certain circumstances.

8. The over-arching duties under section 6 of the Act require that any person Exercising functions under the Act must:

A) In so far as reasonably practicable, ascertain and have regard to people's [1]Views, wishes and feelings.

For further information as to how to consider when and why to make a referral to any advocacy service when exercising functions under the Act please see the following explanatory note written by the Golden Thread Advocacy team.

Note from evaluators:

This evaluation has been written by Huw Davies of the Golden Thread Advocacy Programme and Professor Mark Llewellyn, Director of the Welsh Institute for Health and Social Care. This evaluation report is intended to support commissioners within Bridgend County Borough Council in their future commissioning of IPA and advocacy services.

[1] http://gov.wales/docs/dhss/publications/151218part10en.pdf page 5

Both of the authors were members of the Pilot Projects' steering group and as such cannot be viewed as entirely independent from the process. However, the information has been reviewed as impartially as possible.

Scope of Evaluation:

This is evaluation draws upon three principle sources for its information:

1. Data returns from the providers engaged within the pilot: Mental Health Matters Wales (MHM hereafter) and ProMoCymru (PMC hereafter))
2. Written answers to questions provided by key stakeholders including the providers given to the author of this report.
3. Data returns reviewed by Welsh Institute for Health and Social Care (WIHSC)

The evaluation is formed in two principle sections:

1. An evaluation of activity carried out by the pilot project
2. Considerations for the future of the IPA service

Section 1: Activity carried out within the pilot project

The principle source for the following information is taken from the data returns from the two providers. It should be noted that whilst there are three separate contracts for the pilot IPA services, the returns have been amalgamated by the providers into Hub returns and IPA returns.

This evaluation will first consider the returns from the IPA provider, MHM.

MHM has received a total of 80 enquires/referrals for the IPA service with 55 of those being in the form of a referral (i.e. a completed referral form or passed from the Hub). 25 of those were classed as direct enquiries to MHM. The month by month break down is as follows:

Referral	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan (18)	Feb (18)	**Totals**
Referral Received	0	7	6	5	6	11	6	3	4	1	6	**55**
Direct Enquiries	0	2	4	3	4	2	2	1	0	4	3	**25**

PMC reports that they have had a total 72 contacts to their helpline with 35 of those being silent and missed/abandoned. The month by month break down is as follows: *The above figures do not include the testing month which was April.

	*Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan (18)	Feb (18)	**Totals**
Contacts	14	4	2	3	6	6	2	5	3	2	4	**37 (51 inc Test)**
Missed/Abandoned contacts	3	1	2	2	4	0	0	2	6	6	2	**25 (28 inc test)**
Silent contacts	0	0	3	3	0	1	1	1	0	0	1	**10**

Quoting directly from PMC:

> *"A large proportion of the calls (including silent and missed/abandoned calls) that were received to the helpline were between the times of 9am and 5pm. The peak times were first thing in the morning and mid afternoon. All calls were received on weekdays with next to no demand for the service on weekends. This is likely to be due to the high number of professionals contacting the helpline and also because most people will assume that this type of service will be open during office hours."*

The above is exemplified by the following table showing the types of contactor to the PMC service:

Referrer	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan (18)	Feb (18)	**Total**
Carer	Test	1	0	0	0	1	0	0	0	0	0	**2**
Professional	0	0	1	1	5	3	1	1	2	2	1	**17**
Service user	0	1	1	1	1	0	0	2	1	0	0	**7**
Relative	0	0	0	1	1	2	0	0	0	0	3	**7**
Friend	0	0	0	0	0	0	0	0	0	0	0	**0**
Public	0	0	0	0	0	0	0	1	0	0	0	**1**

A total of 34 different types of contactor have been reported with **50%** of those contacts coming from professional groups.

When considering the MHM data on referral sources a similar percentage of those are sourced from professional groups (Social Services and GP's); **45%** coming from those sources. The following table shows the sources in a month by month break down:

Referrer	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan (18)	Feb (18)	**Total**
Self	0	0	1	3	0	4	2	2	0	0	3	**15**
Third Sector	0	0	1	1	1	2	2	1	2	0	2	**12**
Social Services	0	6	4	1	5	2	1	0	2	1	1	**23**
GP	0	0	0	0	0	2	0	0	0	0	0	**2**
Family Member	0	0	0	0	0	0	1	0	0	0	0	**1**
Other Advocacy Service	0	1	0	0	0	1	0	0	0	0	0	**2**

In terms of the category of clients who came into contact with the projects (either directly or via a referrer) PMC report the following:

Category	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan (18)	Feb (18)	**Total**
Physically impaired	0	0	1	0	0	0	0	0	0	0	0	**1**
Sensory Impaired	0	0	0	1	0	1	0	0	0	0	0	**2**
Frail	0	1	0	0	1	0	0	0	0	0	0	**1**
Elderly (65+)	0	1	0	0	4	1	0	0	0	1	1	**8**

Dementia		0	0	0	0	0	1	0	1	0	0	**3**
Mental Health Issues	0	0	1	0	1	0	0	3	0	1	0	**6**
Learning Difficulties		0	1	0	1	0	0	0	2	0	0	**3**
Other		1	0	2	1	4	0	0	0	0	3	**11**

MHM reports the following:

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan (18)	Feb (18)	**Total**
Sensory Impairment	0	1	0	1	0	1	0	0	0	0	0	**3**
Mental Health Issues	0	7	5	2	6	7	1	3	1	1	6	**39**
Dementia	0	1	0	0	0	0	1	0	2	0	0	**4**
Physical Disability	0	0	0	3	0	1	0	0	0	0	0	**4**
Learning disability	0	0	1	1	1	2	1	0	1	0	0	**7**
Other	0	0	0	0	1	1	0	0	1	0	0	**3**

Here we see an inconsistency in the data domains collected (with both providers using different divisional terms within the evaluation), but both sets of data show a spread across service user types. This suggests that the awareness raising work undertaken by both parts of the pilot has been broad in its reach as, with the exception of Mental Health Issues, no one referring group is over represented.

In terms of the issues with which the clients were supported/referred to be supported with we see the following as reported by MHM:

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan (18)	Feb (18)	**Total**
Assessment, care and support planning, reviews	0	4	2	1	6	5	5	3	2	0	3	**31**
Safeguarding	0	2	1	1	1	5	1	0	2	0	2	**15**
Accessing information, Advice and Assistance	0	0	3	5	2	7	3	0	1	1	6	**28**
Accommodation issues (inc. Care homes)	0	0	0	2	1	2	0	1	1	0	2	**9**
Concern/ dissatisfaction/ complaint	0	0	1	0	0	3	1	1	0	0	1	**7**
Change of service type/preparing to leave hospital and return to the community	0	0	1	0	0	1	3	3	0	0	0	**8**
Other	0	1	0	0	3	0	0	0	1	0	0	**5**

Thus we can see that MHM has supported 103 issues with their client total over 55 referrals, or just fewer than 2 issues per client.

The same data collected by PMC shows the following:

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan (18)	Feb (18)	**Total**
Assessment, care and support planning, reviews	0	0	1	1	0	0	0	1	0	0	0	**2**
Safeguarding issues	0	0	0	0	2	0	0	0	0	0	0	**2**
Accommodation issues (inc. Care homes)	0	0	0	0	3	2	0	0	0	2	0	**7**
Concern/ dissatisfaction/ complaint	0	2	1	0	0	0	1	2	0	0	1	**6**
Formal Complaint	0	0	0	0	0	0	0	0	1	0	0	**1**
Other	0	3	0	2	3	4	2	1	2	0	1	**18**

Both of the tables above show that there is a spread of referring issue across the spectrum. This shows a broad need for the project and that potentially the awareness raising has been well spread and that contacts with potential referrers have not been targeted at one group more than another.

Hub Function

An important element of the Hub function, as designed within this pilot service, was to ensure that clients are supported by the most appropriate service for their needs as opposed to automatically being supported by the IPA service provided by MHM. As such, PMC have reported on their referral and/or signposting routes following contacts as follows:

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan (18)	Feb (18)	**Total**
MHM		0	1	1	1	3	0	2	1	2	0	**11**
Other Advocacy Service		0	0	0	4	2	0	0	1	2	0	**9**
Voluntary Sector		2	0	0	1	0	0	1	0	0	0	**4**
Social Service		0	0	0	1	0	0	0	0	0	0	**1**
Local Authority Community Services		0	0	0	0	1	0	0	0	0	0	**1**
People First		0	0	1	0	0	0	0	0	0	0	**1**
Other		1	0	1	1	0	1	0	0	0	1	**5**

It was decided by the providers, in consultation with the steering group, at the outset of this pilot project that no artificial barrier be put up to accessing the service, i.e. that both services were directly accessed although the hub would be the promoted point of access. As such, on the referral form a question was asked as to whether or not the hub had reviewed the referral prior to it being passed to MHM. Not all referrers completed this section of the form at all times so the information is incomplete. However, it shows that in 54 instances (out of 55) where this section was completed only 8 of the referrals, or **14%** were reviewed by the hub prior to contact with MHM.

Examples of the outcomes of the hub element of the service are as follows:

> *"The Hub model has provided the opportunity for a streamlined service, with the Hub signposting service users to appropriate non-statutory services where there is no eligibility for statutory services (where previously those service users would have been contacting statutory services). The Hub has provided the resource to explore and inform non statutory service users of support organisations and options available to them which may not have been time possible for statutory service staff.*
>
> *Examples of this:*
>
> - *Advising a service user on how to make a complaint about a parent advocate where they were not eligible for an IPA.*
> - *Grandparent with concerns about her grandchildren in foster care who felt Social Services were not listening to her concerns. No eligibility for own IPA. Advice on support*

for rights/ legal advice/ processes with Social Services (how to challenge decisions/ put forward views/ complaints process). Avenues for support for grandparent researched and forwarded to her directly (organisations to support grandparents with children in care/ kinship carers and organisations for emotional support).

- *Out of area calls – e.g. professional from Swansea looking for an advocacy service for person with learning difficulties – signposted to appropriate service in Swansea." (source from Stakeholder responses)*

However, there was an identified weakness within the hub element of the delivery model:

- *"The Hub in the case of the County Borough of Bridgend appears to only to have three spokes for Advocacy which consists of MHM Wales who offer IMCA, Mental health and Wellbeing Advocacy, Community Advocacy and IPA, Advocacy Support Cymru offering IMHA, or People First Bridgend offer learning difficulties Advocacy. So therefore the choice for the client is limited … If Bridgend had the variety of advocacy services which turned up to the Swansea engagement event it would be a different story and I believe the Hub and spoke would work well. As it would offer more advocacy options." (source from Stakeholder responses)*

While some stakeholders may consider the scope of the pilot hub and spoke model was limited in its practical reach with a relatively small number of options for the hub to utilise, the responses from PMC did show evidence of assisting people to access additional services. Thus, as noted below:

> *"In relation to the Hub, the primary outcome for the service users is access to information and advice to enable an informed decision about organisations and support available to them for their particular issues. The Hub provides timely identification of the appropriate support (whether that is eligibility and referral to an IPA or direction to access alternative support from alternative local organisations)."*

The Hub provides a key Information, Advice and Assistance (IAA) role in relation to individuals seeking to either make an advocacy referral or access that support themselves. A limitation has been the number of local avenues available for forward referral. This could be addressed with deeper engagement with local services to ensure an increase in active referral options.

Outcomes:

MHM has worked with 55 clients throughout this year. Of those, 4 were referred to other advocacy projects or providers based upon their presenting characteristics and **15** cases have now been resolved. Evidence shows that most cases are relatively long term (over 3 months) with the assumption of multiple interventions. However, it is noted that timescales for advocacy cases are often governed by timescales outside of the providers and/or clients control and as such this is not surprising.

As a potential (and loose) benchmark to this during a partnership project between Age Cymru Swansea Bay, Age Concern Morgannwg and Age Concern Neath Port Talbot during the period April 2012 until May 2013 (14 months rather than the 10 months this report covers not including testing month) the service which was limited to individuals over 50 received 44 appropriate referrals in the County of Bridgend. The data from MHM allows those from 18-45 to be stripped out which removed 11 referrals from the comparison set. Thus it can be shown that against this bench mark, and over a shorter period the Pilot project could be said to have carried out more case work than the similar project. For full data tables on this historic project please see here.

The following well-being based outcomes were reported by the Independent Professional Advocates themselves:

- *Increase in self-confidence and positivity*
- *Greater ability to self-advocate*
- *Individuals receiving the practical and emotional support that they need to improve their lives. (Individuals with support, being able to clearly identify and understand their care and support needs and to be able to identify options and services that are available to meet those needs.)*
- *Improvement in the general wellbeing of individuals that are receiving the support and services that they need.*
- *Individuals having options and choice and greater control over their lives.*
- *Individual's voices being heard and them being fully involved with decisions about their care and support. Individuals have said that the advocacy support makes them feel that their opinions matter and are valued. Some people have said that the support has enabled them to become more in control of their lives and decisions.*
- *Individuals being empowered.*
- *A reduction in loneliness and isolation due to individuals being more aware of, and accessing the support services that are available. Some individuals that I have advocated for and supported have signed up for, and attended educational courses and self-help courses. Some have also attended counselling that I have referred them for and I have received feedback to say that as a result they feel that their overall wellbeing has improved.*
- *Feeling Safe and supported*

- *Individuals becoming and feeling better equipped to deal with future issues. Also facing up to change and making future plans.*
- *Individuals dealing with their issues and problems instead of ignoring them. E.g.: Individuals attending appointments to seek support. This has a knock on beneficial impact on their physical and mental wellbeing as they receive the treatment that they need.*
- *Individuals receiving the care and support they need sooner, preventing a potential crisis situation where emergency or greater care and support is needed.*
- *A greater feeling of wellbeing and increased independence*
- *Potential safeguarding issues identified and dealt with sooner, avoidance of a situation where vulnerable individuals are taken advantage of.*
- *Individuals rites [sic] and entitlements are upheld*

A further example of a positive impact this service has made is as follows:

> *"For example we had a client who could not get access to any financial support so we advocated for him to gain a place in a hostel and then we successfully supported him in gaining finical support which now allows him to seek a more desirable lodging in an area he wishes to reside in."*

The above are clearly valuable impacts for the citizens concerned. However, the providers have not collected sufficient numbers of closed cases within the pilot period to date to effectively evaluate the impact of the service based on the outcomes model proposed at the beginning of the project. As noted previously, the majority of the cases are ongoing and long term in nature. This will have to be revisited by the project steering group as time allows in the future.

Section 2: Considerations for the future of the project:

It has been a privilege to be involved in this pilot project which has attempted to examine the effectiveness of a hub and spoke model when delivering against the requirements placed upon Local Authorities

A clear inconsistency with the data presented above is that data has not been consistently collected across the two main providers. This was anticipated as the Pilot project was for a short period, but for the future commissioners could look to create a formatted set of data required to ensure a smooth and consistent recording of data.

In terms of outcomes, it is difficult to comment on the efficacy of the "outcome star" model of data recording by MHM as none was reported. This tool has been used effectively by projects to demonstrate outcomes for individuals. At this point, the volume of data is not sufficient to make a judgement. Periodic outcome recordings could be considered for the future to better evidence the impact on the wellbeing of longer term clients.

There is evidence that the hub and spoke model is working and that the Hub function is considering clients needs and providing information about other appropriate services as required by individuals proportionate to their need. This ensures that the IPA intervention is used mostly by those that would benefit from it most and are most eligible. However, multiple front doors to the IPA service (i.e. direct access to the IPA service and to the Hub) has the potential to dilute reporting on this benefit. Also, there is no evidence of the IPA service re-referring back to the Hub for further support which has the potential to free up the time and capacity of the IPA service within MHM. The interplay between the providers could be considered for the future better use of resources. This may require a consideration around the incentives within the project to drive the model in this direction.

The numbers of citizens supported by both providers in the short period of the pilot could be considered low, but is growing and is greater in comparison to the only other quantifiable project previously run for older people across Swansea Bay. A consideration for the future is around capacity with regards to the IPA elements of the service. Should numbers of referrals continue to grow in line with current trajectory then it is logical to assume that demand will outstrip supply. This would have potential consequences for users of the service such as waiting lists and failure demand.

The point above could be mitigated by further support for wider forms of advocacy in Bridgend in order to ensure that there are greater options for the hub to signpost to alternate forms of support. This development would require time and potentially resources. Alternatively, greater resources could be made available to the IPA element of the service. However, the evidence suggests that had not the number of referrals away from the IPA service been diverted then this issue may have presented itself earlier. Bringing the IPA service currently delivered by Bridgend Peoples First for individuals with Learning Difficulties into the pilot may also further this aim to provide a wider choice of advocacy in Bridgend.

Conclusions:

This evaluation has been carried out as independently as possible, by the Golden Thread Advocacy Programme. However, it is worth noting that the evaluator has had significant contact with the pilot project throughout and this is reflected in the evaluation. The pilot appears to be achieving its aims and further time will allow a better judgement of its value for money in the eyes of the commissioning authority.

The impact of the service upon the wider statutory need such as care provision, Social Worker time etc.at this point was unquantifiable and further examination of the future impacts of this relatively young service will be needed to identify the consequences it has had in this realm.

At present it seems reasonable to conclude that Bridgend County Borough Council is meeting the requirements set upon it through the Social Services and Wellbeing (Wales) Act 2014 to provide IPA services for those that are deemed to need it. This is being done in an innovative way which is evidentially having a positive impact upon those that use it.

Report Author: Huw Davies, Golden Thread Advocacy Programme. April 2018.