



PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL

STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Our West Wales Adult Advocacy Strategy 2023 - 2027
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Josh Summers and Kevin Pett Regional Partnership Board Team

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The draft Regional Adult Advocacy Strategy seeks to shape our commissioning arrangements to meet the legal requirements to ensure good quality advocacy is readily and equitably available to those who want or need it, in the West Wales region of Ceredigion, Carmarthenshire and Pembrokeshire.

This strategy is based on an extended period of engagement with citizens, especially those who engage with health and social care services, advocacy organisations, health and social care practitioners, statutory commissioners, and other relevant stakeholders.

This Adult Advocacy Strategy has five priority areas, all aimed at improving outcomes for people who need advocacy. The priorities have been defined in the light of co-productive activity to date, engagement, the Regional Population Assessment, and in response to legislative requirements. They include:

- Priority 1. Maintain and develop further our co-productive approach
- Priority 2. Raise awareness of, and understanding of, advocacy.
- Priority 3. Ensure advocacy is easily accessible and equitably available
- Priority 4. Ensure advocacy is of a consistently high standard of quality
- Priority 5. Maintain specialisms and non-statutory forms of advocacy

Each priority within the strategy outlines why it's important and what the current situation is in West Wales. Following this, each priority outlines the actions that need to be taken to ensure each of the priority areas are met. These actions will inform the action plan that will be co-produced within the new Regional Advocacy Strategy Steering Group.

The Strategic Development and Operational Delivery Committee (SDODC) is requested to consider and endorse presentation of the strategy to Board for approval on 30 March 2023.

Cefndir / Background

‘Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.’ (Advocacy Charter, 2018).

The provision of Independent Professional Advocacy (IPA) is a legislative requirement under Part 10 of the Social Services and Wellbeing (Wales) Act (SSWBA) 2014. This type of advocacy is provided in circumstances such as where a citizen’s access to care and support services is in question. Advocacy itself can be seen on a continuum, and, while IPA provision is specifically mandated, other types are to be encouraged, building on individual and community capacity.

Advocacy is recognised, in all recent health and social care legislation, as being fundamentally important in situations within which individuals and marginalised groups need support to have their voices heard and their rights respected. Advocacy is designed and delivered to facilitate participation by individuals and groups within the decisions and processes that affect their lives.

Asesiad / Assessment

The work to develop the strategy has included extensive engagement which has assisted understanding of the different needs for advocacy relating to Hywel Dda University Health Board (HDdUHB) and partners. The document provides a strategic, co-productive context for the development of advocacy to better meet the needs of people using services.

Whilst the strategy promotes working towards the national outcomes framework, the Health Board’s Advocacy service specification stipulates the following anticipated outcomes:

- Support is to be provided as often and as frequently as the individual(s) requires
- Reduce the risk of harm to individuals and others
- Provide a support and spokesperson, if appropriate, through a variety of concerns and issues as detailed by the individuals or their family/caring in a non-judgemental, empathetic, and respectful way
- Work with other services to signpost support for individuals as needed
- Reduce the need, where appropriate, for people to be referred into Primary and Secondary Care Services
- Provide a quality, cost efficient and effective service
- Consider, work alongside and where appropriate integrate with other services

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to consider and endorse the draft Regional Adult Advocacy Strategy for presentation to Public Board in March 2023 for approval.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.3: Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key

	partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 3.2 Communicating Effectively 5.1 Timely Access 6.2 Peoples Rights
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Social Services and Well-being (Wales) Act 2014
Rhestr Termiau: Glossary of Terms:	Enclosed within the strategy
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Regional Partnership Board Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The resources to support HDdUHB commitment to this strategy will come from existing resources. MH&LD commission statutory advocacy IMHA as well as community advocacy across all 3 counties. The IMHA has been tendered for 3 years earlier this year with the community advocacy currently being evaluated following a tender process which will again be a 3-year SLA.

Ansawdd / Gofal Claf: Quality / Patient Care:	The strategy aims to support the commissioning of advocacy services to be of the highest quality consequently providing service users with better provisions.
Gweithlu: Workforce:	The resources to support HDdUHB commitment to this strategy will come from existing resources.
Risg: Risk:	N/A
Cyfreithiol: Legal:	The Social Services and well-being (Wales) Act 2014 provides the statutory framework for improving the well-being outcomes of adults and children who need care and support and carers who need support. It has a particular focus on voice and control so people have control over their own care and support and can make decisions about it as an equal partner. The provision of Independent Professional Advocacy (IPA) is a legislative requirement under Part 10 of the Social Services and Wellbeing (Wales) Act (SSWBA) 2014.
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	As a provision advocacy seeks to take action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality, and social justice. (Advocacy Charter, 2018).

2023 - 2027

Strategaeth Eiriolaeth Oedolion Gorllewin Cymru

DRAFT



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Rhagair

Mae'r holl ddeddfwriaeth iechyd a gofal cymdeithasol ddiweddar yn cydnabod fod eiriolaeth yn sylfaenol bwysig mewn sefyllfaoedd lle y mae angen i unigolion a grwpiau a ymleiddiwyd gael cefnogaeth i sicrhau bod eu lleisiau'n cael eu clywed a'u hawliau'n cael eu parchu. Mae eiriolaeth yn cael ei chynllunio a'i chyflwyno er mwyn annog unigolion a grwpiau i gymryd rhan yn y penderfyniadau a'r prosesau sy'n effeithio eu bywydau.

Mae'r Strategaeth Eiriolaeth Oedolion hon yn ceisio llunio trefniadau comisiynu Bwrdd Iechyd Prifysgol Hywel Dda, Cyngor Sir Caerfyrddin, Cyngor Sir Ceredigion a Chyngor Sir Penfro er mwyn iddynt gyflawni eu dyletswyddau statudol. Fodd bynnag, yn bwysicach na hynny mae'n ceisio sicrhau bod eiriolaeth o ansawdd da ar gael yn hwylus ac i bawb sydd ei eisiau, neu ei angen, yn rhanbarth Gorllewin Cymru, sef Ceredigion, Sir Gaerfyrddin a Sir Benfro.

Fwy a mwy, derbynnir fod niferoedd arwyddocaol o bobl sydd angen gwasanaethau iechyd neu ofal cymdeithasol hefyd angen mathau o gefnogaeth sy'n caniatáu iddynt gael llais cyfartal a rheolaeth ar y ffordd y caiff y gwasanaethau hynny eu cynllunio a'u darparu. Mae'r ystod o wasanaeth eiriolaeth yn ein rhanbarth yn ceisio mynd i'r afael â'r angen hwn am gefnogaeth ac mae hefyd yn annog datblygu hyder a sgiliau unigolion i gymryd rhan a lleisio eu lleisiau a'u dewisiadau eu hunain trwy hunan-eiriolaeth.

Mae rhai grwpiau yn ein cymunedau sydd angen lefel arwyddocaol o gefnogaeth er mwyn sicrhau bod eu llais yn cael ei glywed a bod eu hawliau'n cael eu cyflawni'n llawn. Mae hyn yn cynnwys pobl ag anghenion penodol yn lleisio eu dymuniadau a'u dewisiadau, er enghraifft ond heb fod yn gyfyngedig i, bobl ag anableddau dysgu, pobl ag awtistiaeth, pobl â dementia, pobl a chanddynt faterion iechyd meddwl cymhleth, rhai pobl a chanddynt amhariadau niferus neu synhwyrdd, a rhai gofawyr. Ar gyfer y grwpiau hynny y mae'r strategaeth hon yn ceisio llywio'r gwaith o gomisiynu a darparu eiriolaeth i'r dyfodol.

Ein bwriad, trwy weithio mewn partneriaeth gyda chymunedau a rhanddeiliaid yw y byddwn, yn y pum mlynedd nesaf, yn gallu llunio, trwy ein trefniadau comisiynu, sut fydd y mathau mwyaf priodol o eiriolaeth yn y rhanbarth yn cwrdd â'r ystod o anghenion am eiriolaeth. Bwriadwn adeiladu ar yr hyn sydd eisoes yn sylfaen gadarn o wasanaethau wrth geisio datblygu gwasanaethau eiriolaeth mewn meysydd sydd angen eu datblygu. Bwriadwn flaenoriaethu cefnogaeth eiriolaeth ar gyfer yr unigolion a'r grwpiau hynny sydd ei hangen fwyaf.

Edrychwn ymlaen at gwrdd â'r heriau pwysig hyn er mwyn sicrhau bod mynediad at wasanaethau eiriolaeth yn ein rhanbarth yn cyrraedd y safon uchaf bosib a'i fod yn adlewyrchu'r hyn mae ein cymunedau angen o wasanaethau eiriolaeth.



Judith Hardisty
Cadeirydd, Bwrdd Partneriaeth Ranbarthol Gorllewin Cymru

CONTENTS

Rhagair	1
CEFNDIR A CHYD-DESTUN	3
Beth yw Eiriolaeth a Phwy Sydd Ei Hangen?	4
Datganiad Safbwynt Gorllewin Cymru	5
Gweithio Gyda'n Gilydd – Ein Gweledigaeth Gyffredin	9
Dadansoddi Anghenion	10
Beth Ydym Ni'n Mynd i'w Wneud?	15
Blaenoriaeth 1: Cynnal a Datblygu Ein Dull Cydgynhyrchu Ymhellach	
Blaenoriaeth 2: Cynyddu Ymwybyddiaeth a Dealltwriaeth o Eiriolaeth	
Blaenoriaeth 3: Gofalu fod Eiriolaeth ar Gael yn Hwylus ac i Bawb.....	
Blaenoriaeth 4: Gofalu fod Safon Eiriolaeth yn Gyson Uchel.....	
Blaenoriaeth 5: Cynnal Arbenigeddau a Mathau Anstatudol o Eiriolaeth	
Adrodd ar Ein Cynnydd	31
Geirfa	32
Cyfeirnodau a Dolenni.....	35

CEFNDIR A CHYD-DESTUN

Er mwyn creu cyd-destun cyffredinol y bydd Strategaeth Eiriolaeth Oedolion Gorllewin Cymru yn gweithredu oddi fewn iddo aethom ati i gynnal adolygiad o ddeddfwriaeth Gymreig sy'n effeithio ar y maes hwn.

Deddf Gwasanaethau Cymdeithasol a Llesiant

Mae Deddf Gwasanaethau Cymdeithasol a Llesiant (2014) yn mynnu fod rhaid i'r tri Awdurdod Lleol rhanbarthol [gomisiynu gwasanaethau Eiriolaeth Broffesiynol Annibynnol statudol](#) a bod rhaid i'r Awdurdodau Lleol hyrwyddo mynediad at y [sbectrwm o wasanaethau eiriolaeth](#).

Dylid ystyried eiriolaeth yn elfen gynhenid o'r Ddeddf sy'n sicrhau bod gofal cymdeithasol yn canolbwyntio ar bobl a'u llesiant. Mae eiriolaeth yn helpu pobl i ddeall sut y gallant gyfrannu, cyfrannu a chymryd rhan, a sut y gallant arwain neu gyfarwyddo'r broses os oes modd.

Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) Cod Ymarfer Eiriolaeth t.8

Mae Deddf Gwasanaethau Cymdeithasol a Llesiant (2014) yn rhoi llawer o bwyslais ar lais a rheolaeth pobl sydd angen gofal a chefnogaeth, a gofalwyr sydd angen cefnogaeth.

Mae gan eiriolaeth rôl bwysig i'w chwarae o ran llais a rheolaeth a chynnal gofynion ehangach y Ddeddf o ran llesiant, diogelu ac atal. Gall gynorthwyo pobl yn fawr i fynegi eu barn a gwneud dewisiadau gwybodus, gan sicrhau eu bod yn gallu derbyn gwasanaethau perthnasol.

Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) Cod Ymarfer Eiriolaeth t.2

Fframwaith Canlyniadau Cenedlaethol a Llesiant Cenedlaethau'r Dyfodol

Mae'r Fframwaith Canlyniadau Cenedlaethol (Gwasanaethau Cymdeithasol) a Deddf Llesiant Cenedlaethau'r Dyfodol yn gosod cysyniad llais a chyfranogiad unigolion ynghanol y dull o gyflawni llesiant yng Nghymru.

**Mae fy llais yn cael ei glywed ac yn cael gwrandawriad.
Mae fy amgylchiadau unigol yn cael eu hystyried. Rwyf yn siarad dros fy hun ac yn cyfrannu at y penderfyniadau sy'n effeithio ar fy mywyd neu mae gen i rywun all wneud hynny ar fy rhan.**

Datganiad yn y Fframwaith Canlyniadau Cenedlaethol ynghylch cyflawni llesiant personol t.5

Deddf Iechyd Meddwl a Ddeddf Galluedd Meddyliol

Ceir gofynion tebyg yn y Ddeddf Iechyd Meddwl a Ddeddf Galluedd Meddyliol ar gyfer Bwrdd Iechyd Prifysgol Hywel Dda i gomisiynu gwasanaethau Eiriolwr Galluedd Meddyliol Annibynnol ac Eiriolwr Iechyd Meddwl Annibynnol ar draws y rhanbarth.

Asesiad o Anghenion Poblogaeth Gorllewin Cymru a Chynllun Ardal

Mae angen i gomisiynu effeithiol fanteisio ar y wybodaeth a gasglwyd trwy [gydgynhyrchu](#) a'r data demograffig yng Nghynllun Ardal [Gorllewin Cymru](#) 2018-23 a'r Asesiad o Anghenion Poblogaeth Gorllewin Cymru.

Beth yw Eiriolaeth a Phwy Sydd Ei Hangen?

Ceir isod ddiffiniad o eiriolaeth a dderbynnir yn eang:

‘Ystyr eiriolaeth yw gweithredu i helpu pobl i ddweud beth maen nhw ei eisiau, sicrhau eu hawliau, cynrychioli eu buddiannau a chael y gwasanaethau maen nhw eu hangen. Mae eiriolwyr a chynlluniau eiriolaeth yn gweithio mewn partneriaeth gyda’r bobl maen nhw’n eu cefnogi ac yn ochri gyda nhw. Mae eiriolaeth yn hyrwyddo [cynhwysiant cymdeithasol](#), cydraddoldeb a chyfiawnder cymdeithasol.’ Siarter Eiriolaeth 2018 [y Tîm Datblygu Cenedlaethol ar gyfer Cynhwysiant](#)



Mae’r diagram uchod, a gynhyrchwyd gan [Brosiect Eiriolaeth Edau Euraidd](#), yn dangos y [sbectrwm o wasanaethau eiriolaeth](#). Mae manteision penodol i bob un o’r gwahanol fathau:

Math	Disgrifiad
Hunan-Eiriolaeth	Pan mae unigolion yn cynrychioli ac yn siarad drostynt eu hunain.
Eiriolaeth Anffurfiol	Pan mae teulu, ffrindiau a chymdogion yn cefnogi unigolyn i sicrhau bod eu safbwyntiau dymuniadau a theimladau yn cael eu clywed, a gallai hynny gynnwys siarad ar eu rhan.
Eiriolaeth gan Gymheiriaid	Un unigolyn yn gweithredu’n eiriolwr i eraill sy’n rhannu profiad/cefndir cyffredin.
Eiriolaeth ar y Cyd	Mae’n cynnwys grwpiau o unigolion a chanddynt brofiadau cyffredin sy’n cael eu grymuso i gael llais a dylanwadu ar newid a hyrwyddo cyfiawnder cymdeithasol.
Eiriolaeth Dinasyddion	Mae’n cynnwys partneriaeth un ac un hirdymor rhwng eiriolwr ddinesydd gwirfoddol wedi’i hyfforddi neu ei gefnogi ac unigolyn.
Eiriolaeth Wirfoddol Annibynnol	Mae’n cynnwys eiriolwr annibynnol a di-dâl sy’n gweithio trwy drefniant tymor byr, neu ar fater penodol, gydag unigolyn neu unigolion.
Eiriolaeth Ffurfiol	Gall gyfeirio at rôl eiriolaeth staff mewn lleoliadau iechyd, gofal cymdeithasol ac eraill lle y mae angen i weithwyr proffesiynol fel rhan o’u rôl ystyried dymuniadau a theimladau’r unigolyn a helpu sicrhau eu bod yn cael sylw priodol.
Eiriolaeth Iechyd Meddwl Annibynnol (Statudol)	Eiriolwyr a hyfforddwyd yn arbennig i gefnogi pobl i fynegi barn a sicrhau bod eu lleisiau’n cael eu clywed ynghylch eu gofal a’u triniaeth iechyd meddwl. Mae’n fath o eiriolaeth statudol.
Eiriolaeth Galluedd Meddyliol	Mae Eiriolwr Galluedd Meddyliol Annibynnol (IMCA) yn helpu pobl nad yw’r galluedd ganddynt fel y gallant fod yn rhan o benderfyniadau a wneir ar eu rhan. Mae ar gyfer

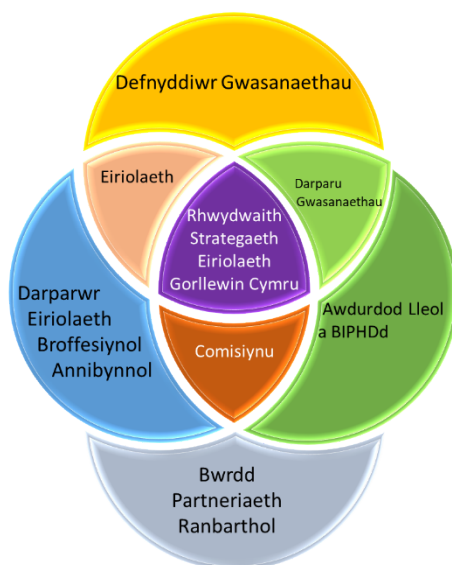
Annibynnol (Statudol)	pobl a gafodd asesiad nad oes ganddynt y galluedd meddyliol i wneud penderfyniad drostynt eu hunain.
Eiriolaeth Broffesiynol Annibynnol (Statudol)	Mae'n cynnwys eiriolwr proffesiynol, wedi'i hyfforddi yn gweithio mewn partneriaeth un ac un gydag unigolyn i sicrhau bod eu barn yn cael ei chyfleu'n gywir a bod eu hawliau'n cael eu parchu. Gallai hynny fod ar gyfer un mater neu nifer o faterion.

Mae gwahaniaeth pwysig rhwng eiriolaeth dan gyfarwyddyd ac eiriolaeth heb gyfarwyddyd. Mae eiriolaeth heb gyfarwyddyd yn golygu fod eiriolwyr yn cael eu cyfarwyddo gan yr unigolyn, hyd yn oed os na wnaeth yr unigolyn gyfeirio eu hunain at y gwasanaethau eiriolaeth. Rhyngddynt, gallant sefydlu perthynas ac adnabod y materion eiriolaeth, y nodau a'r canlyniadau a fwriedir yn unol â dymuniadau/dewisiadau defnyddiwr y gwasanaeth.

Efallai y bydd angen y math heb gyfarwyddyd o eiriolaeth pan mae materion cyfathrebu a galluedd yn golygu nad yw cyfarwyddyd a mynegi dewisiadau a phryderon yn amlwg. Byddai hyn yn cynnwys cymryd camau cadarnhaol gyda neu ar ran person sy'n methu rhoi arwydd clir o'u barn neu ddymuniadau mewn sefyllfa benodol. Mae eiriolwyr heb gyfarwyddyd yn ceisio cynnal hawl y person, sicrhau triniaeth deg a chyfartal, sicrhau mynediad at wasanaethau, a gwneud yn siŵr y cymerir penderfyniadau gan roi ystyriaeth ddyladwy i'w dewisiadau a'u safbwyntiau unigryw (Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014)

Datganiad Safbwynt Gorllewin Cymru

Prif Randdeiliaid



Cafwyd ffocws cydlynol ar eiriolaeth yng Ngorllewin Cymru ers rhai blynnyddoedd, a sefydlwyd Rhwydwaith Eiriolaeth y Tair Sir dros 12 mlynedd yn ôl. Nod y Rhwydwaith, sy'n cynrychioli darparwyr gwasanaethau eiriolaeth statudol ac anstatudol ar draws Sir Gaerfyrddin, Ceredigion a Sir Benfro yw gwella, hyrwyddo a datblygu gwasanaethau eiriolaeth a darparu cyfleoedd hyfforddiant ar gyfer y gwasanaethau hynny. Mae'n gweithio'n gyfocrog â Gweithgor Eiriolaeth sy'n cynnull at ei gilydd gomisiynwyr gwasanaethau eiriolaeth ar draws Gorllewin Cymru, sy'n cynnwys Cyngor Sir Gaerfyrddin, Cyngor Sir Ceredigion a Chyngor Sir Penfro. Dangosir y perthnasoedd hyn yn y diagram Venn gyferbyn.

Adolygiad Rhanbarthol

Datblygwyd y cynnig gwreiddiol trwy drefn gydgyhyrchu, fel y cynigiwyd gan y [Rhaglen Eiriolaeth Edau Euraid](#).

Yn 2017, derbyniodd Rhwydwaith Eiriolaeth y Tair Sir arian i wneud gwaith ymgysylltu yn dilyn ymarferiad hunanasesu a amlygodd feysydd lle'r oedd potensial i wella arfer, fel rhan o [Raglen Eiriolaeth Edau Euraid](#). Gwnaed gwaith ymgysylltu, gyda chefnogaeth [Partneriaeth Gofal Gorllewin Cymru](#), gydag unigolion, gweithwyr proffesiynol a [rhanddeiliaid](#) eraill ar draws y rhanbarth, oedd yn cynnwys arolwg (142 ymateb), pum digwyddiad sirol ac un digwyddiad rhanbarthol.

Arweiniodd y gwaith hwn, a'r adroddiad a ddilynodd, at ddiffinio a dylunio'r model gwasanaeth rhanbarthol arfaethedig - roedd y prif nodweddion yn cynnwys yr hyn a ddywedwyd oedd yn bwysig i'r sawl a gymerodd ran yn yr ymgysylltiad: un pwynt cyswllt; darparu lleol; parhau i gydnabod arbenigeddau (diogelu plant, gofalwyr, anabledau dysgu); a phwysigrwyd cysylltu â gwasanaethau gwybodaeth, cyngor a chymorth (IAA). Mae'r model gwasanaeth yn cydnabod rôl allweddol [IPA](#) o fewn cydestun cymorth ehangach mathau anstatudol o eiriolaeth. Darlunnir y model 'wy wedi'i ffrïo' fel y'i gelwir isod.



	Grwpiau neu fudiadau a gefnogir yn y rhwydwaith ehangach. Gall rhai fod yn gweithio tuag at ddod yn ddarparwyr IPA
	Darparwyr IA Generig ac Arbenigol ar draws yr ardal sy'n bodloni'r safonau angenrheidiol ar gyfer IPA
	Rhwydwaith eiriolaeth ehangach yn cynnwys y Rhwydwaith Strategaeth Eiriolaeth

Comisiynu Gwasanaethau [Eiriolaeth Broffesiynol Annibynnol](#)

Wrth ymateb i'r adolygiad, cytunodd yr awdurdodau lleol yn y Rhanbarth i gyd gomisiynu un gwasanaeth [IPA](#) ar gyfer oedolion (ceir trefniadau gwahanol ac ar wahân ar gyfer plant). Cafodd hyn ei ddylanwadu'n rhannol gan ymrwymiad [Partneriaeth Gofal Gorllewin Cymru](#) i gomisiynu rhanbarthol, o dan Ran 9 DGCLI, a chynigiwyd y dylai'r gwasanaeth gael ei gefnogi gan drefniant cronfa gyfunol gysylltiedig - sef yr arian a werir yn barod ar eiriolaeth.

Tra bod gan Sir Gaerfyrddin a Sir Benfro drefniadau cytundebol yn barod ar gyfer darparu eiriolaeth, roedd Ceredigion yn darparu [IPA](#) ad hoc trwy drefniant 'prynu ar y pryd'. Roedd y ffaith nad oedd contractau yn bod yn barod yn golygu fod trefniadau ar gyfer Ceredigion yn flaenoriaeth; ac oherwydd y risg o ansefydlogi'r farchnad mewn mannau eraill, cytunwyd cynnal peilot o'r cynllun rhanbarthol a fwriadwyd yng Ngheredigion yn y lle cyntaf, cyn ei ehangu ymhellach. Roedd y cynllun peilot yn

cynnig y fantais hefyd o fod yn gyfle i asesu'r galw (oedd heb ei fesur ar y pryd) am [IPA](#), o gymharu â mathau eraill o eiriolaeth.

Cychwynnodd peilot Ceredigion ar 1 Hydref 2019, gyda'r bwriad ar ôl ei werthuso, y byddai ymarferiad comisiynu rhanbarthol yn dilyn yn 2020. Fodd bynnag, mae pandemig COVID a ddechreuodd ym mis Mawrth 2020, wedi golygu fod cynlluniau comisiynu rhanbarthol ar gyfer y gwasanaeth [IPA](#) wedi cael eu gohirio tan 2022.

Comisiynu Eiriolaeth Iechyd Meddwl Annibynnol ac Eiriolaeth Galluedd Meddyliol Annibynnol

Comisiynu Gwasanaethau Eiriolaeth Cymunedol

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn ailgomisiynu Eiriolaeth Gymunedol ar draws rhanbarth Gorllewin Cymru, gyda'r bwriad o ddarparu gwasanaethau Eiriolaeth Gymunedol ar gyfer pobl a chanddynt bryderon iechyd Meddwl lefel isel.

Bydd Eiriolaeth Gymunedol yn gweithio yn y gymuned a bydd yn cefnogi unigolion i gael eu clywed a'u trin gyda pharch i fyw yn eu cymuned, yn ddiogel, yn annibynnol a chan deimlo fod ganddynt gefnogaeth.

Pwrrpas y math a'r lefel hon o Eiriolaeth yw darparu cefnogaeth gynnar ac ymyriad cynnar er mwyn lleddfu'r pwysau ar Wasanaethau Gofal Sylfaenol yn ogystal â rhwystro pryderon iechyd Meddwl a'r galw ar wasanaethau eiriolaeth mwy rhag cynyddu.

Gwasanaethau eiriolaeth a ddarperir yn y rhanbarth ar hyn o bryd

Ar draws Gorllewin Cymru, gellir dosbarthu gwasanaethau eiriolaeth yn fras yn ddarpariaeth statudol ac anstatudol. Gan adeiladu ar waith a wnaed gan Rwydwaith y Tair Sir, a chan nodi'r gwaith a amlinellwyd uchod, mae'r gwasanaethau eiriolaeth a ddarperir ar hyn o bryd (Mehefin 2021) fel a ganlyn:

Gwasanaeth	Ardal	Comisiynydd	Darparwr (ym mis Ebrill 2021)
Eiriolaeth Iechyd Meddwl Annibynnol	Sir Gaerfyrddin Ceredigion Sir Benfro	Bwrdd Iechyd Prifysgol Hywel Dda	Eiriolaeth Gorllewin Cymru
Eiriolaeth Galluedd Meddyliol Annibynnol	Sir Gaerfyrddin Ceredigion Sir Benfro	Bwrdd Iechyd Prifysgol Hywel Dda	Mental Health Matters
Eiriolaeth Broffesiynol Annibynnol	Sir Gaerfyrddin Ceredigion Sir Benfro	Comisiynir yn Rhanbarthol gan y 3 Awdurdod Lleol	3CIPA
Eiriolaeth Anstatudol	Sir Gaerfyrddin Ceredigion Sir Benfro	-	Eiriolaeth Gorllewin Cymru

Gweithio Gyda'n Gilydd – Ein Gweledigaeth Gyffredin

Cyn y pandemig roedd ein gweledigaeth ar gyfer eiriolaeth fel a ganlyn:

Bydd [Partneriaeth Gofal Gorllewin Cymru](#) yn sicrhau mynediad cyfartal at eiriolaeth o ansawdd uchel yn ein hardal.

Ers y pandemig ac ers llunio'r weledigaeth hon, cafodd llawer o waith ei wneud i sicrhau mynediad cyfartal at eiriolaeth o ansawdd uchel yn yr ardal. Mae enghraifft dda o'r gwaith hwn yn cynnwys gwasanaeth IPA rhanbarthol a gyd ailgomisiynwyd gyda fframwaith cytundebol.

Roedd aelodau'r Gweithgor Eiriolaeth yn teimlo ei bod yn bwysig inni gadw'r hen weledigaeth hon yn y strategaeth derfynol er mwyn dangos pa mor bell rydym wedi teithio dros y 2-3 blynedd diwethaf o ran gwasanaethau eiriolaeth rhanbarthol.

Yn naturiol, nid yw'r weledigaeth yn addas mwyach gan nad yw'n gydnaws â'r dyheadau ar gyfer gwasanaethau eiriolaeth. Felly, caiff gweledigaeth newydd ei datblygu a bydd angen partneriaeth gydgynhyrchu gyda'r holl brif asiantaethau,

fforymau cymunedol a rhanddeiliaid i sicrhau bod datblygiadau yn adlewyrchu'r gweithredu sydd ei angen. Caiff y weledigaeth hon ei chytuno mewn grŵp llywio eiriolaeth rhanbarthol newydd fydd yn cael ei sefydlu i gyd-fynd â chyhoeddi'r strategaeth hon.

Caiff yr holl gynllunio a datblygu arwyddocaol eu cytuno o fewn grŵp llywio cydgynhyrchu eiriolaeth rhanbarthol, y bydd ei gylch gorchwyl a'i aelodaeth yn cael eu datblygu, fydd yn gwasanaethu'n is-grŵp o'r Grŵp Comisiynu sydd yn ei dro'n gweithredu ar ran Partneriaeth Gofal Gorllewin Cymru (PGGC). Bydd PGGC yn gyfrifol am sicrhau bod y strategaeth hon yn cwrdd â'r nodau a gytunwyd gennym.

Bydd gweithio gydag unigolion sy'n defnyddio gwasanaethau gofal a chefnogaeth,

Caiff y strategaeth ei fframio gan gasgliad o egwyddorion eiriolaeth a gytunwyd yn genedlaethol a amlinellir yng Nghod Ymarfer Eiriolaeth Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru):

Dylai gwasanaethau eiriolaeth:

- gael eu harwain gan farn a dymuniadau'r unigolyn
- ddiogelu a hyrwyddo hawliau ac anghenion yr unigolyn
- gael cyhoeddusrwydd a bod yn hawdd i'w defnyddio
- weithio dros yr unigolyn yn unig
- gael eu rheoli'n dda, yn brydlon, ymatebol a darparu gwerth am arian
- barchu cyfrinachedd
- gynnwys gweithdrefnau Canmol a Chwyno effeithiol a hygyrch
- hyrwyddo a monitro cydraddoldeb

a'u cynrychiolwyr, yn ganolog i'n ffordd o weithio. Bydd y Rhwydwaith Strategaeth Eiriolaeth (ASN), sy'n cynnwys mudiadau eiriolaeth lleol, yn bwynt cyfeiriol allweddol ar gyfer datblygiadau. Mae'n hanfodol fod datblygiadau nid yn unig yn cael eu cydgynhyrchu ond hefyd yn cael eu cyd-berchnogi gan y partneriaid, rhanddeiliaid a phobl wahanol sy'n defnyddio'r gwasanaethau.

Yr hyn sy'n cynnal yr egwyddorion hyn yw'r angen i fudiadau eiriolaeth gael llywodraethu sefydliadol ac annibyniaeth weithredol.

DADANSODDI ANGHENION

Mae'r strategaeth hon yn seiliedig ar gyfnod estynedig o ymgysylltu â dinasyddion, ac yn enwedig felly'r rhai sy'n ymgysylltu â gwasanaethau iechyd a gofal cymdeithasol, mudiadau eiriolaeth, ymarferwyr iechyd a gofal cymdeithasol,

comisiynwyr statudol a [rhanddeiliaid](#) perthnasol eraill. Cychwynnodd yr ymgysylltu hwn yn 2016 a pharhaodd tan 2019 ac roedd dan arweiniad [Rhaglen Eiriolaeth Edau Euraidd \(GTAP\)](#) genedlaethol, prosiect a ariannwyd gan Lywodraeth Cymru, i ddatblygu trefn effeithiol o gomisiynu gwasanaethau [Eiriolaeth Broffesiynol Annibynnol](#) gan Awdurdodau Lleol sy'n un o ofynion Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru).

Gan weithio gyda chomisiynwyr a Rhwydwaith y Tair Sir, trefnodd [Edau Euraidd](#) gyfres o ddigwyddiadau ymgysylltu ar draws y rhanbarth a grwpiau [defnyddwyr gwasanaethau](#) a arweiniodd at ddigwyddiad Agored yng Ngheredigion ym mis Mawrth 2019.

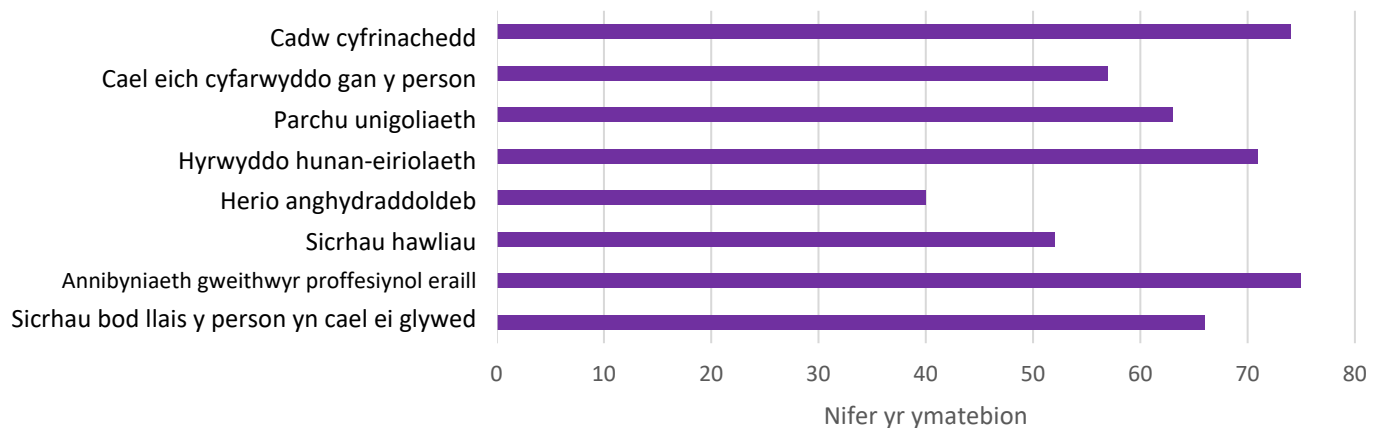
Gofynnodd y digwyddiadau ddau gwestiwn:

1. Sut mae eiriolaeth dda yn edrych?
2. Beth sydd ei angen o ran eiriolaeth ar gyfer Gorllewin Cymru?

Sut mae eiriolaeth dda yn edrych?

Gan gydnabod y bydd hyn yn golygu pethau gwahanol i bobl wahanol, roedd cytundeb cyffredinol y dylai eiriolaeth dda gefnogi pobl i sicrhau bod eu llais yn cael ei glywed, i fod yn annibynnol, sicrhau hawliau unigolyn, herio anghydraddoldeb, hyrwyddo [hunan-eiriolaeth](#), cael eu cyfeirio gan y person, bod yn barchus o unigolyddiaeth a bod yn gyfrinachol.

Sut mae eiriolaeth dda yn edrych? (112 yn bresennol)



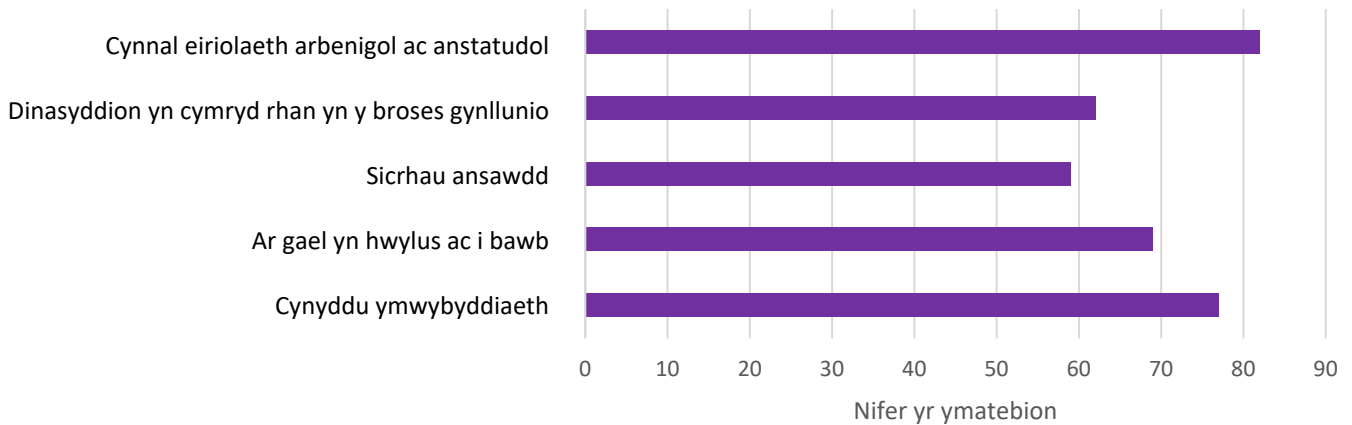
Beth sydd ei angen o ran eiriolaeth ar gyfer Gorllewin Cymru?

Roedd yr ymatebion ynghylch yr hyn oedd ei angen yn ddigon amrywiol ac fe awgrymwyd blaenoriaethau gwahanol gan y grwpiau gwahanol a gymerodd ran. Fodd bynnag, roedd modd adnabod rhai themâu cyffredin o'r ymatebion hyn oedd wedyn yn cyfrannu at ail gam yr ymgysylltu [cydgynhyrchu](#):

Yr angen i:

1. Godi ymwybyddiaeth ymhlith gweithwyr proffesiynol a chymunedau am fathau gwahanol o eiriolaeth a manteision posib pob un ohonynt.
2. Gallu derbyn eiriolaeth yn rhwyddach a sicrhau ei fod ar gael yn gyfartal ar draws ein rhanbarth, yn enwedig felly ar gyfer unigolion a grwpiau nad ydynt hyd yn hyn wedi'i chael yn hawdd dod o hyd i'r math iawn o eiriolaeth.
3. Sicrhau bod ansawdd gwasanaethau eiriolaeth yn gyson uchel ac y gellir gwerthuso canlyniadau eiriolaeth yn effeithiol
4. Cynnal a datblygu cyfranogiad llawn gan ddinasyddion, cymunedau ac ystod o bartneriaid sefydliadol o ran sut mae gwasanaethau eiriolaeth yn cael eu datblygu a'u darparu.
5. Cefnogi mathau arbenigol ac anstatudol o eiriolaeth.

Beth sydd ei angen o ran eiriolaeth ar gyfer Gorllewin Cymru? (112 yn bresennol)



Trwy gydol 2020, cynhaliodd Arweinydd Prosiect yn y [Prosiect Rhanbarthol ar Ddatblygu Eiriolaeth](#) gyfres o drafodaethau unigol a grwpiau ffocws i edrych yn fanylach ar sut ellid troi'r themâu hyn yn strategaeth fanwl.

Pan wnaeth pandemig COVID hi'n anodd ymgysylltu wyneb yn wyneb cynhaliwyd rhagor o arolygon a holiaduron. Mae PGGC yn hyderus y casglwyd digon o wybodaeth a safbwyntiau i gyfrannu at y blaenoriaethau strategol. Bydd cynllunio gweithredu [cydgynhyrchu](#) parhaus yn adolygu a mireinio gweithredu'r strategaeth wrth iddi esblygu.

Wrth inni ddod allan o bandemig COVID roedd y Gweithgor Eiriolaeth yn teimlo fod angen cynnal rhagor o ymgysylltu, nid yn unig i gryfhau/ychwanegu at yr ymgysylltu a ddigwyddodd yn barod, ond i sicrhau hefyd bod lleisiau'r sawl sydd agosaf at wasanaethau eiriolaeth yn cael lle amlwg yn y strategaeth. Fe'u casglwyd trwy gyfres o ddigwyddiadau grwpiau ffocws rhithiol a hefyd trwy fynychu fforymau/grwpiau oedd yn cyfarfod yn barod gyda rhanddeiliaid gwasanaethau eiriolaeth.

Yn yr ymgysylltiad mwy diweddar hwn, dangosodd ymatebion gan [ddefnyddwyr gwasanaethau](#), gofawyr, mudiadau sy'n darparu eiriolaeth, [rhanddeiliaid](#) eraill a gweithwyr iechyd a gofal cymdeithasol fod cryn gytundeb ar y prif flaenoriaethau. Roedd y rhain yn adlewyrchu'n agos y pum canfyddiad allweddol o'r ymgysylltiad [GTAP](#) cynharach.

Beth sydd ei angen yn ôl defnyddwyr gwasanaethau:

Yn ogystal â chanfyddiadau'r [GTAP](#), dywedodd nifer arwyddocaol o [ddefnyddwyr gwasanaethau](#) y byddai'n well ganddynt gael eiriolaeth gan aelod o'r teulu neu gyfaill agos. Roeddent yn teimlo, os oedd angen eiriolwr annibynnol, y dylid rhoi digon o amser iddynt ddatblygu ymddiriedaeth ac y byddai hynny'n galw am gyfnod rhesymol o amser.

"Helpodd fy nheulu fi i esbonio i Weithwyr Cymdeithasol a Meddygon pa fath o help rwyf ei eisiau"

- Diane

"Rwyf angen eiriolwr sy'n cymryd amser i ddod i fy adnabod"

- Matthew

"Rwyf yn siarad dros fy hun y rhan fwyaf o'r amser. Nid wyf ond eisiau cefnogaeth ar y penderfyniadau mawr yn fy mywyd"

- Gregg

Beth sydd ei angen yn ôl rhanddeiliaid sefydliadol unigol

Yn ogystal â chanfyddiadau'r [GTAP](#), roedd nifer arwyddocaol o bobl o fudiadau yn teimlo fod angen i'r strategaeth gyfeirio at yr angen am fwy o gydweithio a chydweithredu rhwng mudiadau eiriolaeth a mudiadau cysylltiol sy'n darparu [Gwybodaeth](#), [Cyngor](#) a [Chymorth](#) fel ffordd o wella canlyniadau i bobl.

"Mae'r rhan fwyaf o eiriolaeth yn dda ond nid yw'n rhwydd i bobl ddod o hyd i'r eiriolaeth iawn iddyn nhw"

- Mary

"Byddai pobl yn cael gwell canlyniadau pe bai eiriolaeth, cyngor a mathau eraill o gymorth yn gweithio'n well gyda'i gilydd"

- Paul

Beth sydd ei angen yn ôl eiriolwyr a'u rheolwyr

Yn ogystal â chanfyddiadau'r [GTAP](#):

Trefniadau ariannu cadarnach a thros gyfnod hirach o amser er mwyn cynllunio gwasanaethau cynaliadwy.

Cyflwyno dull '[cynnig gweithredol](#)' o dderbyn eiriolaeth. Mae [cynnig gweithredol](#) yn agwedd fwy hwylusol a ddefnyddir gan weithwyr proffesiynol wrth drafod defnyddio cymorth eiriolaeth.

"Pe bai mwy o bobl yn cael gwybodaeth dda ac amserol am eiriolaeth, gallem gynnig gwell cymorth eiriolaeth i'r bobl sydd fwyaf ei angen"
- Kelly

"Rwyf yn mynd yn rhwystredig nad ydym yn gallu gwneud cynlluniau hirdymor i ddatblygu ein gwasanaeth gan fod ein contract yn un byrdymor ac ansicr"

"Dylai Gweithwyr Cymdeithasol ystyried bob tro os byddai person yn elwa o gymorth eiriolaeth"
- James

Beth sydd ei angen yn ôl gweithwyr proffesiynol yn gweithio ym meysydd iechyd a gofal cymdeithasol.

Yn ogystal â chanfyddiadau'r [GTAP](#):

Y gallu i ddelio â chymhlethdod anghenion eiriolaeth o ran:

- Cael gwasanaethau a digon o adnoddau all ddygymod â chynnydd yn y galw ar wasanaethau
- Gallu bod yn hyblyg ac ymatebol i ddelio â materion arbenigol ac anhysbys all godi yn y dyfodol

"a oes gennym ddigon o eiriolwyr ar gyfer y gwasanaethau eiriolaeth? Os mynnwch chi, yr atgyfeiriadau sy'n dod i mewn, mae'n fater o gapasiti"
- Susan

"Hyd yn oed cyn COVID, roedd gennym broblemau gyda phethau fel cael asesiadau gofawyr a rhestri aros hir ar gyfer asesiadau gofawyr"
- Lorraine

Golwg gyffredinol ar beth sy'n gweithio'n dda a beth sydd angen newid

O safbwynt y bobl hynny oedd wedi derbyn cymorth eiriolaeth cafwyd ymateb cadarnhaol i'r manteision yr oedd wedi'u cynnig. O blith y pedwar deg tri pherson oedd wedi derbyn cymorth eiriolaeth yn ein harolwg, un yn unig ddywedodd nad oedd yn gyfan gwbl ddefnyddiol.

Unwaith yr oeddent yn gwybod fod cymorth eiriolaeth ar gael a sut i gael gafael arno, roeddent yn teimlo fod pethau wedi gweithio'n dda. Roeddent yn teimlo y byddent yn mynd yn ôl i gael rhagor o gymorth eiriolaeth pan roeddent ei angen, ac roeddent hefyd yn fwy hyderus i hunan-eiriol.

"Rwyf yn teimlo'n llawer mwy hyderus i roi gwybod i bobl beth rwyf eisiau"
- Sarah

"Rwy'n gwybod ble i fynd os ydw i angen eiriolaeth eto"

Yr her fwyaf yr oedd unigolion yn ei theimlo oedd cael gafael ar y math iawn o gymorth eiriolaeth ac ar yr adeg iawn. Roeddent yn teimlo fod cael llawer mwy o ffocws ar ddarparu gwybodaeth am eiriolaeth a'i gwneud yn rhwyddach cael gafael arno yn hollbwysig.

Beth Ydym Ni'n Mynd i'w Wneud?

Mae gan y Strategaeth Eiriolaeth Oedolion hon bum maes blaenoriaeth, pob un ohonynt yn anelu at wella canlyniadau i bobl sydd angen eiriolaeth. Cafodd y blaenoriaethau eu diffinio yng ngoleuni gweithgarwch cydgynhyrchu hyd yn hyn, ymgysylltu, yr Asesiad Poblogaeth Rhanbarthol ac wrth ymateb i ofynion deddfwriaethol.

Bydd y strategaeth yn hyrwyddo a chefnogi ymrwymiad a rennir gan y prif bartneriaid i gyflwyno datblygiadau yn gyfartal ar draws y rhanbarth.

Ein pum prif flaenoriaeth yw.

Yr angen i:

Blaenoriaeth 1. Cynnal a datblygu ein dull cydgynhyrchu ymhellach

Blaenoriaeth 2 Cynyddu Ymwybyddiaeth a Dealltwriaeth o Eiriolaeth.

Blaenoriaeth 3. Gofalu fod Eiriolaeth ar Gael yn Hwylus ac i Bawb

Blaenoriaeth 4. Gofalu fod Safon Eiriolaeth yn Gyson Uchel

Blaenoriaeth 5. Cynnal Arbenigeddau a Mathau Anstatudol o Eiriolaeth

Blaenoriaeth 1. Cynnal a Datblygu Ein Dull Cydgynhyrchu Ymhellach

Pam mae hyn yn bwysig?

Mae [cydgynhyrchu](#) yn ganolog i'r ffordd y mae Llywodraeth Cymru yn disgwyl i'r holl wasanaethau a gofal cymdeithasol gael eu cynllunio, comisiynu a darparu.

Y diffiniad yng Nghod Ymarfer Cynllunio, Comisiynu a [chydgyhyrchu Gofal Cymdeithasol Cymru](#) (e elwid ynghynt yn Gyngor Gofal Cymru), o [gydgynhyrchu](#) yw **'y cysyniad o fynd ati o ddifrif i gynnwys pobl a chymunedau yn y gwaith o ddylunio a darparu gwasanaethau cyhoeddus, a gwerthfawrogi eu cryfderau a theilwra dulliau gweithredu yn unol â hynny.'**

Bydd llais, cyfranogiad a chyfrifoldeb yn arwain at sicrhau bod cynlluniau gweithredu yn adlewyrchu datblygiadau y bydd pob partner a [rhanddeiliad](#) yn teimlo fod ganddynt reolaeth a pherchnogaeth gyffredin ohonynt.

Mae'n bwysig fod y sawl sy'n darparu gwasanaethau eiriolaeth yn cyfrannu'n llawn at fanylion cynlluniau gweithredu, trefniadau tendro a chomisiynu gan eu bod mewn sefyllfa unigryw oherwydd eu gwybodaeth a'u profiad arbenigol. Mae sicrhau cyfathrebu, ymgysylltu, myfyrio a dysgu effeithiol yn helpu sicrhau bod gan dimau comisiynu yr holl wybodaeth sydd ei hangen arnynt am weithredu eiriolaeth a sut orau i gael canlyniadau cadarnhaol.

Mae Llywodraeth Cymru yn credu fod cydweithio ac integreiddio o fewn cynllunio iechyd a gofal cymdeithasol yn hanfodol er mwyn cynnig gwell canlyniadau i unigolion a chymunedau.

Mae PGGC wedi ymrwymo'n llawn i sicrhau y bydd datblygiad a gweithrediad y strategaeth hon, trwy ei chynllun gweithredu cysylltiedig, yn cael eu cynnal a'u cryfhau.

Beth yw'r sefyllfa yng Ngorllewin Cymru?

Mae Rhwydwaith Rhanbarthol y Strategaeth Eiriolaeth, sy'n cynrychioli mudiadau eiriolaeth rhanbarthol, wedi sefydlu cysylltiadau gyda [PGGC](#). Bu'r Rhwydwaith yn bwynt cyfeiriol allweddol wrth ddatblygu'r strategaeth hon, a bydd ganddo rôl

barhaus o bwys mewn penderfyniadau ar gynllunio gweithredu. Cafwyd cydweithio parod rhwng y Rhwydwaith a Chomisiynwyr Rhanbarthol trwy broses o gyfathrebu, ymgysylltu, myfyrio a dysgu effeithiol wrth dendro'n ddiweddar am wasanaethau eiriolaeth, ac mae hyn wedi arwain at welliannau o ran manylebau, darparu a gwerthuso gwasanaethau.

Mae Bwrdd Iechyd Prifysgol Hywel Dda (BIPHDd) yn bartner allweddol yn [PGGC](#). O ran y strategaeth, caiff lefelau priodol o gydweithio ac integreiddio rhwng y Bwrdd a'r tri Awdurdod Lleol eu cytuno o fewn fframwaith gwneud penderfyniadau [PGGC](#).

Beth fyddwn ni'n wneud?

Byddwn trwy gynlluniau gweithredu a gydgyhyrchwyd yn:

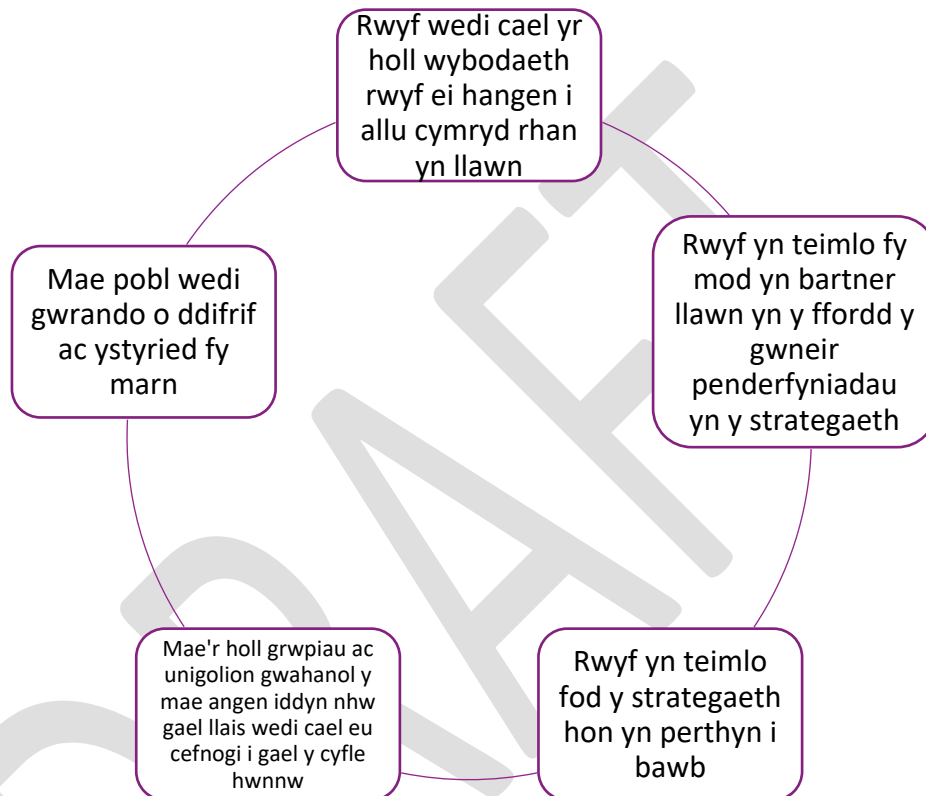
1. Sicrhau y caiff y strwythurau angenrheidiol eu cefnogi i ddatblygu diwylliant o gydgyhyrchu effeithiol ac ystyrlon, gan sicrhau cynrychiolaeth eang o randdeiliaid ar draws y rhanbarth all gyfrannu at a llywio penderfyniadau mewn ffordd sy'n adlewyrchu'r hyn sydd bwysicaf oll
2. Mabwysiadu egwyddorion cyfathrebu, ymgysylltu, myfyrio a dysgu effeithiol er mwyn llywio a chyfrannu at y dulliau comisiynu a thendro
3. Cryfhau'r cysylltiad rhwng [PGGC](#) a Rhwydwaith Rhanbarthol y Strategaeth Eiriolaeth
4. Archwilio cyfleoedd ar gyfer cydweithio ac integreiddio agosach wrth gynllunio eiriolaeth ac mewn trefniadau comisiynu rhwng cyrff statudol

Sut fydd llwyddiant yn edrych?

- Bydd cyfraniadau dinasyddion, [defnyddwyr gwasanaethau](#) a gofawyr yn cael eu cydnabod a'u gwerthfawrogi.
- Bydd penderfyniadau mewn cynlluniau gweithredu er mwyn gweithredu'r strategaeth wedi elwa o gyfraniad amlwg gan ddinasyddion, yn enwedig felly grwpiau [defnyddwyr gwasanaethau](#) a gofawyr.
- Fe fydd llif o wybodaeth berthnasol rhwng grwpiau a strwythurau gwahanol o fewn [cydgynhyrchu](#) gan gynnwys Rhwydwaith y Strategaeth Eiriolaeth (ASN), grwpiau defnyddwyr gwasanaethau ac ati.
- Bydd diwylliant o gyfrifoldeb a pherchnogaeth wedi cael ei greu ymhlith y partneriaid [cydgynhyrchu](#).
- Fe fydd ymgysylltu rheolaidd rhwng [PGGC](#) a Rhwydwaith Rhanbarthol y Strategaeth Eiriolaeth.

- Adeiladu ar y gwasanaethau IPA rhanbarthol newydd a gomisiynwyd gan sicrhau ein bod yn cydweithio i ddatblygu gwasanaethau.

Beth fydd pobl sy'n derbyn eiriolaeth yn ddweud?



Blaenoriaeth 2: Cynyddu Ymwybyddiaeth a Dealltwriaeth o Eiriolaeth.

Pam mae hyn yn bwysig?

Mae eiriolaeth yn darparu gwasanaeth cymorth hanfodol sy'n golygu fod llais pobl yn cael ei glywed a bod eu hawlau'n cael eu diogelu a'u sicrhau. Bydd codi ymwybyddiaeth a dealltwriaeth o eiriolaeth yn galluogi mwy o bobl i dderbyn eiriolaeth, yn enwedig felly'r bobl sydd ei angen fwyaf.

Dangosodd ein hymgyssylltiad yn glir nad oes wastad ymwybyddiaeth a dealltwriaeth o'r gwahanol fathau o eiriolaeth, eu pwrpasau a'r manteision y gall pob un ohonynt eu cynnig. Mae cryn angen datblygu ymwybyddiaeth a dealltwriaeth o fewn disgyblaethau proffesiynol, [defnyddwyr gwasanaethau](#) a [rhanddeiliaid](#) allweddol.

Bydd yr ymrwymiad hwn i ddatblygu ymhellach yr ymwybyddiaeth a dealltwriaeth o eiriolaeth yn cynnig mwy o gyfleoedd i unigolion, yn enwedig felly'r rhai fwyaf ei hangen, dderbyn y math iawn o eiriolaeth a sicrhau trwy hynny bod eu lleisiau'n cael eu clywed, eu hawliau'n cael eu parchu a'u sicrhau. Mae'n bwysig cofio'r gyfatebiaeth rhwng ymwybyddiaeth o/hyrwyddo eiriolaeth a nifer yr atgyfeiriadau y bydd gwasanaeth yn eu derbyn. Rhaid cefnogi darparwyr eiriolaeth i greu gwasanaethau a chanddynt adnoddau digonol sy'n gallu cwrdd â'r galw cynyddol hwn.

Beth yw'r sefyllfa yng Ngorllewin Cymru?

Mae'r deunyddiau gwybodaeth a marchnata a ddarperir gan bob mudiad eiriolaeth ynghylch eu gwasanaethau eu hunain yn hysbys ond gallai ymwybyddiaeth a dealltwriaeth fwy cyffredinol gael eu datblygu ymhellach.

Mae natur wledig ein rhanbarth yn creu heriau arbennig o ran gallu estyn allan mewn ffordd gyfartal at unigolion, grwpiau a chymunedau wedi'u hynysu o ran codi ymwybyddiaeth.

Mae nifer o fudiadau eiriolaeth gwahanol yn y rhanbarth sy'n cynnig gwahanol fathau o eiriolaeth ac mae'r [sbectrwm hwn o wasanaethau eiriolaeth](#) yn cynnig heriau o ran ymwybyddiaeth a dealltwriaeth. Mae gan [ddefnyddwyr gwasanaethau](#) a gweithwyr proffesiynol ymwybyddiaeth o wasanaethau eiriolaeth y mae ganddynt ddealltwriaeth ohonynt a chysylltiad â nhw, ond efallai nad ydynt yn gyfarwydd â gwasanaethau eraill allai fod yn addas.

Mae lle i staff sy'n gweithio i ddarparwyr gofal, gan gynnwys cartrefi preswyl a nyrsio, gael gwell dealltwriaeth o wasanaethau eiriolaeth.

Mae lle i fudiadau eiriolaeth a mudiadau sy'n darparu [Gwybodaeth, Cyngor a Chymorth](#) gydweithio mwy i godi ymwybyddiaeth a dealltwriaeth.

Beth fyddwn ni'n wneud?

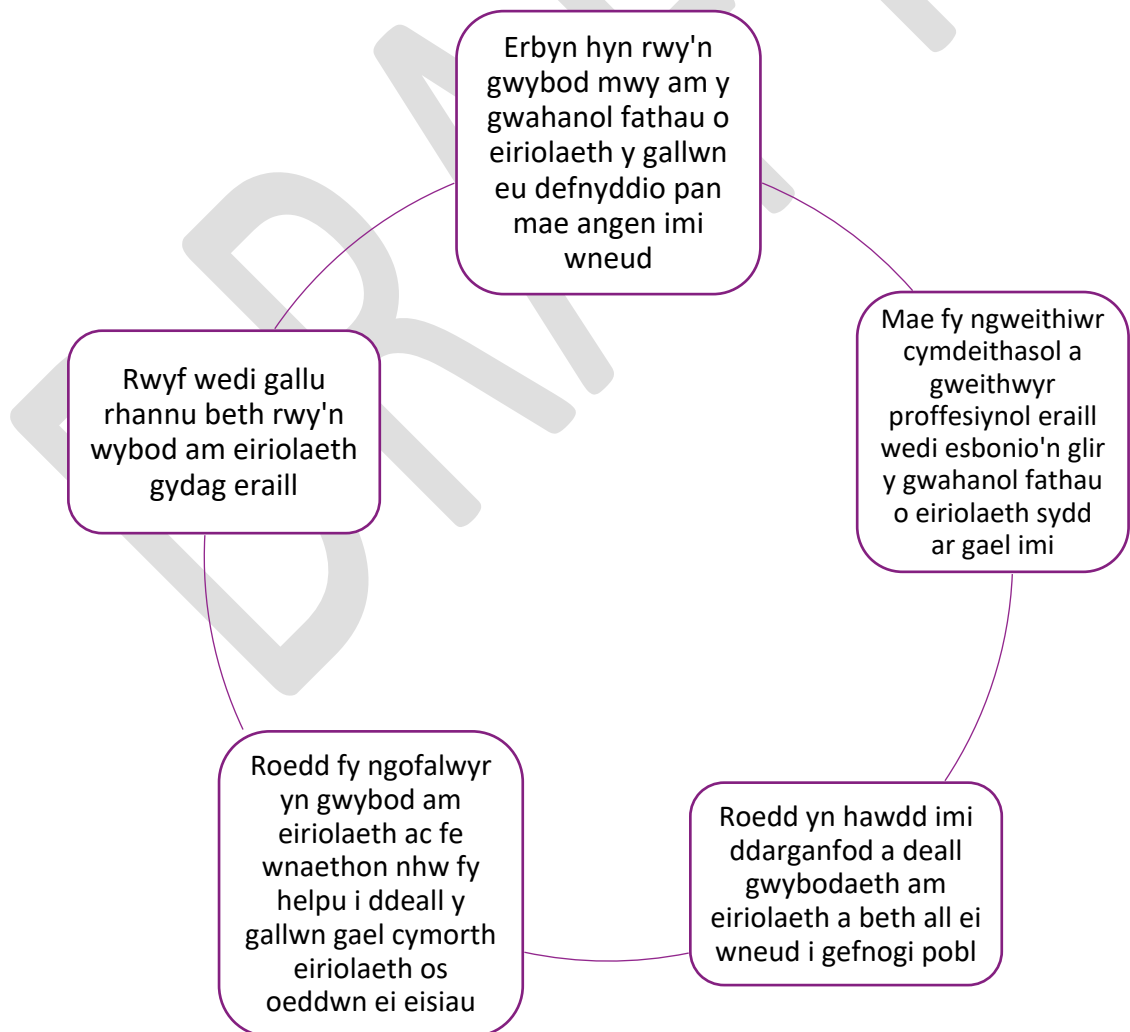
Byddwn trwy gynllun gweithredu a gydgyhyrchwyd yn:

1. Cytuno ar drefn strwythuredig ac wedi'i rhannu o godi ymwybyddiaeth a dealltwriaeth ymhlith dinasyddion, grwpiau [defnyddwyr gwasanaethau](#), gweithwyr iechyd a gofal cymdeithasol, darparwyr gofal a [rhanddeiliaid](#) eraill perthnasol.
2. Archwilio cyfleoedd i ddefnyddio dulliau creadigol o godi ymwybyddiaeth, gan gynnwys nifer o lwyfannau digidol gwahanol
3. Sicrhau bod gwasanaethau eiriolaeth wedi'u comisiynu yn darparu gwybodaeth yn y fformatau mwyaf hygyrch
4. Cefnogi a hyrwyddo trefniadau cydweithredol rhwng mudiadau eiriolaeth a'r rhai sy'n cynnig [Gwybodaeth, Cyngor a Chymorth](#)

Sut fydd llwyddiant yn edrych?

- Fe fydd deunyddiau gwybodaeth gwell ac wedi'u diweddararu ar gael mewn nifer o fformatau hygyrch yn cwmpasu'r [sbectwm o wasanaethau eiriolaeth](#) a byddant yn cael eu dosbarthu'n eang
- Bydd dulliau creadigol eraill, gan gynnwys llwyfannau digidol, wedi cael eu datblygu ymhellach
- Bydd gan yr holl weithwyr perthnasol ymwybyddiaeth a dealltwriaeth o wasanaethau eiriolaeth a'u pwrpasau
- Bydd y bobl sy'n gymwys i dderbyn cymorth eiriolaeth yn gwybod beth all y gwahanol fathau o eiriolaeth ei gynnig

Beth fydd pobl sy'n derbyn eiriolaeth yn ddweud?



Pam mae hyn yn bwysig?

Er mwyn i eiriolaeth allu darparu cymorth ar gyfer y sawl sydd ei hangen fwyaf, mae'n rhaid iddi fod ar gael yn rhwydd ac i bawb.

Dangosodd ein hymgysylltiad [cydgynhyrchu](#) nad oedd bob tro'n hawdd i bobl fyddai'n elwa o eiriolaeth gysylltu gyda'r mudiad eiriolaeth mwyaf addas i'w cefnogi. Roedd yn amlwg hefyd nad oedd gwasanaethau eiriolaeth bob tro'n cael eu gwasgaru'n gyfartal ar draws y rhanbarth. Byddai gwasgariad daearyddol mwy cyfartal o'r gwahanol fathau o wasanaethau eiriolaeth yn galluogi unigolion o grwpiau [defnyddwyr gwasanaethau](#) gwahanol i ddod o hyd i gymorth eiriolaeth yn lleol.

Dangosodd y gwahanol ddigwyddiadau ymgysylltu fod dewis o ddarpariaeth ar gael, ond fod rhai pobl yn cael anhawster i ddod o hyd i'r gwasanaeth sy'n iawn iddyn nhw.

Un o brif ofynion Cod Ymarfer Eiriolaeth y Ddeddf Gwasanaethau Cymdeithasol a Llesiant yw y dylid defnyddio gwasanaethau eiriolaeth yn gynnar mewn prosesau gofal cymdeithasol fel agwedd o'r 'agenda ataliol'. Mae hyn yn golygu fod rhaid i weithwyr proffesiynol wneud atgyfeiriadau cyn gynted ag y bo modd er mwyn i gymorth eiriolaeth fod yn ystyrlon ac effeithiol trwy sicrhau bod llais unigolyn yn cael ei glywed pan mae fwyaf angen hynny ac i rwystro'r sefyllfa rhag gwaethygu.

Yn yr un modd, mae'r [Ddeddf](#) yn pwysleisio rôl allweddol cymorth eiriolaeth mewn prosesau [Diogelu](#) a sut mae angen gwneud atgyfeiriadau eiriolaeth yn y cyfnodau cynharaf er mwyn i unigolion gael y gefnogaeth maen nhw ei hangen i allu cymryd rhan lawn yn y penderfyniadau a sicrhau'r canlyniadau gorau posib o ran gwneud y person unigol yn ganolog i'r broses. Mae trefn gyson a theg o geisio cael [Eiriolaeth Broffesiynol Annibynnol](#) ar yr adeg iawn yn hanfodol.

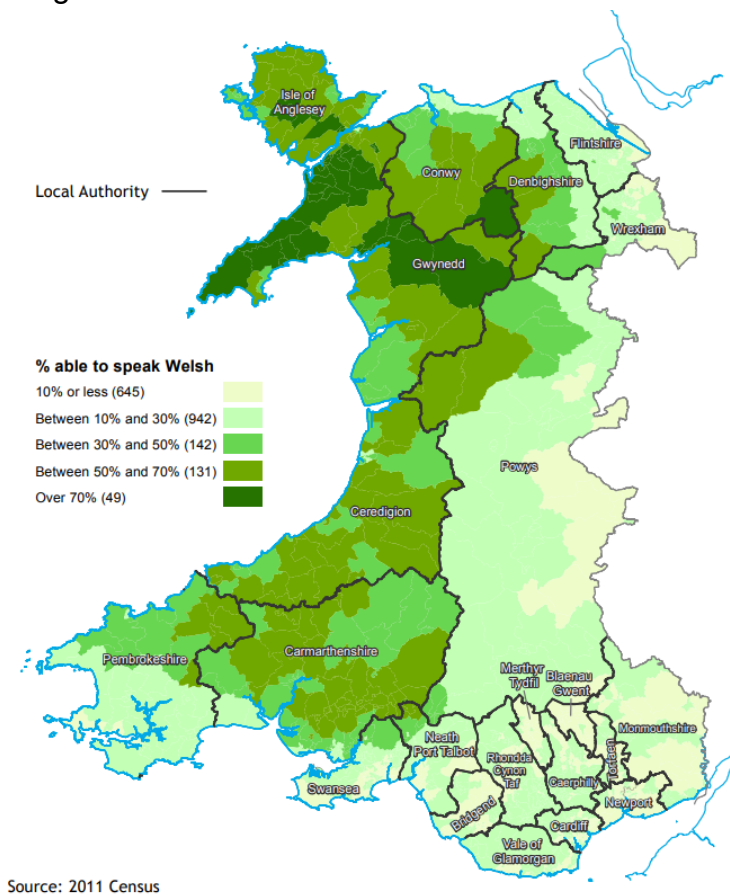
Y sefyllfa yng Ngorllewin Cymru

Mae gwasanaethau eiriolaeth ar gael yn y rhan fwyaf o ranbarth Gorllewin Cymru, yn enwedig felly o ran cymorth arbenigol i bobl ag anabledau dysgu a phobl ag anghenion iechyd meddwl. Ar gyfer grwpiau eraill o [ddefnyddwyr gwasanaethau](#) a gofalwyr, mae gwasanaethau [IPA](#) generig ar gael erbyn hyn ac yn ennill eu plwyf. Golyga hynny fod gwasanaethau eiriolaeth ar gael i'r rhan fwyaf o bobl sydd eu hangen.

Mae natur wledig, demograffeg a daearyddiaeth ein rhanbarth yn creu rhai heriau wrth geisio darparu mynediad ffisegol at y rhan fwyaf o wasanaethau iechyd a gofal cymdeithasol cymunedol, gan gynnwys eiriolaeth.

Yn yr un modd, mae gennym niferoedd arwyddocaol o siaradwyr Cymraeg yn ein rhanbarth, ac os yw ein gwasanaethau eiriolaeth yn mynd i ddarparu gwasanaeth

teg mae angen sicrhau bod gwasanaethau eiriolaeth ar gael trwy gyfrwng y Gymraeg.



% o Siaradwyr Cymraeg yng Nghymru (Cyfrifiad Poblogaeth 2011)

Y ffactor fwyaf arwyddocaol a amlygwyd yn yr [Asesiad o Boblogaeth Gorllewin Cymru](#) yw'r niferoedd cynyddol o bobl hŷn sy'n debygol o fod angen rhyw lefel o wasanaethau cymorth a chynnydd mawr yn y niferoedd y mae disgwyl iddynt ddatblygu dementia. Mae'r newidiadau demograffig hyn fwyaf arwyddocaol mewn ardaloedd gwledig anghysbell. Bydd y newidiadau demograffig hyn yn arwain hefyd at gynydd yn nifer y bobl fydd yn dod yn ofalwyr di-dâl. Mae'r newidiadau hyn yn debygol o alw am fwy o ffocws ar alluogi pobl hŷn a gofalwyr yn y rhanbarth i dderbyn gwasanaethau eiriolaeth, ac yn enwedig felly yn yr ardaloedd mwy gwledig.

Predicted number of people with dementia in Hywel Dda Regions, 2020 – 2040 (Attain, WWCP).



Asesiad o Boblogaeth Gorllewin Cymru (2022)

Beth fyddwn ni'n wneud?

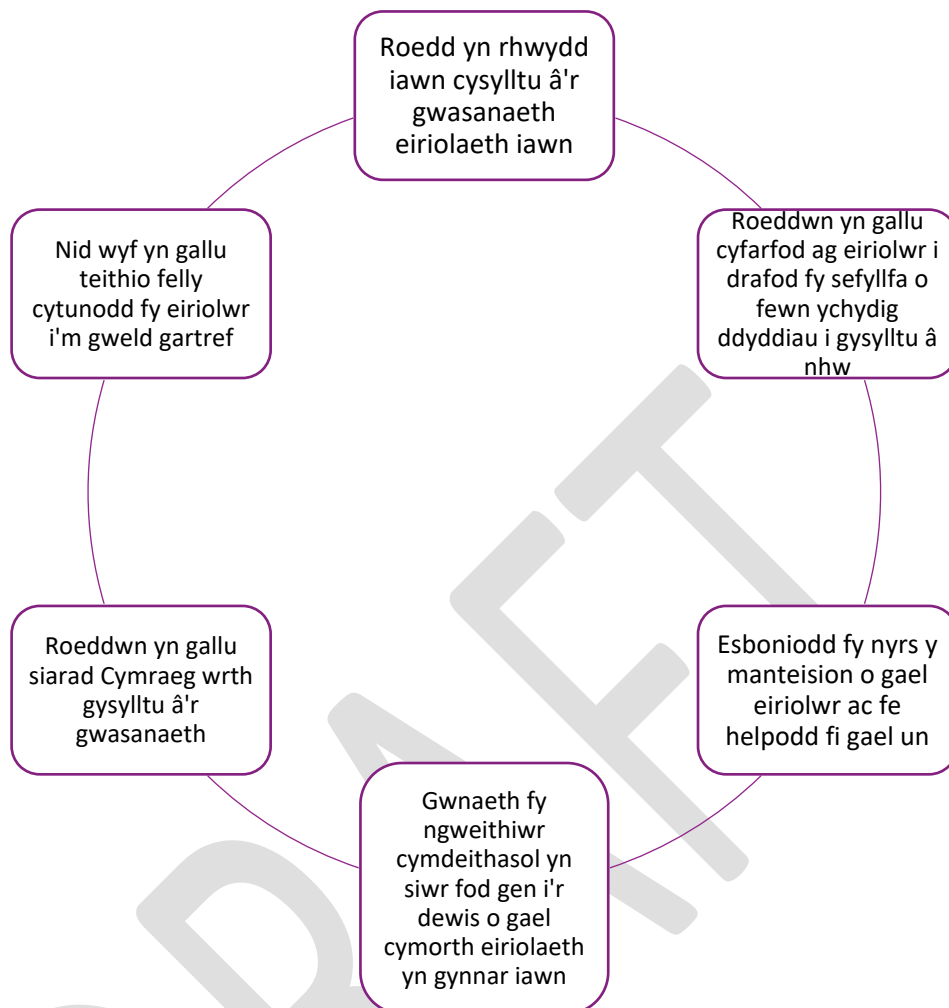
Byddwn trwy gynllun gweithredu a gydgyhyrchwyd yn:

1. Sicrhau bod mwy o bobl yn gallu derbyn gwasanaethau eiriolaeth a sicrhau bod pobl sydd eu hangen fwyaf yn gallu eu cael mewn ffordd sydd fwyaf addas iddyn nhw e.e. yn Gymraeg, wyneb yn wyneb, ar-lein ac ati
2. Datblygu trefn '[cynnig gweithredol](#)' i'w defnyddio gan weithwyr proffesiynol sy'n hyrwyddo a hwyluso cyswllt ag eiriolwr fel y gallant esbonio'r cymorth allant ei gynnig
3. Sicrhau y bydd eiriolaeth ar gael yn deg a chyfartal ar draws ein rhanbarth gan gofio natur wledig a demograffeg ein rhanbarth
4. Gwerthuso'r '[pyrth](#)' atgyfeirio mwyaf effeithiol ar gyfer cael gafael ar y gwasanaeth yn hwylus

Sut fydd llwyddiant yn edrych?

- Fe fydd ffyrdd rhwydd ar gael fydd yn galluogi pobl i dderbyn y math o eiriolaeth sy'n iawn iddyn nhw drwy'r '[porth](#)' neu '[byrth](#)' atgyfeirio mwyaf effeithiol
- Bydd eiriolaeth yn cael ei darparu ar yr adeg gynharaf a mwyaf cefnogol drwy'r dull '[cynnig gweithredol](#)'
- Gall pobl sy'n dymuno derbyn eiriolaeth trwy gyfrwng y Gymraeg wneud hynny yn yr un modd â phawb arall
- Bydd pobl yn byw mewn ardaloedd gwledig yn gallu derbyn eiriolaeth mewn ffordd rwydd, deg a chyfartal

Beth fydd pobl sy'n derbyn eiriolaeth yn ddweud?



Blaenoriaeth 4: Gofalu fod Safon Eiriolaeth yn Gyson Uchel

Pam mae hyn yn bwysig?

Er mwyn cael canlyniadau cyson gadarnhaol i bobl sy'n derbyn cymorth eiriolaeth mae angen cael safonau cyson uchel o ran amodau llywodraethu a darparu gwasanaethau.

Cafodd y flaenoriaeth hon ei hamlygu fwyaf gan fudiadau sy'n darparu eiriolaeth a mudiadau trydydd sector eraill o fewn y broses ymgysylltu ac mae hefyd yn un o'r prif ofynion cyfreithiol ar gyrff statudol sy'n comisiynu gwasanaethau eiriolaeth. Roedd nifer o ymatebwyr yn teimlo fod ansawdd gwasanaethau eiriolaeth yn y rhanbarth yn anghyson ac y dylai fod gan bob darparnydd eiriolaeth drefniadau llywodraethu a darparu sy'n cyrraedd y safonau uchaf.

O fewn y sector eiriolaeth annibynnol cafwyd ymrwymiad hirsefydlog i sicrhau ansawdd eu heiriolaeth. Yr hyn a ddatblygodd dros y blynyddoedd diwethaf yw sefydlu safonau, a ddiffiniwyd gan Siarter Eiriolaeth a Chod Ymarfer y sector ei hun, ac yn fwy diweddar y safonau a amlinellwyd yng Nghod Ymarfer Eiriolaeth y DGCLI.

Prif offeryn sicrhau ansawdd o fewn eiriolaeth annibynnol yw'r [Nod Perfformiad o Ansawdd \(QPM\)](#) sy'n cael ei asesu a'i ddyfarnu'n annibynnol gan y [Tîm Datblygu Cenedlaethol ar gyfer Cynhwysiant](#) (Eiriolaeth) a chefnogir y sicrwydd hwn gan fframwaith [cymhwysterau eiriolaeth](#) galwedigaethol a grëwyd gan [Gofal Cymdeithasol Cymru](#).

Y bwriad yn y dyfodol agos yw y bydd [Eiriolaeth Broffesiynol Annibynnol](#) wedi'i chomisiynu yn dod o fewn y [Ddeddf Rheoleiddio ac Arolygu Gofal Cymdeithasol yng Nghymru \(RISCA\)](#), unwaith y gellir cytuno fframwaith. Pan fydd yn gyfreithiol ofynnol bydd angen mabwysiadu'r fframwaith hwn o fewn y strategaeth.

Mae angen i bob math o eiriolaeth allu arddangos ansawdd ond mae angen hefyd iddynt arddangos canlyniadau cadarnhaol sy'n deillio'n uniongyrchol, neu'n anuniongyrchol, o'u defnyddio. Mae fframweithiau a dangosyddion canlyniadau yn amrywio o wasanaeth i wasanaeth ac nid yw hyn bob tro'n cynnig darlun cywir a chymharol ar draws gwasanaethau. Mae lle i ddatblygu a safoni [monitro canlyniadau](#) ac adrodd mewn eiriolaeth a gomisiynwyd.

Mae ansawdd mewn gwasanaeth yn dibynnu ar ddarparu'r gwasanaeth am gyfnod rhesymol o amser. Mae hyn yn golygu y gellir cynllunio gwasanaethau effeithiol. Nid yw trefniadau cytundebol byrdymor yn arwain at ddatblygu ansawdd o ran darparu gwasanaethau na hygyrchedd. Mae angen monitro ac adolygu contractau a'u hail-dendro o bryd i'w gilydd. Fodd bynnag, dylai'r prosesau hyn gefnogi'r angen i gynnal ansawdd wrth ddarparu gwasanaethau trwy roi sylw priodol i barhad y gwasanaeth.

Mae angen i bob gwasanaeth eiriolaeth gynnwys systemau sy'n delio'n effeithiol â chwynion a sylwadau, yn ogystal â chanmoliaethau. Mae'r systemau hyn, sef dull o wella gwasanaethau a dysgu o gamgymeriadau a llwyddiannau, yn agwedd hanfodol ar ansawdd.

Y sefyllfa yng Ngorllewin Cymru

Mae'r rhan fwyaf o wasanaethau eiriolaeth annibynnol sydd wedi'u comisiynu ar hyn y bryd yng Ngorllewin Cymru wedi derbyn y [QPM](#) neu maent wedi cofrestru ac yn gweithio tuag at ddyfarniad. Yn yr un modd, mae'r rhan fwyaf hefyd yn cyflogi eiriolwyr sydd wedi ennill y [cymhwyster eiriolaeth](#) annibynnol priodol ar gyfer eu priod rôl, neu maent wedi cofrestru ac yn gweithio tuag at y dyfarniad. Roedd cefnogaeth ar gael tan y Gwanwyn 2021, trwy'r Prosiect Datblygu Eiriolaeth, ar gyfer y mudiadau hynny sy'n bwriadu cofrestru ar gyfer y [QPM](#) a'u heiriolwyr ar gyfer y cymhwyster perthnasol.

Mae trefniadau [monitro canlyniadau](#) ar draws gwasanaethau eiriolaeth a gomisiynwyd ac mae lle i ryw gymaint o safoni wrth gydnabod fod gwasanaethau

gwahanol yn cyflawni swyddogaethau statudol gwahanol a bod ganddynt fanylebau gwasanaeth gwahanol.

Mae rhai mudiadau eiriolaeth wedi sefydlu trefniadau ar gyfer gwelliannau parhaus i'w gwasanaethau, ond mae peth lle i [PGGC](#) gefnogi pob mudiad eiriolaeth i roi sylw i sicrhau ansawdd a gwella gwasanaethau.

Mae yna gwestiynau ynghylch parhad gwasanaethau, yn enwedig felly ar gyfer eiriolaeth anstatudol ac arbenigol, ac mae lle i ystyried ymhellach sut i gydbwysu'r angen i gydymffurfio â thendrau gyda pharhad gwasanaethau.

Mae [PGGC](#) wedi ymrwymo i sicrhau y bydd yr holl [Eiriolaeth Broffesiynol Annibynnol](#) a gomisiynir ynghyd â gwasanaethau eiriolaeth eraill yn y rhanbarth yn cyrraedd safon gyson uchel. Bydd hyn yn sicrhau y gall pobl sy'n derbyn cymorth [Eiriolaeth Broffesiynol Annibynnol](#) ddisgwyl gwasanaeth o ansawdd da, ym mha ran bynnag o'r rhanbarth maen nhw'n byw

Beth fyddwn ni'n wneud?

Byddwn trwy gynlluniau gweithredu a gyd-gynhyrchwyd yn:

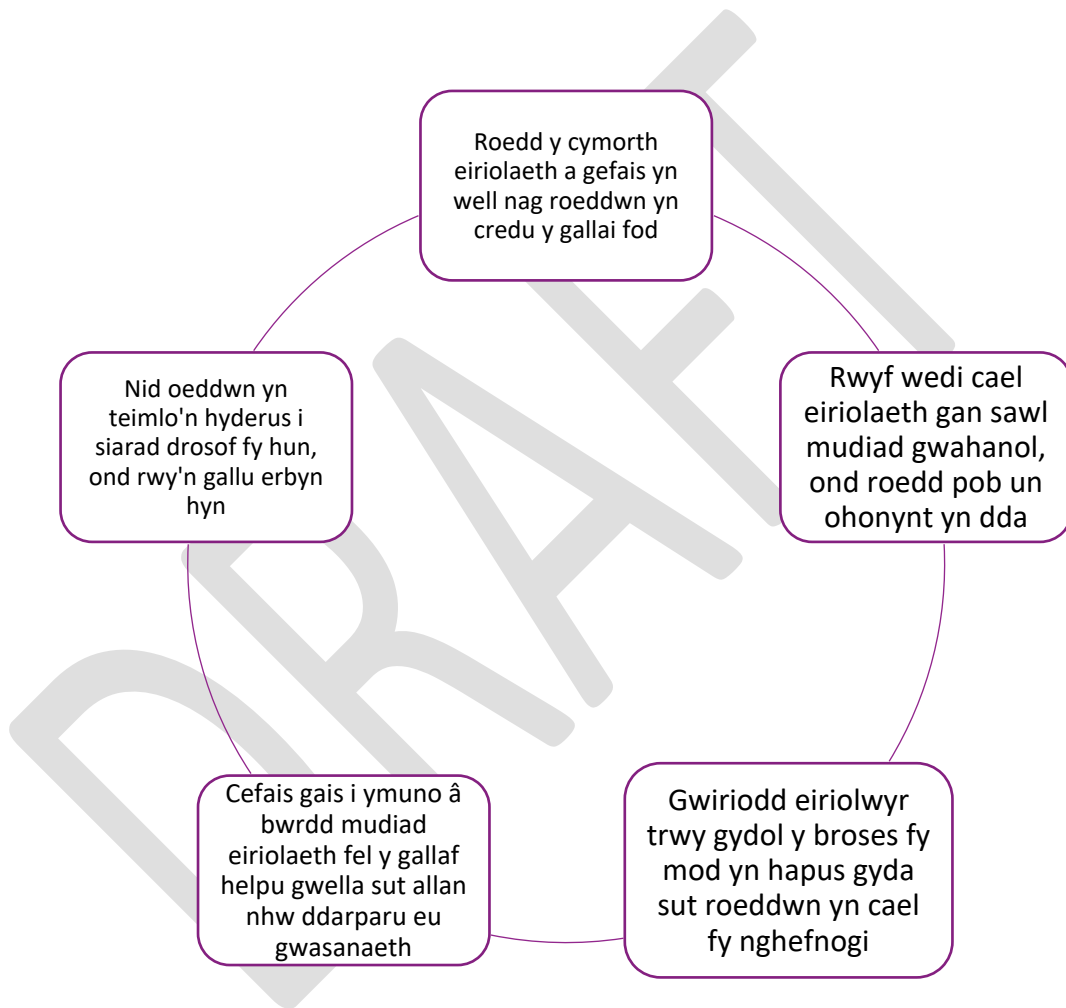
1. Comisiynu gwasanaethau eiriolaeth annibynnol cynaliadwy all arddangos a sicrhau ansawdd eu trefniadau llywodraethu ac arfer trwy systemau sicrhau ansawdd a chymhwysedd arfer cydnabyddedig.
2. Cyflwyno'r trefniadau sicrhau ansawdd angenrheidiol o fewn trefniadau comisiynu sydd eu hangen gan unrhyw fframwaith eiriolaeth [RISCA](#) i'r dyfodol
3. Cefnogi datblygiadau yn y sector eiriolaeth sy'n arwain at wella gwasanaethau o ran ansawdd ac arfer gorau, gan gynnwys trwy ddysgu o gamgymeriadau a chwynion.
4. Cyflwyno mwy o safoni wrth [fonitro canlyniadau](#) ar draws y rhanbarth ac ar draws gwasanaethau eiriolaeth cymharol

Sut fydd llwyddiant yn edrych?

- Bydd yr holl eiriolaeth annibynnol a gomisiynir yn bodloni safonau sicrhau ansawdd a chymhwysedd arfer cydnabyddedig.
- Bydd diwylliant o wella gwasanaethau yn cael ei gefnogi ar draws pob gwasanaeth eiriolaeth
- Rhoddir ystyriaeth briodol i barhad gwasanaethau wrth dendro a chontractio gwasanaethau eiriolaeth a gomisiynir
- Bydd unrhyw ofynion ar gyfer comisiynu eiriolaeth o dan ddeddfwriaeth [RISCA](#) i'r dyfodol yn cael eu cyflwyno a'u gwreiddio'n llawn.

- Bydd dull cadarnach ac wedi'i safoni o [fonitro canlyniadau](#) ac adrodd ar wasanaethau eiriolaeth annibynnol a gomisiynwyd yn cael ei gyflwyno a'i wreiddio.
- Bydd gan bob gwasanaeth eiriolaeth a gomisiynwyd systemau effeithiol ar gyfer delio â chwynion a dysgu o gamgymeriadau.
- Nifer uchel o eiriolwyr wedi'u hyfforddi i ddygymod â chapasiti a galw uchel.

Beth fydd pobl sy'n derbyn eiriolaeth yn ddweud?



Blaenoriaeth 5: Cynnal Arbenigeddau a Mathau Anstatudol o Eiriolaeth

Pam mae hyn yn bwysig?

Mae pobl angen cymorth eiriolaeth mewn nifer fawr o amgylchiadau gwahanol ac nid yw llawer o'r rhain yn cael eu diwallu o gwbl neu orau trwy wasanaethau eiriolaeth

statudol. Yn yr un modd, mae llawer o unigolion a grwpiau yn cael y canlyniadau gorau pan mae hyn yn cael ei ddarparu trwy wasanaethau arbenigol. Wrth ddarparu gwasanaethau eiriolaeth mae'n rhaid inni sicrhau bod unigolion yn cadw llais, dewis a rheolaeth dros gymaint o agweddau ar eu bywydau ag y gallant, cyhyd ag y gallant. Gellir gwneud hynny trwy ddull canolbwyntio ar unigolion sy'n deall amgylchiadau personol pob unigolyn, eu hanes, eu dyheadau i'r dyfodol a'r hyn sy'n bwysig iddyn nhw.

Mae'r strategaeth hon yn cydnabod fod angen cael cydbwysedd priodol rhwng eiriolaeth generig ac arbenigol ac yn yr un modd rhwng eiriolaeth statudol ac anstatudol ac y dylai [defnyddwyr gwasanaethau](#) gael dewis o ba wasanaeth sy'n darparu eu cymorth eiriolaeth.

Mae angen cydlynu a chydweithio i sicrhau bod pobl yn derbyn y math mwyaf priodol o eiriolaeth ar gyfer eu hanghenion penodol nhw a bod dewis o ddarpariaeth ar gael.

Mae arbenigeddau yn arbennig o bwysig ar gyfer grwpiau [defnyddwyr gwasanaethau](#) sydd ag anghenion cyfathrebu gwahanol, megis pobl ag anableddau dysgu, pobl awtistaidd a phobl o'r gymuned arwyddo byddar. Mae eiriolaeth iechyd meddwl anstatudol yn dibynnu ar eiriolwyr sy'n meddu ar wybodaeth benodol iawn am fframweithiau a gwasanaethau cyfreithiol er mwyn gallu darparu'r cymorth eiriolaeth gorau posib.

Mae eiriolaeth anstatudol, wedi'i chomisiynu a thrwy arian grant, yn bwysig iawn gan y gallai ddarparu cymorth eiriolaeth yn yr agweddau ar fywydau pobl nad oedd eiriolaeth statudol yn cael ei chomisiynu'n uniongyrchol i ddarparu ar eu cyfer. Mae hefyd yn golygu y gellir rhoi sylw i faterion mewn ffordd sy'n eu hatal rhag gwaethygu ac arwain at ymyriadau statudol. Hefyd, mae eiriolaeth annibynnol anstatudol mewn gwell sefyllfa i gynnis y perthnasoedd eiriolaeth parhaus sydd orau ar gyfer grymuso pobl a chynnig y gallu i hunan-eiriol.

Mae grwpiau [hunan-eiriolaeth](#), yn enwedig felly ar gyfer pobl ag anableddau dysgu, yn hyrwyddo a hwyluso'r gallu i hunan-eiriol, ac o'r herwydd mae'n galluogi pobl i chwarae mwy o ran yn y penderfyniadau sy'n effeithio ar eu bywydau. Mae hyn yn caniatáu cynllunio gofal cyd-gynhyrchiol mwy effeithiol ac mae hefyd yn hyrwyddo'r agenda atal a [diogelu](#).

Mae Eiriolaeth Annibynnol yn aml yn darparu cymorth o bwys i rieni sy'n rhan o brosesau diogelu plant a gwrandawiadau cyfreithiol. Fel y gwelwyd yn yr ymarferiad ymgynghori gydag eiriolwyr, mae'r gwaith arbenigol hwn yn golygu meddu ar wybodaeth am brosesau [diogelu](#) a chyfreithiol er mwyn gallu cael y gefnogaeth orau bosib i'r rhieni hyn ar yr adegau anodd hyn yn eu bywydau - "heb anghofio'r gwaith enfawr rwy'n credu y mae pob eiriolwr yn ei wneud ar hyn o bryd mewn achosion diogelu plant a rhieni'n mynd trwy brosesau diogelu plant" (Stacey, Eiriolwr)

Beth yw'r sefyllfa yng Ngorllewin Cymru?

Mae'r sefyllfa yng Ngorllewin Cymru yn cynnig eiriolaeth arbenigol ac anstatudol i rai grwpiau [defnyddwyr gwasanaethau](#) ond nid i bawb. Mae'n ymddangos fod hyn yn adlewyrchu'r cryn alw am y gwasanaethau hyn gan grwpiau cymunedol gweithgar, megis y cymunedau anabledau dysgu ac iechyd meddwl.

Mae'r cymunedau anabledau dysgu ac iechyd meddwl yn teimlo fod y cydbwysedd rhwng statudol ac anstatudol a rhwng arbenigol a generig yn briodol.

Mae anghenion cymunedau eraill o [ddefnyddwyr gwasanaethau](#) yn cael eu diwallu mewn gwasanaethau generig a statudol. Mae ein hymgysylltu yn dangos fod angen rhoi ystyriaeth bellach i'r cydbwysedd hwn wrth ystyried sut i lunio gwasanaethau eiriolaeth ar gyfer [defnyddwyr gwasanaethau](#) eraill. Mae'r grwpiau hyn yn dechrau dod yn fwy ymwybodol o fuddion posib eiriolaeth arbenigol ac anstatudol. Roedd hyn fwyaf amlwg ymhlith ymatebion gofalwyr trwy ein hymgysylltu, yn enwedig felly ofalwyr pobl hŷn â dementia. Mae rhagfynegiadau yn awgrymu cynnydd sylweddol yn y galw am wasanaethau dementia, gan gynnwys eiriolaeth yn oes y strategaeth.

Mae grwpiau [hunan-eiriolaeth](#) sefydledig ar gyfer anabledau dysgu yn gweithredu yn y rhanbarth ond nid ydynt ar gael ymhob rhan ohono.

Mae cymorth eiriolaeth sydd ei angen ar gael ar gyfer rhieni mewn prosesau diogelu plant ond mae awgrym y byddai darpariaeth arbenigol yn cynhyrchu gwell canlyniadau.

Beth fyddwn ni'n wneud?

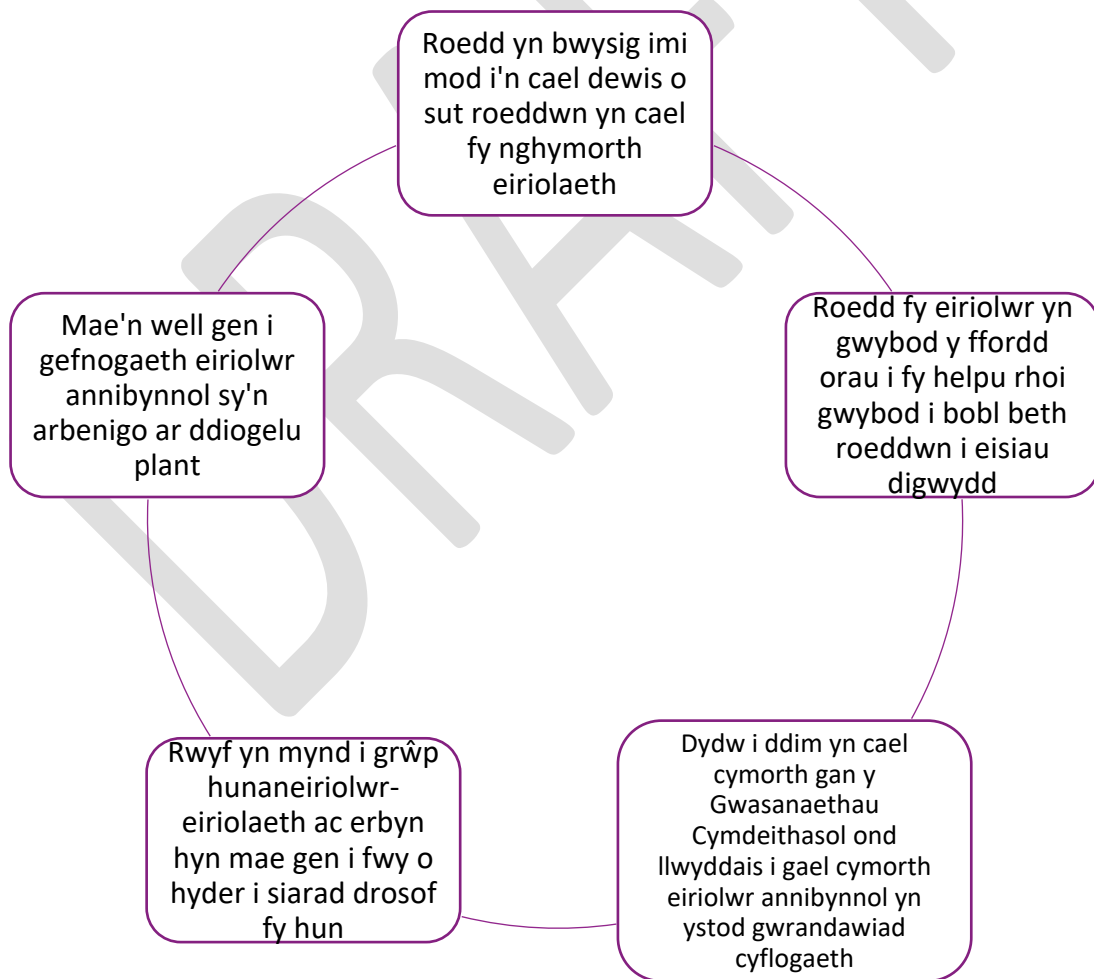
Byddwn trwy gynlluniau gweithredu a gyd-gynhyrchwyd yn:

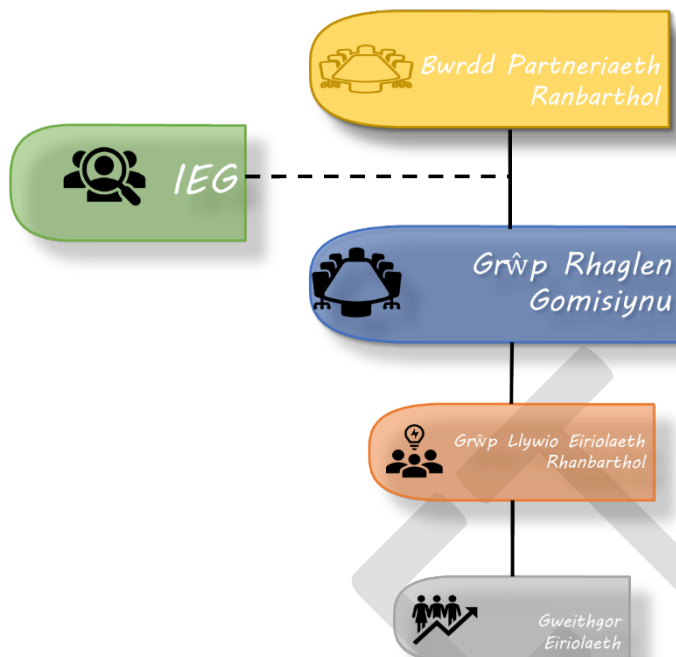
1. Sicrhau cydbwysedd priodol rhwng gwasanaethau eiriolaeth generig ac arbenigol a statudol ac anstatudol ar draws yr holl [ddefnyddwyr gwasanaethau](#) yn y rhanbarth.
2. Sicrhau y gall pobl dderbyn y math mwyaf priodol o eiriolaeth i ddiwallu eu hanghenion penodol a chynnig dewis.
3. Sicrhau y bydd pobl a chanddynt anghenion cyfathrebu cymhleth yn derbyn y math mwyaf priodol o gymorth eiriolaeth annibynnol
4. Datblygu a chefnogi grwpiau [hunan-eiriolaeth](#)
5. Asesu'r angen am wasanaeth eiriolaeth annibynnol arbenigol ar gyfer rhieni sy'n rhan o brosesau diogelu plant sy'n cael anhawster i ddeall gwybodaeth allweddol

Sut fydd llwyddiant yn edrych?

- Fe fydd ystod o ddarpariaeth arbenigol a generig ar gael i adlewyrchu gwahaniaethau yn anghenion a dewisiadau unigolion.
- Bydd eiriolaeth anstatudol yn cael ei chynnal a'i datblygu yn ôl y galw er mwyn diwallu anghenion cymunedol yn y ffordd orau
- Bydd unigolion a chanddynt anghenion cyfathrebu cymhleth yn gallu derbyn gwasanaethau eiriolaeth arbenigol fydd yn cwrdd â'u hanghenion cyfathrebu yn y ffordd orau
- Ceisio cefnogi'r sbectrwm llawn o wasanaethau eiriolaeth megis [hunan-eiriolaeth](#)
- Os yw'r dadansoddiad anghenion yn dangos fod angen gwasanaeth eiriolaeth arbenigol ar gyfer rhieni sy'n rhan o brosesau diogelu plant, sydd angen cymorth i ddeall gwybodaeth allweddol, caiff gwasanaeth ei gomisiynu

Beth fydd pobl sy'n derbyn eiriolaeth yn ddweud?





Yn unol â'r strategaeth hon bydd grŵp llywio eiriolaeth rhanbarthol newydd yn cael ei sefydlu i oruchwyllo a chraffu ar y cynnydd a wnaed ar y strategaeth eiriolaeth i oedolion ranbarthol. Bydd y grŵp yn dylunio a chyflawni cynllun gweithredu rhanbarthol cynhwysfawr fydd yn cynnwys camau clir a mesuradwy i lunio a llywio eiriolaeth ranbarthol yng Ngorllewin Cymru. Dylai'r cynllun fod yn gydnaws â'r Fframwaith Canlyniadau Cenedlaethol (Gwasanaethau Cymdeithasol), y Fframwaith Canlyniadau Rhanbarthol a Deddf Llesiant Cenedlaethau'r Dyfodol.

Bydd y cynllun gweithredu hwn yn cael ei fonitro a'i ddiwygio'n rheolaidd yng ngoleuni cynnydd a chyfleoedd newydd i wella canlyniadau i ddefnyddwyr gwasanaethau eiriolaeth – fel rhan o ymrwymiad parhaus i weithio'n gydgynhyrchiol gyda defnyddwyr a darparwyr.

Bydd y grŵp llywio eiriolaeth rhanbarthol newydd yn atebol yn uniongyrchol i'r Grŵp Rhaglen Gomisiynu a fydd, ar ran Bwrdd Partneriaeth Ranbarthol Gorllewin Cymru, yn goruchwyllo gweithredu'r strategaeth hon:

- Derbyn a chraffu ar adroddiadau cynnydd rheolaidd gan y Gweithgor Eiriolaeth.
- Sicrhau bod [PGGC](#) yn cydnabod llwyddiannau a materion y mae angen eu datrys.
- Sicrhau bod trefniadau monitro contractau cyd-gynhyrchiol ar waith, lle y mae darparwyr a defnyddwyr yn gyfranogwyr gweithredol.
- Sicrhau bod gan y strategaeth hon y proffil a'r adnoddau i gael ei gweithredu'n effeithiol

Cyflwynir adroddiadau i Fwrdd Iechyd Prifysgol Hywel Dda ac awdurdodau lleol Sir Gaerfyrddin, Ceredigion a Sir Benfro.

Geirfa

Term	Acronym	Esboniad
<i>Y Ddeddf</i>		Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014
<i>'Cynnig gweithredol'</i>		Y broses sy'n galluogi gweithwyr proffesiynol i hwyluso cyfarfod rhwng person ac eiriolwr i alluogi'r eiriolwr i esbonio eu rôl yn llawn ac i alluogi'r person i benderfynu a ydynt eisiau cymorth eiriolaeth.
<i>Cymhwyster eiriolaeth</i>		Y dyfarniad a roddir i eiriolwyr annibynnol sy'n dangos y cawsant hyfforddiant priodol a'u bod yn gymwys i arfer eiriolaeth annibynnol, gan gynnwys unrhyw feysydd arbenigol e.e. iechyd meddwl
<i>y Cod</i>		Rhan 10 y Ddeddf, Cod Ymarfer (Eiriolaeth) diweddarwyd 2019, sy'n esbonio'r gofynion ar awdurdodau lleol ynghylch gwasanaethau eiriolaeth
<i>Cydgynhyrchu</i>		Y broses o alluogi dinasyddion a gweithwyr proffesiynol i weithio gyda'i gilydd mewn partneriaeth gyfartal, i rannu grym a chyfrifoldeb am wneud penderfyniadau a chynllunio
<i>Comisiynu/comisiwn</i>		Y broses a ddefnyddir gan Fyrdau Iechyd ac Awdurdodau Lleol i adnabod anghenion ac yna cynllunio ac adolygu gwasanaethau maen nhw am i asiantaethau eraill eu darparu
<i>Rhaglen Eiriolaeth Edau Euraidd</i>	GTAP	Y Prosiect a ariannwyd gan Lywodraeth Cymru ac a gyflawnwyd gan AgeCymru i gefnogi comisiynu eiriolaeth yng Nghymru, ac yn enwedig felly'r gwasanaethau Eiriolwr Proffesiynol Annibynnol ar draws Cymru.
<i>Eiriolwr Proffesiynol Annibynnol</i>	IPA	Math o eiriolaeth annibynnol a ddiffinnir yn y Cod ac a ddarperir gan eiriolwyr cymwysedig sy'n gweithio mewn mudiadau sicr eu hansawdd. Mae rhai amgylchiadau lle y dylai Awdurdodau Lleol gyfarwyddo Eiriolwyr Proffesiynol Annibynnol ac eraill pan mae'n rhaid iddynt, yn unol â'r hyn a nodir yn y Cod.

Gwybodaeth, Cyngor a Chymorth		Y gwasanaethau sy'n anelu at adnabod y gefnogaeth all pobl ei derbyn i'w rhwystro rhag bod angen lefel uwch o gefnogaeth yn y dyfodol.
Eiriolaeth dan Gyfarwyddyd		Mae eiriolwr yn gweithredu'n llwyr yn ôl cyfarwyddyd y person sy'n cael eu cefnogi
Tîm Datblygu Cenedlaethol ar gyfer Cynhwysiant	NDTi	Mudiad sy'n hyrwyddo arfer gorau o ran cynhwysiant cymdeithasol. Mae'n gweinyddu'r Nod Ansawdd Perfformiad Eiriolaeth.
Eiriolaeth heb fod dan Gyfarwyddyd		Nid yw'r person yn gallu rhoi cyfarwyddyd ac mae'r eiriolwr yn ceisio sicrhau bod penderfyniadau neu weithredoedd a wneir ar eu rhan yn parchu eu hawliau ac yn rhoi ystyriaeth i'w dewisiadau a ffyrdd o fyw hysbys.
Monitro canlyniadau		Y prosesau lle y mae buddion arfaethedig cam yn cael eu hasesu a'u hadolygu.
Nod Ansawdd Perfformiad	QPM	Y broses a ddefnyddir gan fudiadau eiriolaeth i ddangos fod eu gwasanaethau yn cyrraedd safon uchel
'Porth' atgyfeirio		Y ffordd y mae pobl sydd eisiau derbyn gwasanaeth yn gallu gwneud y cysylltiad cyntaf
Prosiect Rhanbarthol ar Ddatblygu Eiriolaeth		Prosiect a ariannwyd gan PGGC i gefnogi datblygu eiriolaeth yn y rhanbarth
Rheoleiddio ac Arolygu Gofal Cymdeithasol	RISCA	Y broses a ddefnyddir gan fudiadau sy'n darparu cymorth gofal cymdeithasol i gofrestru i sicrhau eu bod yn darparu gwasanaethau o ansawdd
Hunan-eiriolaeth		Gallu person i rannu mewn ffordd effeithiol gydag eraill y pethau sy'n bwysig iddyn nhw a sut maen nhw'n dymuno derbyn gwasanaethau. Mae'r mathau gwahanol o hunan-eiriolaeth yn cael eu hyrwyddo ond rhoddir ffocws penodol arno mewn grwpiau hunan-eiriolaeth.
Defnyddiwr gwasanaethau		Person sy'n derbyn, neu'n gymwys i dderbyn, gwasanaethau cymorth neu ofal
Diogelu		Y broses o ddiogelu plant ac oedolion bregus rhag niwed, camdriniaeth neu esgeulustod a phroses addysg barhaus er mwyn ceisio adnabod yr arwyddion a'r risgiau o ran camdriniaeth.

Cynhwysiant cymdeithasol		Y broses o gefnogi pobl a chymunedau i allu cyfrannu at benderfyniadau a chymau sy'n effeithio ar eu bywydau.
Gofal Cymdeithasol Cymru		Rheoleiddiwr y gweithlu gofal cymdeithasol yng Nghymru sy'n gyfrifol am feithrin hyder yn y gweithlu ac arwain a chefnogi gwelliannau mewn gofal cymdeithasol.
Rhanddeiliad		Unrhyw berson neu fudiad y mae ganddynt ddiddordeb mewn neu gysylltiad â mater, e.e. Fforymau Gofalwyr, Grwpiau Pobl yn Gyntaf ac ati
Statudol		Prosesau sydd eu hangen o dan fframweithiau cyfreithiol ac a drefnir a/neu a ddarperir gan Gyrff Cyhoeddus, e.e. Awdurdodau Lleol, Byrddau Iechyd ac ati
Sbectrwm o wasanaethau eiriolaeth		Y gwahanol fathau o eiriolaeth, gan gynnwys eiriolaeth a ddarperir gan; teulu a chyfeillion, gweithwyr gofal cymdeithasol ac iechyd, eiriolwyr gwirfoddol, hunan-eiriolaeth ar y cyd ac eiriolwyr annibynnol sy'n derbyn tâl.
Partneriaeth Gofal Gorllewin Cymru	PGGC	Cydweithrediad rhanbarthol rhwng tri Awdurdod Lleol Gorllewin Cymru, Bwrdd Iechyd Prifysgol Hywel Dda a'r trydydd sector, y sector annibynnol, cynrychiolwyr defnyddwyr gwasanaethau a gofalwyr. Ei rôl yw trawsnewid a datblygu iechyd a gofal cymdeithasol yn unol â bwriadau Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014
Asesiad o Boblogaeth Gorllewin Cymru		Trosolwg o boblogaeth a demograffeg y rhanbarth a ddefnyddir i ragfynegi'r newidiadau fydd eu hangen yn y gwasanaethau er mwyn diwallu anghenion y boblogaeth i'r dyfodol
Gorllewin Cymru		Tair sir Ceredigion, Sir Benfro a Sir Gaerfyrddin

Cyfeirnodau a Dolenni

Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014

<https://www.legislation.gov.uk/anaw/2014/4/contents>

Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 – Rhan 2 Cod Ymarfer (Swyddogaethau Cyffredinol)

<cod-ymarfer-rhan-2-swyddogaethau-cyffredinol.pdf> (llyw.cymru)

Rhan 10 Cod Ymarfer Eiriolaeth

<https://llyw.cymru/sites/default/files/publications/2019-12/deddf-gwasanaethau--cymdeithasol-a-llesiant-cymru-2014-cod-ymarfer-rhan-10-eiriolaeth.pdf>

Siarter Eiriolaeth

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

Deddf Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru) (RISCA)

<https://careinspectorate.wales/sites/default/files/2018-06/180606-risca-guide-en.pdf>

Asesiad o Anghenion Poblogaeth Gorllewin Cymru www.wwcp-data.org.uk.population-needs-assessment

Mesurau y Gymraeg

<https://www.legislation.gov.uk/mwa/2011/1/contents?lang=en><https://www.legislation.gov.uk/mwa/2011/1/contents?lang=en>

Fframwaith Canlyniadau Cenedlaethol <https://gov.wales/sites/default/files/publications/2019-05/the-national-outcomes-framework-for-people-who-need-care-and-support-and-carers-who-need-support.pdf>

Deddf Llesiant Cenedlaethau'r Dyfodol <https://www.futuregenerations.wales/cy/about-us/future-generations-act/>

Ffocws Ystadegol yng Nghefn Gwlad Cymru <https://gov.wales/sites/default/files/statistics-and-research/2018-12/080515-statistical-focus-rural-wales-08-en.pdf>

Cod Ymarfer IMHA (ymgorfforwyd yng Nghod Ymarfer Deddf Iechyd Meddwl (Cymru) Pennod 6)

<https://gov.wales/sites/default/files/publications/2019-03/mental-health-act-1983-code-of-practice-mental-health-act-1983-for-wales-review-revised-2016.pdf#:~:text=The%20Mental%20Health%20Act%201983%20Code%20of%20Practice,being%20laid%20before%20the%20National%20Assembly%20for%20Wales.>

Cod Ymarfer (ymgorfforwyd yng Nghod Ymarfer Deddf Galluedd Meddyliol (Cymru) Pennod 10) <http://www.wales.nhs.uk/sites3/Documents/744/Code%20of%20Practice%20E.pdf>

Cynllunio, Comisiynu a Chydgynhyrchu, Cyngor Gofal Cymru

<https://socialcare.wales/cms-assets/documents/hub-downloads/Canllaw-i-adnoddau-cynllunio-a-chomisiynu-%E2%80%93-lonawr-2017.pdf>

GTAP Comsiynu Eiriolaeth Broffesiynol Annibynnol ar gyfer Oedolion o dan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014

<https://www.ageuk.org.uk/globalassets/age-cymru/documents/golden-thread-advocacy-programme/programme-documents/commissioning-ipa-framework-english-oct-19.pdf>

Cynllun Ardal Gorllewin Cymru 2018-23

www.wwcp.org.uk › [west-wales-area-plan](#)

DRAFT

2023 - 2027

Our West Wales Adult Advocacy Strategy

DRAFT



Foreword

Advocacy is recognised, in all recent health and social care legislation, as being fundamentally important in situations within which individuals and marginalised groups need support to have their voices heard and their rights respected. Advocacy is designed and delivered to facilitate participation by individuals and groups within the decisions and processes that affect their lives.

This Adult Advocacy Strategy seeks to shape the commissioning arrangements of Hywel Dda University Health Board, Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council in order to meet their statutory duties. However, more importantly it seeks to ensure that good quality advocacy is readily and equitably available to those who want, or need it, in the West Wales region of Ceredigion, Carmarthenshire and Pembrokeshire.

Increasingly, it is recognised that significant numbers of people who require health or social care services also need forms of support that allow them to have an equal voice and control of how these services are planned and provided. The range of advocacy provision in our region looks to address this key support need and also encourages the development of individuals' confidence and skills to participate and express their own voices and choices through self-advocacy.

There are certain groups within our communities who need a significant level of support to be able to have their voice heard and their rights and entitlements fully met. This includes people with specific difficulties expressing their wishes and preferences, for example but not restricted to, people with learning disabilities, people with autism, people with dementia, people with complex mental health issues, some people with multiple or sensory impairments and some carers. It is to those groups which this strategy sets out to shape our future commissioning and provision of advocacy.

We intend that, through working in partnership with our communities and stakeholders, we will, in the next five years, be able to shape, through our commissioning arrangements, how the most appropriate forms of advocacy in the region will meet the range of advocacy needs. We intend to build upon what is already a solid base of existing provision whilst looking to develop advocacy provision in areas that require development. We intend to prioritise advocacy support to those individuals and groups who most need it.

We look forward to meeting these important challenges to ensure that access to, and the quality of, advocacy provision in our region is of the highest possible standard and reflects what our communities need from advocacy provision.



Judith Hardisty
Chair, West Wales Regional Partnership Board

CONTENTS

Foreword1

Background & Context.....3

What Is Advocacy and Who Needs It?4

West Wales Position Statement5

Working Together – Our Shared Vision9

Needs Analysis10

What Are We Going to Do?15

 Priority 1. Maintain And Develop Further Our Co-Productive Approach15

 Priority 2: Raise Awareness Of, And Understanding Of, Advocacy.....18

 Priority 3: Ensure Advocacy Is Easily Accessible and Equitably Available20

 Priority 4: Ensure Advocacy Is of a Consistently High Standard of Quality24

 Priority 5: Maintain Specialisms and Non-Statutory Forms Of Advocacy28

Reporting Our Progress32

Glossary33

References and Links35

BACKGROUND & CONTEXT

To set the overall context in which the Adult Advocacy strategy for West Wales will operate we undertook a review of Welsh legislation that impacts this area.

Social Services and wellbeing act

The Social Services and Wellbeing Act (2014) requires that the three regional Local Authorities must [commission statutory Independent Professional Advocacy](#) services and for the Local Authorities to promote access to the [spectrum of advocacy provision](#).

Advocacy should be considered as an inherent part of the Act to focus social care around people and their well-being. Advocacy helps people to understand how they can be involved, how they can contribute and take part and whenever possible, to lead or direct the process.

(Wales) Act Advocacy Code of Practice p.8

Social Services and Well-Being

The Social Services and Wellbeing Act (2014) places a lot of emphasis on voice and control for people who need care and support, and carers who need support.

Advocacy has an important role to play in relation to voice and control and underpinning the wider requirements of the Act in terms of well-being, safeguarding and prevention. It can greatly assist people to express their views and make informed choices, thereby ensuring they have access to relevant services.

Social Services and Well-Being (Wales) Act Advocacy Code of Practice p.2

National Outcomes Framework & Wellbeing of future generations

The National Outcomes Framework (Social Services) and the Well-being of Future Generations Act place the concept of individual voice and participation at the centre of the approach to achieving well-being in Wales.

**My voice is heard and listened to.
My individual circumstances are considered. I speak for myself and contribute to the decisions that affect my life or have someone who can do it for me.**

National Outcomes Framework statement relating to achieving personal well-being.p.5

Mental Health Act & Mental Capacity Act

There are similar requirements in the Mental Health Act and the Mental Capacity Act for the Hywel Dda University Health Board to commission Independent Mental Capacity Advocate and Independent Mental Health Advocate services across the region.

West Wales Population Needs Assessment & Area Plan

Effective commissioning needs to draw upon the information ascertained through [co-production](#) and the demographic data in the [West Wales](#) Area Plan 2018-23 and the West Wales Population Needs Assessment.

What Is Advocacy and Who Needs It?

A widely accepted definition of advocacy is set out below:

‘Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes [social inclusion](#), equality and social justice.’ [National Development Team for Inclusion](#) Advocacy Charter 2018



The diagram above, produced by the [Golden Thread Advocacy Project](#), illustrates the [spectrum of advocacy provision](#). Each form has particular benefits:

Type	Description
Self-Advocacy	When individuals represent and speak up for themselves
Informal Advocacy	When family, friends or neighbours supporting an individual in having their views wishes and feelings heard which may include speaking on their behalf.
Peer Advocacy	One individual acting as an advocate for others who shares a common experience/ background.
Collective Advocacy	Involves groups of individuals with common experiences, being empowered to have a voice and influence change and promote social justice.
Citizen Advocacy	Involves a one-to-one long-term partnership between a trained or supported volunteer citizen advocate and an individual.
Independent Volunteer Advocacy	Involves an independent and unpaid advocate who works on a short term, or issue led basis, with one or more individuals.
Formal Advocacy	May refer to the advocacy role of staff in health, social care and other settings where professionals are required as part of their role to consider the wishes and feelings of the individual and to help ensure that they are addressed properly.
Independent Mental Health Advocacy (Statutory)	Specially trained advocates who support people to speak up and have their voices heard around their mental health care and treatment. It is a type of statutory advocacy.
Independent Mental Capacity Advocacy (Statutory)	An Independent Mental Capacity Advocate (IMCA) helps people who lack capacity so that they can be involved in decisions that are being made on their behalf. It is for people who have been assessed as lacking the mental capacity to make a decision for themselves.
Independent Professional	Involves a professional, trained advocate working in a one-to-one partnership with an individual to ensure that their views

Advocacy (Statutory)	are accurately conveyed and their rights upheld. This might be for a single issue or multiple issues.
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There is an important distinction to be made between instructed and non-instructed advocacy. Instructed advocacy is when advocates are instructed by the individual, even if the latter didn't refer themselves to the advocacy services. Together, they are able to establish a relationship and identify the advocacy issues, goals and intended outcomes in accordance with the wishes/preference of the service user.

The non-instructed form of advocacy may be needed when matters of communication and capacity mean that instruction and expression of choices and concerns are not apparent. This would involve taking affirmative action with or on behalf of a person who is unable to give clear indication of their views or wishes in a specific situation. Non-instructed advocates seeks to uphold the persons right, ensure fair and equal treatment, ensure access to services, and make certain that decisions are taken with due consideration for their unique preferences and perspectives (Social Services and Well-being (Wales) Act 2014)

West Wales Position Statement

Key Stakeholders



There has been a coordinated focus on advocacy in West Wales for a number of years, with the Three Counties Advocacy Network having been in existence for over 12 years. Representing providers of both statutory and non-statutory advocacy services across Carmarthenshire, Ceredigion and Pembrokeshire, the Network's aim is to improve, promote, and develop advocacy services whilst providing training opportunities for those services. This sits alongside an Advocacy Working Group which brings together the commissioners of advocacy services across West Wales, which include Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council. These relationships are demonstrated in the adjacent Venn diagram.

Regional Review

The original proposal was developed through a co-productive approach, as proposed by the [Golden Thread Advocacy Programme](#).

In 2017, the Three Counties Advocacy Network was awarded funding to undertake engagement work following a self-assessment exercise which identified areas for potential to improve practice, as part of the [Golden Thread Advocacy Programme](#). Engagement work, supported by the [West Wales Care Partnership](#), was undertaken with individuals, professionals, and other [stakeholders](#) from across the region, which included a survey (142 responses), five county events and one regional event.

This work, and the resultant report, culminated in the definition of and design of the proposed regional service model - key features include what was told to be important to those involved in the engagement: a single point of contract; local delivery; the continued recognition of specialisms (child protection, carers, learning disabilities); and the importance of linking with information, advice and assistance (IAA) services. The service model recognises the crucial role of [IPA](#) within a wider support context of non-statutory forms of advocacy. The so-called 'fried egg' model is presented below.

Three County Advocacy Network Proposal for IPA Framework - February 2019



	Supported groups or organisations in the wider network. Some may be working towards becoming IPA providers
	Generic and Specialist IA providers across the area meeting required standards for IPA
	Wider advocacy network including the Advocacy Strategy Network

Commissioning of [Independent Professional Advocacy Services](#)

In responding to the review, the local authorities in the Region agreed to jointly commission a single [IPA](#) service for adults (separate and distinct arrangements exist for children). This was influenced in part by the [West Wales Care Partnership's](#) commitment to regional commissioning, under Part 9 of SSWBA, and it was proposed that the service be supported by an associated pooled fund arrangement – made up of existing spend devoted to advocacy.

Whereas both Carmarthenshire and Pembrokeshire had existing contractual arrangements for the supply of advocacy, Ceredigion was providing ad hoc [IPA](#) on a 'spot-purchase' basis. The absence of existing contracts meant that arrangements for Ceredigion were a priority; and due to the risk of destabilising the market elsewhere, it was agreed to pilot the intended regional approach in Ceredigion initially, prior to wider rollout. The pilot approach also had an advantage in being an opportunity to assess (as then, unquantified) demand for [IPA](#), versus other types of advocacy.

The Ceredigion pilot commenced 1st October 2019, with the intention that subject to evaluation, a regional commissioning exercise would follow in 2020. However, the COVID pandemic which started in March 2020, has resulted in regional commissioning plans for the [IPA](#) service being delayed in to 2022

Commissioning of Independent Mental Health Advocacy and Independent Mental Capacity Advocacy

The Independent Mental Capacity Advocate (IMCA) service is a statutory role created under the Mental Capacity Act 2005. The IMCA service provides a safeguard for people who lack capacity to make important decisions. The IMCA role is to support and represent the person in the decision-making process. Essentially, they make sure that the Mental Capacity Act 2005 is being followed, when a decision needs to be made about a long-term change in accommodation or serious medical treatment.

The Act placed a duty on professionals. (Social Workers and/or Medical Staff) to appoint an IMCA for anyone who, aged 16 or over, has been deemed as lacking capacity and are unbefriended. IMCAs may also be involved in decisions concerning Care Reviews or Adult Safeguarding Cases. The IMCAs role is to support and represent the person who lacks capacity, therefore IMCAs have the right to see

relevant health and social care records and any reports provided by IMCAs must be considered as part of the decision-making process.

Mental Health Matters Wales provides the IMCA service within the Hywel Dda Health Board region. The IMCA contract sits with the Health Board on behalf of the region and Local Authorities, however work is currently ongoing to create a National All Wales IMCA contract which will be put to tender locally. Tenders should be ready by the summer with winning bidders notified by the autumn and a new contract to commence April 2024.

Commissioning of Community Advocacy Services

Hywel Dda University Health Board are recommissioning Community Advocacy across the West Wales region, with a view to provide Community Advocacy services for those who are experiencing low level Mental Health concerns.

Community Advocacy is to be community focused and is to support individuals to be heard and treated with respect to live within their community, safely, independently and feeling supported.

This type, and level of Advocacy, is to provide early support and early intervention in order to reduce pressures on Primary Care Services as well as reduce escalations of Mental Health concerns and demands on larger advocacy services.

Current regional provision of advocacy services

Across West Wales, advocacy provision can be broadly categorised as statutory and non-statutory provision. Building on work undertaken by the Three Counties Network, and noting the work outlined above, the current provision of advocacy services (June 2021) is as follows:

Service	Area	Commissioner	Provider (as at April 2021)
Independent Mental Health Advocacy	Carmarthenshire Ceredigion Pembrokeshire	Hywel Dda University Health Board	Advocacy West Wales
Independent Mental Capacity Advocacy	Carmarthenshire Ceredigion Pembrokeshire	Hywel Dda University Health Board	Mental Health Matters
Independent Professional Advocacy	Carmarthenshire Ceredigion Pembrokeshire	Regionally Commissioned by all 3 Local Authorities	3CIPA
Non-Statutory Advocacy	Carmarthenshire Ceredigion Pembrokeshire	N/A	Advocacy West Wales

Working Together – Our Shared Vision

Prior to the pandemic our vision for advocacy was as follows:

The [West Wales Care Partnership](#) will ensure equitable access to high quality advocacy in our area.

Since the pandemic and since this vision was drafted, a lot of work has been done to ensure equitable access to high quality advocacy in the region. A prime example of this work includes a jointly re-commissioned regional IPA service with a contractual framework.

Members of the Advocacy Working Group felt it was important that we kept this old vision in the final strategy as a means of highlighting distance travelled over the last 2-3 years in terms of regional advocacy provision.

Naturally, this vision is no longer suitable as it doesn't fit the aspirations held for advocacy services. Therefore, a new vision will be developed and will require a co-productive partnership with all key agencies, community forums and stakeholders to ensure that developments reflect the actions needed. This vision is to be agreed in a newly created regional advocacy steering group which will be set up in line with the publishing of this strategy.

All significant planning and development will be agreed within a co-productive regional advocacy steering group, terms of reference and membership to be developed, which will serve as a sub-group of the Commissioning Group which in turn acts on behalf of the West Wales Care Partnership (WWCP). The WWCP will have responsibility for ensuring this strategy meets our agreed aims.

Working with individuals who access care and support services, and their representatives will be central to our approach. The regional Advocacy Strategy Network (ASN), made up of local advocacy organisations, will be a key reference point for developments. It is essential that developments are not only co-produced but also collectively owned by all the different partners, stakeholders and people who use services.

Underpinning these principles is the need for advocacy organisations to have both organisational governance and operational independence.

NEEDS ANALYSIS

This strategy is based on an extended period of engagement with citizens, especially those who engage with health and social care services, advocacy organisations, health and social care practitioners, statutory commissioners and other relevant [stakeholders](#). This engagement began in 2016 and continued through till 2019 and was led by the national [Golden Thread Advocacy Programme \(GTAP\)](#), a project funded by the Welsh Government, to develop effective Local Authority commissioning of the [Independent Professional Advocacy](#) services which are now a requirement under the Social Services and Well-Being Act (Wales).

The strategy will be framed by a set of nationally agreed advocacy principles set out in the Social Services and Well-Being Act (Wales) Advocacy Code of Practice:

Advocacy services should:

- be led by the views and wishes of the individual
- be champions of the individual's rights and needs
- be well publicised and easy to use
- work exclusively for the individual
- be well managed, prompt, responsive and provide value for money
- respect confidentiality
- have effective, accessible Compliments and Complaints procedures
- promote and monitor equality

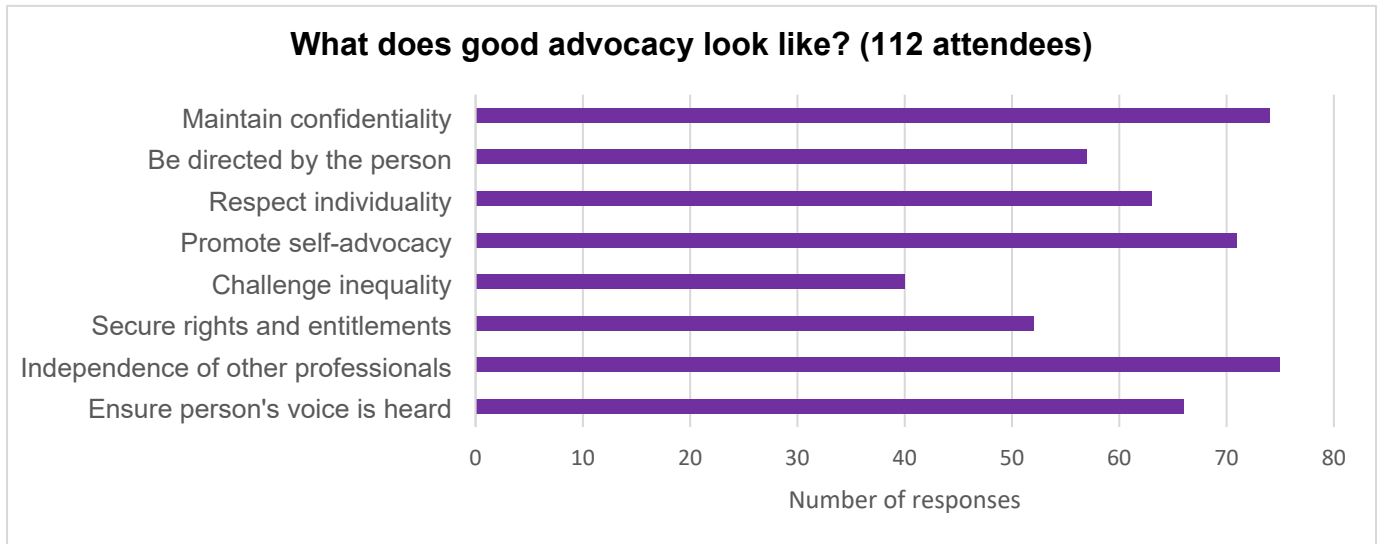
Working together with commissioners and the Three County Network, [Golden Thread](#) arranged a series of engagement events across the region and [service-user](#) groups which culminated in an Open event in Ceredigion in March 2019.

These events asked two questions:

1. What does good advocacy look like?
2. What is needed in terms of advocacy for West Wales?

What does good advocacy look like?

Recognising that this will mean different things to different people, there was general agreement that good advocacy should support people to have their voice heard, be independent, secure individual's rights and entitlements, challenge inequality, promote [self-advocacy](#), be directed by the person, be respectful of individuality and be confidential.



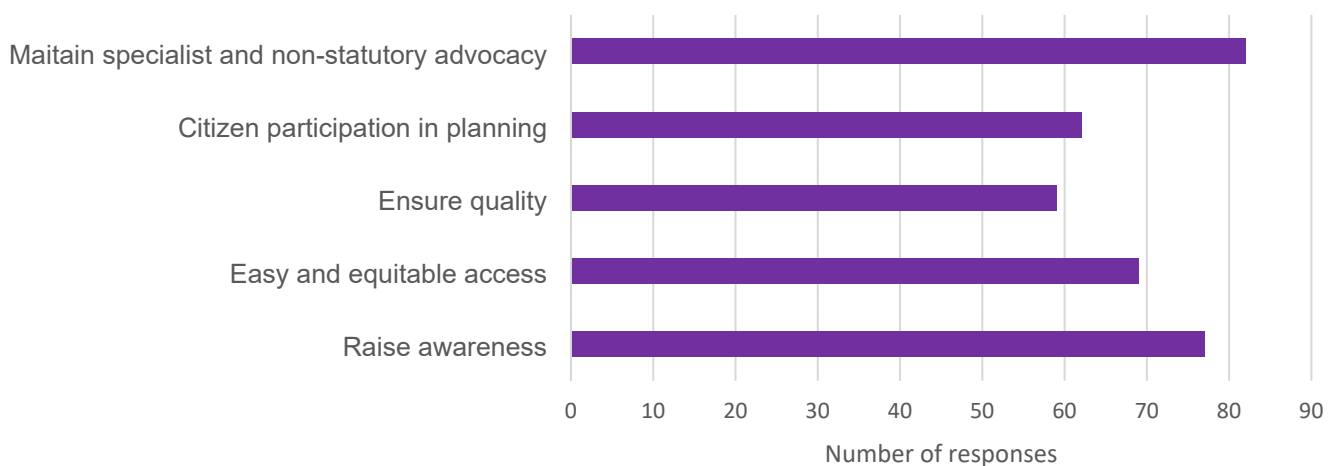
What is needed in terms of advocacy for West Wales?

Responses in relation to what is needed were quite diverse and differing priorities were identified from the different groups involved. However, it was possible to identify some shared themes from these responses which then informed the second phase of [co-production](#) engagement:

The need to:

1. Raise awareness amongst professionals and communities about the different forms of advocacy and the potential benefits of each.
2. Be able to access advocacy more easily and to make it equitably available across our region, particularly for individuals and groups who have to date not found it easy to access the right form of advocacy.
3. Ensure that the quality of advocacy services is of a high and consistent standard and that outcomes of advocacy can be effectively evaluated
4. Maintain and develop the full participation of citizens, communities and a range of organisational partners in how advocacy services are developed and delivered.
5. Support specialist and non-statutory forms of advocacy

What is needed in terms of advocacy for West Wales? (112 attendees)



Through 2020, a Project Lead within the [Regional Advocacy Development Project](#), held a series of individual discussions and focus groups exploring in more detail how these themes could translate into a detailed strategy.

When the COVID pandemic made it difficult to have face to face engagement further surveys and questionnaires were conducted. The WWCP is confident that sufficient information and views have been gathered to inform the strategic priorities. Ongoing [co-production](#) action planning will review and refine the strategy implementation as it evolves.

As we emerged from the COVID pandemic the Advocacy Working Group felt it was necessary to conduct further engagement again to not only bolster/supplement existing engagement but also ensure those closest to advocacy services have their voices highlighted prominently within the strategy. These were gathered via a series of virtual focus group events and also by attending existing forums/groups with stakeholders of advocacy provisions.

In this more recent engagement, responses from [service-users](#), carers, organisations delivering advocacy, other [stakeholders](#) and health and social care professionals showed a significant level of agreement on key priorities. These aligned closely with the five key findings from the earlier [GTAP](#) engagement.

What service-users said there is a need for:

In addition to the [GTAP](#) findings, a significant number of [service-users](#) expressed the preference to receive advocacy from a family member or close friend. They felt that if there was a need for an independent advocate, they should be allowed sufficient time to develop trust and that this would require a reasonable amount of time.

“My family help me to explain to Social Workers and Doctors the sort of help I want”

- Diane

“I need an advocate who takes time to get to know me”

- Matthew

“I want to speak up for myself most of the time. I only want support on the big decisions in my life”

- Gregg

What individual organisational stakeholders said was needed.

In addition to the [GTAP](#) findings a significant number of people from organisations felt the strategy needed to reference the need for greater co-operation and collaboration between advocacy organisations and related organisations providing [Information, Advice and Assistance](#) as a way of improving outcomes for people.

“Most advocacy is good but it’s not easy for people to find the right advocacy for them”

- Mary

“People would get better outcomes if advocacy, advice and other forms of support were better joined up”

- Paul

What advocates and their managers said was needed

In addition to the [GTAP](#) findings:

More secure and longer term-funding arrangements as a means of sustainable service planning.

The introduction of an [‘active offer’](#) approach to accessing advocacy. [Active offer](#) is a more facilitative approach taken by professionals when discussing the engagement of advocacy support.

“If more people were given good and timely information about advocacy, we could provide better advocacy support to those who most need it”

- Kelly

“I get frustrated that we are not able to make long-term plans to develop our service because our contract is short term and insecure”

- Jason

“Social Workers should always consider if a person would benefit from advocacy support”

- James

What professionals working in health and social care said was needed.

In addition to the [GTAP](#) findings:

The ability to deal with the complexity of advocacy need in relation to:

- Having well-resourced services that can cope with increases to demand on services
- Able to be flexible and responsive to deal with specialist and unknown issues arising in the future

““have we got enough advocates for in advocacy services to actually match? If you like the referrals that are coming in, it's about capacity”

- Susan

“Even before COVID, we had issues with things like access to carers assessments and backlog of waiting lists for carers assessments”

- Lorraine

General view of what is working well and what needs to change

From those people who had received advocacy support there was a very positive view of the benefits it had delivered. Of the forty-three people who had received advocacy support within our survey, only one said that it was not entirely helpful.

Once they were aware of the availability of advocacy support and how to access it, they felt things worked well. They felt that they would return for further advocacy support when they needed it and were also more confident to self-advocate.

"I feel much more confident to let people know what I want"

- Sarah

"I know where to go if I need advocacy again"

- Ben

The key challenge individuals felt was gaining initial access to the right type of advocacy support and at the right time. They felt that much more focus on providing information about advocacy and making it easier to access was crucial.

What Are We Going to Do?

This Adult Advocacy Strategy has five priority areas, all aimed at improving outcomes for people who need advocacy. The priorities have been defined in the light of co-productive activity to date, engagement, the Regional Population Assessment, and in response to legislative requirements.

The strategy will promote and support a shared commitment amongst key partners to implement developments equitably across the region.

Our five key priorities are.

The need to:

Priority 1. Maintain and develop further our co-productive approach

Priority 2 Raise awareness of, and understanding of, advocacy.

Priority 3. Ensure advocacy is easily accessible and equitably available

Priority 4. Ensure advocacy is of a consistently high standard of quality

Priority 5. Maintain specialisms and non-statutory forms of advocacy

Priority 1. Maintain And Develop Further Our Co-Productive Approach

Why is it important?

[Co-production](#) is central to the way the Welsh Government requires all health and social care services to be planned, commissioned, and delivered.

[Social Care Wales](#) (formerly known as the Care Council for Wales), Planning, Commissioning and [co-production](#) Code of Practice defines [co-production](#) as **'the concept of genuinely involving people and communities in the design and**

delivering of public services, appreciating their strengths and tailoring approaches accordingly.'

Voice, participation and responsibility will each lead to ensuring that action planning will reflect developments that all partners and [stakeholders](#) will feel that they have shared and collective control and ownership of.

It is important that those providing advocacy services are fully engaged in the detail of action planning, tendering and commissioning arrangements as they are uniquely placed in terms of their specialist knowledge and experience. Ensuring effective communication, engagement, reflection and learning helps to ensure that commissioning teams are fully informed of the practical application of advocacy and how positive outcomes are best achieved.

Closer collaboration and integration within health and social care planning is considered essential by the Welsh Government in terms of offering better outcomes for individuals and communities.

The WWCP is fully committed to ensure that the development and implementation of this strategy, through its associated action plan, will be maintained and strengthened.

What is the situation in West Wales?

The Regional Advocacy Strategy Network, which represents regional advocacy organisations, has established links with the [WWCP](#). The Network has been a key reference point in the development of this strategy and will have a significant ongoing role in action planning decisions. There has been active co-operation between the Network and Regional Commissioners through a process of effective communication, engagement, reflection and learning in the recent tendering of advocacy services which has led to improvements in service specifications, delivery and evaluation.

The Hywel Dda University Health Board (HDUHB) is a key partner in the [WWCP](#). In terms of the strategy, appropriate levels of collaboration and integration between the Board and the three Local Authorities are agreed within the [WWCP](#) decision-making framework.

What will we do?

We will through co-produced action plans:

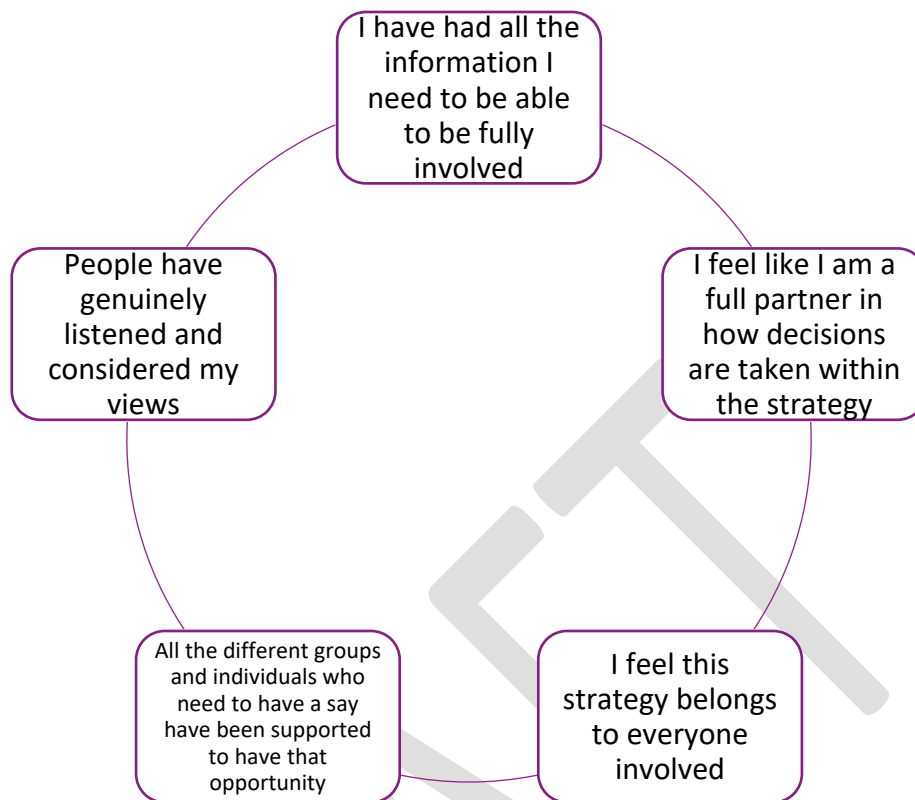
1. Ensure the necessary structures will be supported to develop a culture of effective and meaningful co-production ensuring broad representation of stakeholders across the region who can inform and shape decision-making reflecting what matters most

2. Adopt principles of effective communication, engagement, reflection and learning to shape and inform the approach to commissioning and tendering
3. strengthen the link between the [WWCP](#) and the Regional Advocacy Strategy Network
4. explore opportunities for closer collaboration and integration in advocacy planning and commissioning arrangements between statutory bodies

What will success look like?

- The contributions of citizens, [service-users](#) and carers will be acknowledged and valued
- Decision-making within action-planning to implement the strategy will have been significantly informed by citizens, particularly [service-user](#) groups and carers
- There will be a flow of relevant information between the different groups and structures within [co-production](#) including the Advocacy Strategy Network (ASN), service user groups etc.
- A culture of responsibility and ownership will have been created within the [co-production](#) partners.
- There will be regular engagement between the [WWCP](#) and the Regional Advocacy Strategy Network
- Building on the new regionally commissioned IPA services by ensuring we are working collaboratively to develop service

People receiving advocacy will say?



Priority 2: Raise Awareness Of, And Understanding Of, Advocacy.

Why is this important?

Advocacy provides an essential support service allowing people's voice to be heard, their rights protected and their entitlements to be secured. Raising awareness, and understanding of advocacy, will promote improved access to advocacy, especially for those who need it most.

Our engagement clearly evidenced that there is not always awareness and understanding of the different forms of advocacy, their functions and the benefits that each can offer. There is significant scope to develop both awareness and understanding within professional disciplines, [service-users](#) and key [stakeholders](#).

This commitment to further develop awareness of, and understanding of advocacy, will offer increased opportunities for individuals, especially those in most need, to access the right form of advocacy and in that way ensure that their voices are heard, their rights respected, and their entitlements secured. It is important to remember the correlation between awareness/promotion of advocacy and the number of referrals a service will receive. Advocacy providers must be supported to create well-resourced services that has the capacity to meet this additional demand.

What is the situation in West Wales?

The provision of informational and marketing materials by each advocacy organisation which relates to their own services is apparent but more general awareness and understanding could be further developed.

The rurality of our region presents particular challenges in terms of being able to reach out equitably to isolated individuals, groups and communities in terms of awareness-raising.

There are a range of different advocacy organisations in the region offering different forms of advocacy and this [spectrum of advocacy provision](#) does present challenges in terms of understanding and awareness. [Service-users](#) and professionals have awareness of advocacy services to which they have familiarity and contact but may be unaware of other provision that could also be appropriate.

There is scope for staff working for care providers, including residential and nursing homes, to have a better understanding of advocacy services.

There is scope for advocacy organisations and organisations providing [Information, Advice and Assistance](#) to work more collaboratively to raise awareness and understanding.

What we will do?

We will through a co-produced action plan:

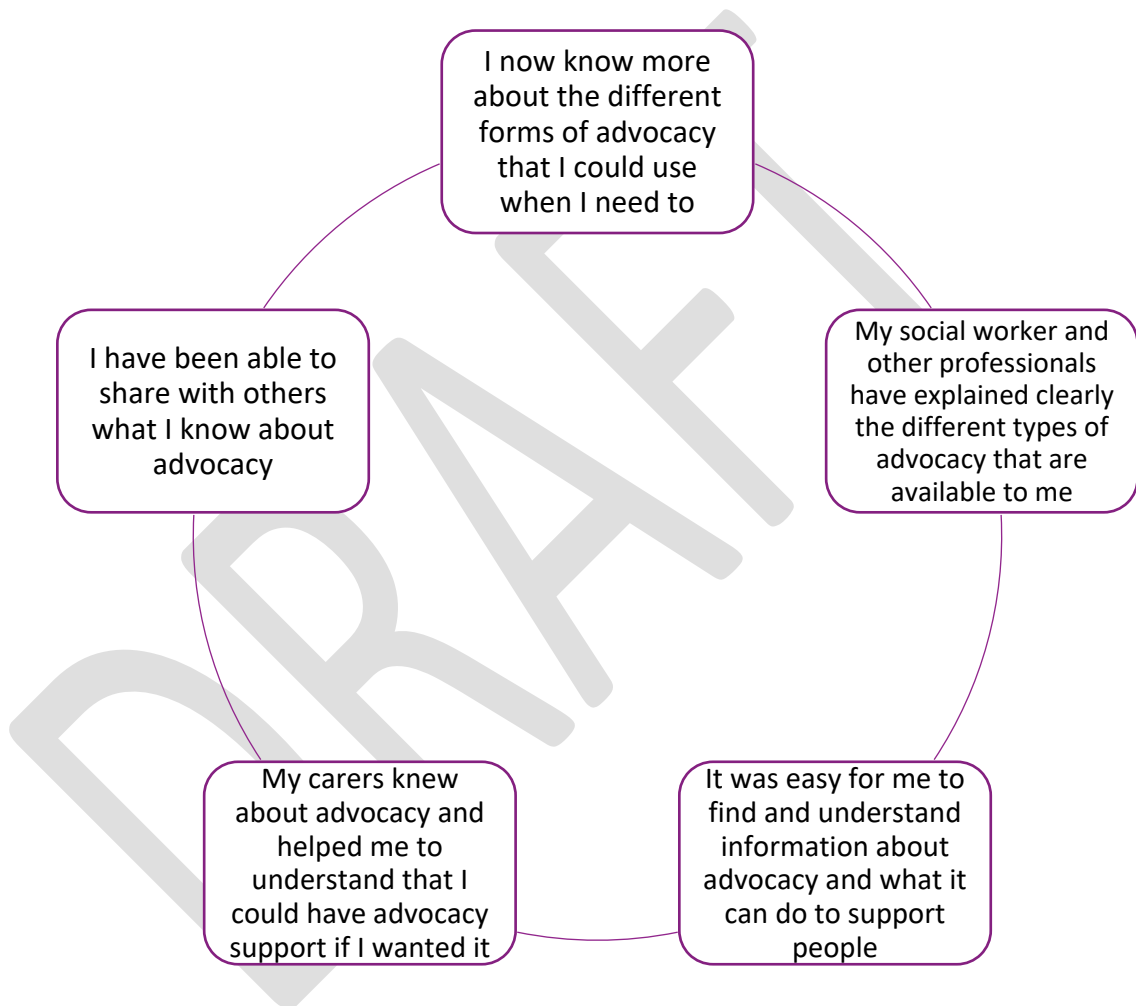
1. Agree a shared and structured approach to raising awareness and understanding of advocacy amongst citizens, [service-user](#) groups, health and social care professionals, care providers and other relevant [stakeholders](#).
2. Explore opportunities for using creative approaches to awareness-raising, including the range of digital platforms
3. Ensure that commissioned advocacy services provide information in the most accessible formats
4. Support & promote collaborative arrangements between advocacy organisations and those organisations offering [Information, Advice and Assistance](#)

What will success look like?

- There will be improved and updated informational materials in a range of accessible formats covering the [spectrum of advocacy provision](#) which will be widely distributed.

- Other creative approaches, including digital platforms, will have been further developed
- All relevant professionals will have an awareness and understanding of advocacy provision and its functions
- Those who are eligible to access advocacy support will know what the different types of advocacy can offer

People receiving advocacy will say?



Priority 3: Ensure Advocacy Is Easily Accessible and Equitably Available

Why is this important?

For advocacy to be able to provide support to those who need it most, it must be easy to access and equitably available.

Our [co-production](#) engagement identified that it was not always easy for people who would benefit from advocacy to get in touch with the most appropriate advocacy

organisation to support them. It was also clear that advocacy services were not always equitably distributed across the region. A more equitable geographical spread of the range of advocacy services, would allow individuals from different [service-user](#) groups to access advocacy support more locally.

The various engagement events evidenced that whilst there is a range of provision available, some people find it difficult to navigate to find the service that is right for them.

A key requirement in the Social Services and Well-Being Act Advocacy Code of Practice is for advocacy services to be engaged at an early stage in social care processes as an aspect of the 'preventative agenda'. This requires referrals from professionals being made at the earliest possible time allowing advocacy support to be meaningful and effective by ensuring that an individual's voice is heard when it most matters and to prevent issues escalating.

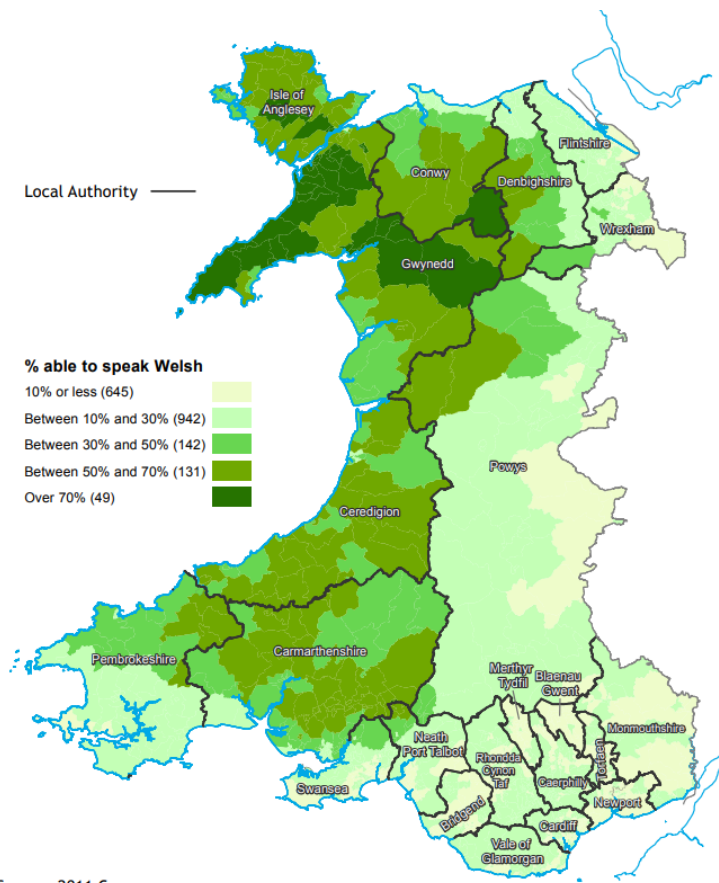
Similarly, [the Act](#) stresses the key role of advocacy support in [Safeguarding](#) processes and how advocacy referrals need to be made at the early stage of involvement to allow individuals the support they need to fully participate in decision-making and to achieve the most positive person-centred outcomes. A consistent and equitable approach to engaging [Independent Professional Advocacy](#) at the right time is essential.

Situation in West Wales

Advocacy provision in West Wales is relatively well established in our region, particularly in relation to specialist support for people with learning disabilities and people with mental health needs. For other [service-user](#) groups and carers generic [IPA](#) services are now in place and becoming established. This means that for most people who require advocacy, services are available.

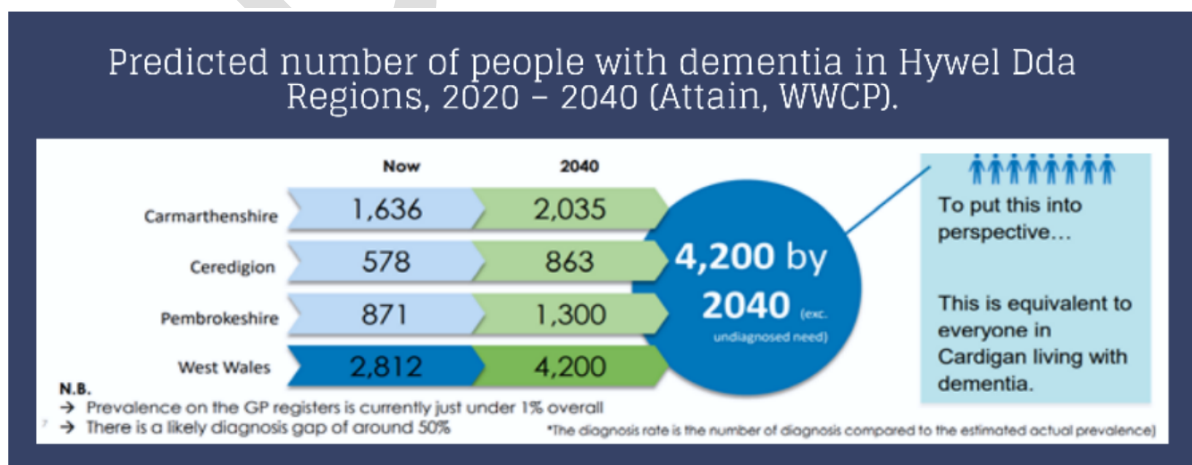
The predominantly rural nature, demography and geography of our region poses some challenges to facilitating physical access to most community-based health and social care services, including advocacy.

Similarly, we have significant numbers of Welsh speakers in our region and for our advocacy services to provide equitable access there is a need to ensure that advocacy services can be accessed through the Welsh language.



% of Welsh Speakers in Wales (Population Census, 2011)

The most significant factor identified in the [West Wales Population Assessment](#) is the growing numbers of older people likely to need some level of support services and specifically a sharp increase in the projected number of people with dementia. These demographic changes are most significant in isolated rural areas. These demographic changes will also increase the number of people becoming unpaid carers. These changes are likely to require a greater focus on access to advocacy services for older people and carers in the region and particularly in the more rural areas.



West Wales Population Assessment (2022)

What we will do?

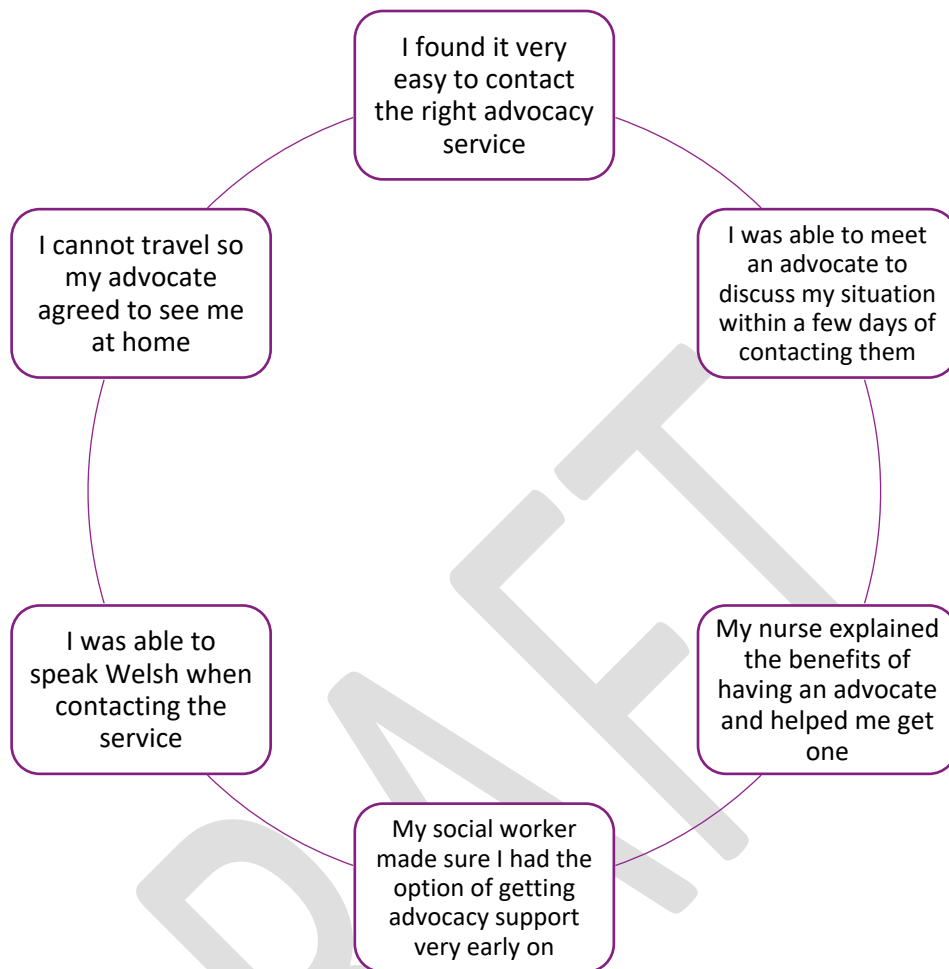
We will through a co-produced action plan:

1. Ensure improved access to advocacy provision and ensuring people who need it most can access it in a way suitable for them e.g. In Welsh, in person, online etc.
2. Develop an '[active offer](#)' approach to be employed by professionals which promotes and facilitates contact with an advocate so they can explain the support they can offer
3. Ensure that there will be equitable access to advocacy across our region taking into account the rurality and demography of our region
4. Evaluate the most effective referral '[gateways](#)' that facilitate ease of access

What will success look like?

- There will be easy ways by which people can access the form of advocacy that is right for them through the most effective referral '[gateway](#)' or '[gateways](#)'
- Advocacy will be made available at the earliest and most supportive time through the '[active offer](#)' approach
- People who prefer to access advocacy through the medium of Welsh can do so equitably
- People living in rural areas will have easy and equitable access to advocacy

People receiving advocacy will say?



Priority 4: Ensure Advocacy Is of a Consistently High Standard of Quality

Why is it important?

To achieve consistently positive outcomes for those receiving advocacy support there needs to be consistently high standards of quality in terms of governance and service delivery.

This priority was most significantly highlighted by organisations providing advocacy and other third sector organisations within the engagement process and is also key legal requirement on statutory bodies that commission advocacy services. A number of respondents felt that the quality of advocacy provision in the region was inconsistent and that all advocacy providers should have governance and delivery arrangements that met the highest standards.

Within the independent advocacy sector there has been a long-standing commitment to ensuring the quality of their advocacy. What has emerged over recent years has been the establishment of standards, as defined in the sector's own Advocacy Charter and Code of Practice and more recently the standards set out in the SSWBA Advocacy Code of Practice.

The key tool of quality assurance within independent advocacy is the [Quality Performance Mark\(QPM\)](#) which is independently assessed and awarded by the [National Development Team for Inclusion](#) (Advocacy) and this assurance is supported by the vocational [advocacy qualification](#) framework for advocates created by [Social Care Wales](#).

It is intended, in the near future, commissioned [Independent Professional Advocacy](#) will come within the [Regulation and Inspection of Social Care](#) in Wales Act ([RISCA](#)), once a framework can be agreed. When legally required this framework will need to be adopted within the strategy.

All forms of advocacy need to be able to evidence quality also need to evidence positive outcomes deriving directly, or indirectly, from their engagement. Outcome's frameworks and indicators vary across services and this does not always present an accurate comparative picture across services. There is scope for development and standardisation of [outcomes monitoring](#) and reporting in commissioned advocacy.

Quality in service delivery relies upon a reasonable period of service continuity. This allows for effective service delivery planning. Short term contractual arrangements do not support the development of quality in service delivery or accessibility. Contracts do need to be monitored and reviewed and periodically re-tendered. However, these processes should support the need to maintain quality in service delivery through a considered approach to appropriate continuity.

All advocacy services need to have systems that deal effectively with complaints and comments, as well as compliments. These systems, as a method of service improvement and learning from mistakes and successes, are a necessary aspect of quality.

The situation in West Wales

Most currently commissioned independent advocacy services in West Wales have either been awarded the [QPM](#) or are registered and working towards an award. Similarly, most also employ advocates who have achieved the appropriate independent [advocacy qualification](#) for their particular role, or, are registered and working towards the award. Support has been available through till Spring 2021, through the Advocacy Development Project, for those organisations that intend to register for both the [QPM](#) and their advocates for the relevant qualification.

[Outcomes monitoring](#) arrangements across commissioned advocacy services are inconsistent and there is scope for some degree of standardisation whilst

recognising that different services do meet different statutory functions and have different service specifications.

Some advocacy organisations have established arrangements for ongoing service improvement but there is some scope for the [WWCP](#) to support all advocacy organisations to focus on both quality assurance and service improvement.

There are issues of service continuity, especially in respect of non-statutory and specialist advocacy and there is scope for further consideration of how to balance tendering compliance and service continuity.

The [WWCP](#) is committed to ensure that all commissioned [Independent Professional Advocacy](#) along with other advocacy provisions in the region will be of a consistently high standard. This will ensure that all people receiving [Independent Professional Advocacy](#) support can expect a good quality service, wherever they live in the region

What will we do?

We will through co-productive action plans:

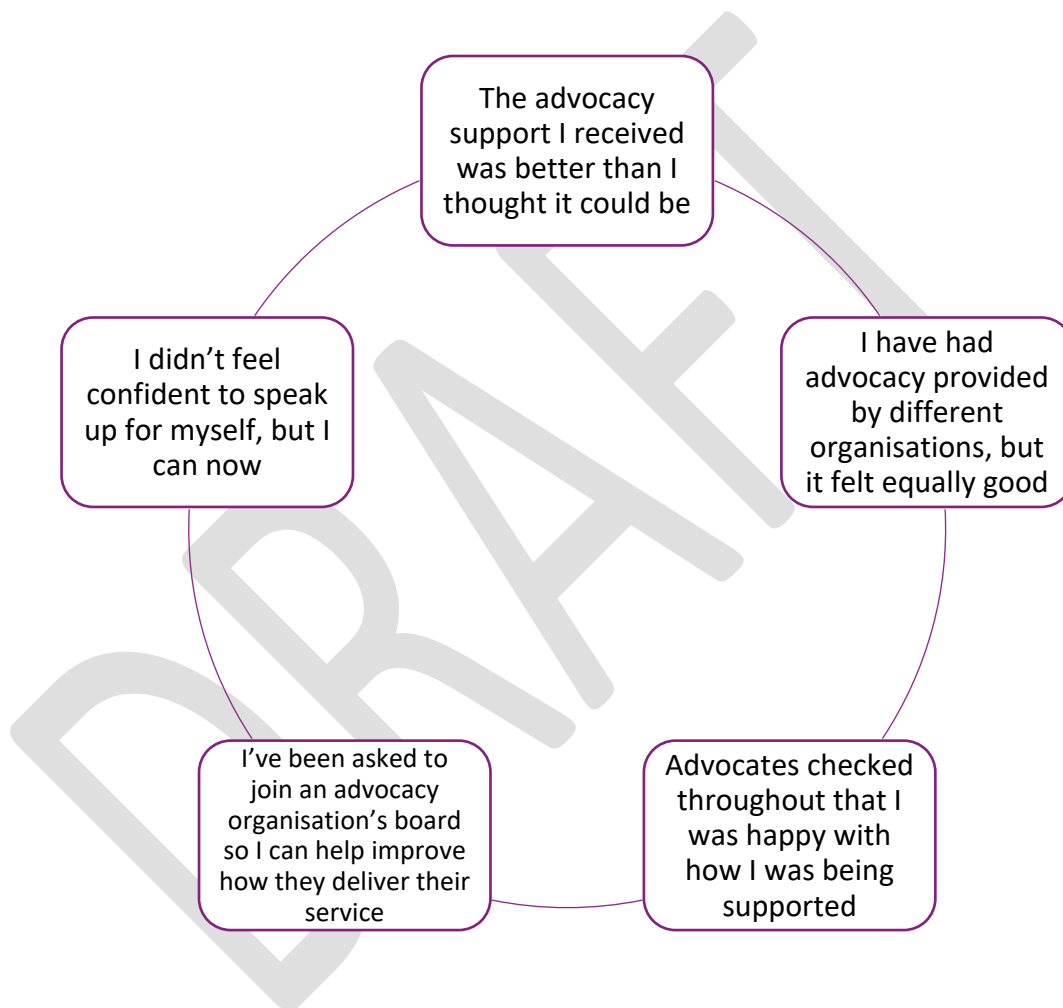
1. Commission sustainable independent advocacy services that can evidence and assure the quality of their governance and practice arrangements through recognised external quality assurance and practice competency systems.
2. Introduce the necessary quality assurance within commissioning arrangements required by any future [RISCA](#) advocacy framework
3. Support developments in the advocacy sector that progress service improvements in terms of quality and best practice, including in relation to learning from mistakes and complaints.
4. Introduce more standardisation in [outcomes monitoring](#) across the region and across comparable advocacy services

What will success look like?

- All commissioned independent advocacy will meet recognised quality assurance and practice competency standards.
- A culture of service improvement will be supported across all advocacy services
- Appropriate consideration will be given to service continuity in the tendering and contracting of commissioned advocacy services
- Any future requirements for advocacy commissioning under [RISCA](#) legislation will be fully introduced and embedded.

- A more robust and standardised approach to the [outcomes monitoring](#) and reporting of commissioned independent advocacy services will be introduced and embedded.
- All commissioned advocacy services will have effective systems for dealing with complaints and learning from mistakes.
- A high number of trained advocates to cope with high capacity and demand

People receiving advocacy will say?



This priority has been developed to encompass two issues raised throughout stakeholder engagement. Firstly, recognising the full spectrum of advocacy services and how we need to develop it equitably with partners. Secondly, the importance of collaboration between different providers on the advocacy spectrum to collectively share knowledge, skills, capacity and experience.

Why is this important?

There are a wide range of circumstances within which people need advocacy support and many of these are not addressed or best met through statutory advocacy provision. Similarly, many individuals and groups get the best outcomes when this is delivered through specialist provision. In delivering advocacy services we must ensure that individuals retain voice, choice and control over as many aspects of their lives as they can, for as long as they can. This can be achieved through a person-centred approach which understands each individual's personal circumstances, their history, future aspirations and what is important to them.

This strategy recognises there needs to be an appropriate balance between generic and specialist advocacy and similarly between statutory and non-statutory advocacy and that [service-users](#) should be able to have choice of which service provides their advocacy support.

Co-ordination and collaboration is needed to ensure that people receive the most appropriate form of advocacy to meet their particular needs and offer choice of provision.

Specialisms are particularly important in respect of [service-user](#) groups who have different communication needs, such as, people with learning disabilities, autistic people and people from the deaf signing community. Non-statutory mental health advocacy relies upon advocates having very specific knowledge of legal frameworks and services to be able to provide the best quality of advocacy support.

Non-statutory advocacy, both commissioned and grant-funded, is very important as it could provide advocacy support in the aspects of people's lives that statutory advocacy was not directly commissioned to address. It also allows issues to be addressed that prevent escalation in people's issues which then require statutory interventions. Non-statutory independent advocacy is also better placed to provide the enduring advocacy relationships that best facilitate empowerment and the capacity to self-advocate.

[Self-advocacy](#) groups, especially for people with learning disabilities, promote and facilitate the ability to self-advocate and as a result allows more participation in decisions impacting on their lives. This allows for more effective co-produced care planning and also promotes the prevention and [safeguarding](#) agendas.

Independent Advocacy often provides significant support to parents when engaged in child protection and legal hearing processes. As identified in the consultation exercise with advocates, this specialist work involves having knowledge of [safeguarding](#) and legal processes to be able to provide these parents the best possible support at these difficult times in their lives - “not forgetting the huge amount of work that I think all the advocate to do at the moment with child protection cases and parents going through child protection” (Stacey, Advocate)

What is the situation in West Wales?

The situation in West Wales offers both specialist and non-statutory advocacy for some [service-user](#) groups but not all. This seems to reflect the significant demands for these services from active community groups, such as, the learning disabilities and mental health communities.

The balance between statutory and non-statutory and between specialist and generic is felt by the learning disabilities and mental health communities to be appropriate.

Other [service-user](#) communities’ advocacy needs are addressed within generic and statutory services. Our engagement indicates that there needs to be further consideration of this balance, when considering how to shape advocacy services for other [service-user](#) groups. These groups are now starting to become more aware of the potential benefits of specialist and non-statutory advocacy. This was most notable amongst carers responses through our engagement, in particular carers of older people with dementia. Projections suggest a significant increase in the demand for dementia services, including advocacy in the lifetime of the strategy.

There are established learning disabilities [self-advocacy](#) groups operating in the region but this is not currently equitably available across the region.

Required advocacy support for parents in child protection processes is available but there is an indication that specialist provision would produce better outcomes.

What will we do?

We will through co-produced action plans:

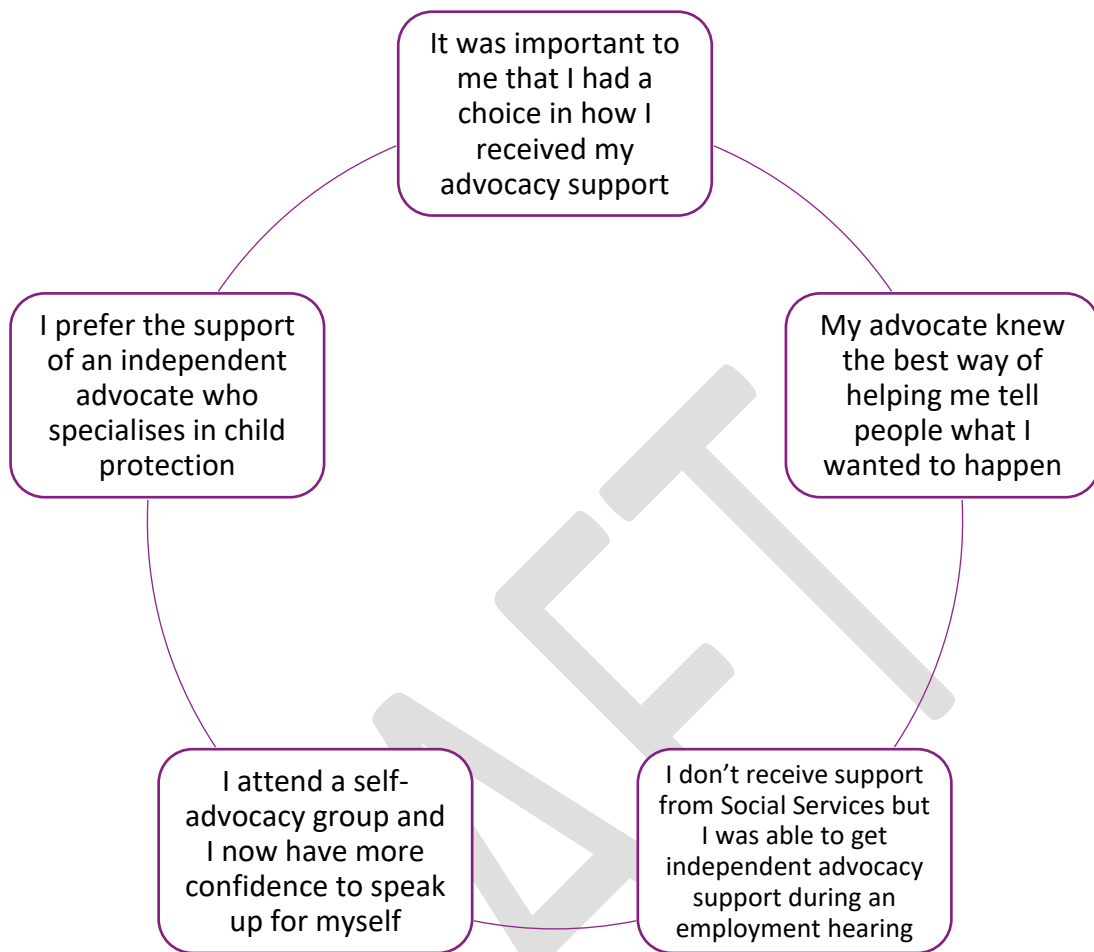
1. Ensure an appropriate balance between generic and specialist and statutory and non-statutory advocacy provision across all [service-user](#) groups in the region.
2. Ensure that people can access the most appropriate form of advocacy to meet their particular needs and offer choice.

3. Ensure that those with complex communication needs will be provided with the most appropriate form of independent advocacy support
4. Develop and support [self-advocacy](#) groups
5. Assess the need for a specialist independent advocacy service to support parents involved in child protection processes that have difficulties understanding key information

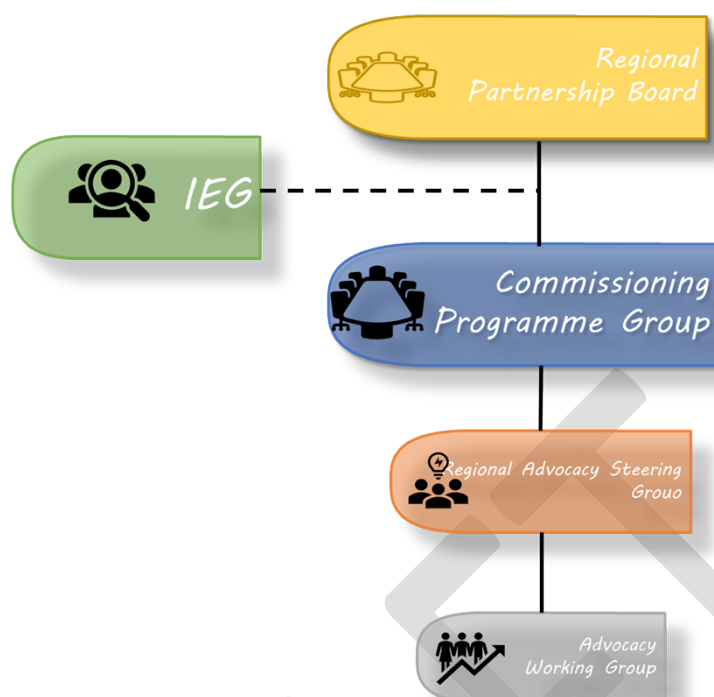
What will success look like?

- There will be a range of specialist and generic provision available to reflect differences in individual need and choice.
- Non-statutory advocacy will be maintained and developed as required to best meet community need
- Individuals with complex communication needs will have access to specialist advocacy services that can best meet their communication needs.
- Endeavour to support the full spectrum of advocacy services such as [Self-advocacy](#)
- If the needs analysis indicates the need for a specialist advocacy service for parents involved in child protection processes, who need support to understand key information, a service will be commissioned

People receiving advocacy will say?



Reporting Our Progress



In line with this strategy a new regional advocacy steering group will be set up to oversee and scrutinise the progress made against the regional adult advocacy strategy. The group is to design and deliver a comprehensive regional implementation plan with clear and measurable actions to shape and guide regional advocacy in West Wales. The plan should align with the National Outcomes Framework (Social Services), the Regional Outcomes Framework and the Well-being of Future Generations Act.

This action plan will be regularly monitored and revised in the light of progress and new opportunities for improving outcomes for users of advocacy services - as part of an on-going commitment to working co-productively with users and providers.

The new regional advocacy steering group will be directly account to the Commissioning Programme Group who, on behalf of the West Wales Regional Partnership Board, will oversee the implementation of this strategy:

- Receiving and scrutinising regular progress reports from the Advocacy Working Group.
- Ensuring [WWCP](#) recognition of successes and issues for resolution.
- Ensuring co-productive contract monitoring arrangements are in place, where providers and users are active participants.
- Ensuring this strategy has the profile and resources for effective implementation.

Reports will be made to Hywel Dda University Health Board and the local authorities of Carmarthenshire, Ceredigion and Pembrokeshire.

Glossary

Term	Acronym	Explanation
<i>the Act</i>		Social Services and Well-being (Wales) Act 2014 (SSWBA)
<i>'Active offer'</i>		the process by which professionals facilitate a meeting between a person and an advocate allowing the advocate to fully explain their role and allow the person to decide if they would want advocacy support.
<i>Advocacy qualification</i>		the award given to independent advocates that evidences that they are appropriately trained and competent to practise independent advocacy, including any specialist areas, e.g. mental health
<i>the Code</i>		Part 10 of the Act, Code of Practice (Advocacy) updated 2019, which sets out the requirements on local authorities in relation to advocacy services
<i>Co-production</i>		the process of enabling citizens and professionals to work together in equal partnership, to share power and responsibility for decision-making and planning.
<i>Commissioning/commission</i>		the process by which Health Boards and Local Authorities identify needs then plan and review services they want other agencies to provide.
<i>Golden Thread Advocacy Programme</i>	GTAP	The Project funded by the Welsh Government and delivered by AgeCymru to support the commissioning of advocacy in Wales and in particular the Independent Professional Advocate services across Wales.
<i>Independent Professional Advocate</i>	IPA	a form of independent advocacy defined in the Code and delivered by qualified advocates working within quality assured organisations. There are certain circumstances when Local Authorities should instruct IPAs and others when they must, as set out in the Code.
<i>Information, Advice and Assistance</i>		services designed to identify the support people can access to prevent

		them needing a higher level of support in the future.
<i>Instructed Advocacy</i>		an advocate acts solely on the instruction and direction of the person being supported.
<i>National Development Team for Inclusion</i>	NDTi	an organisation that promotes best practice in terms of social inclusion. It administers the Advocacy Quality Performance Mark.
<i>Non-instructed Advocacy</i>		the person cannot provide instruction and the advocate strives to ensure decisions or actions taken on their behalf respect their rights and entitlements and take account of their known preferences and lifestyles.
<i>Outcomes monitoring</i>		the processes by which the intended benefits of an action are assessed and reviewed.
<i>Quality Performance Mark</i>	QPM	the process by which advocacy organisations evidence that their services operate to a high standard
<i>Referral 'gateway'</i>		the way that people wanting to access a service are able to make first contact.
<i>Regional Advocacy Development Project</i>		a Project funded by the WWCP to support the development of advocacy in the region
<i>Regulation and Inspection of Social Care</i>	RISCA	the process by which organisations providing social care support are registered to ensure that they are providing quality services
<i>Self-advocacy</i>		the ability of a person to effectively share with others the things that are important to them and how they wish to receive services. Self-advocacy is promoted within all forms of advocacy but has a specific focus within self-advocacy groups.
<i>Service-user</i>		a person in receipt of, or eligible for, support or care services
<i>Safeguarding</i>		the process of protecting children and vulnerable adults from harm, abuse or neglect and an ongoing education process designed to facilitate the identification of the signs and risks relating to abuse.
<i>Social Inclusion</i>		the process of supporting people and communities to be able to participate in decisions and actions affecting their lives.

Social Care Wales		<i>the social care workforce regulator in Wales who has responsibility for building confidence in the workforce and leading and supporting improvement in social care.</i>
Stakeholder		Any person or organisation that have an interest or involvement with an issue, e.g. Carers Forums, Peoples First Groups, etc.
Statutory		Processes that are required under legal frameworks and arranged and/or delivered by Public Bodies, e.g. Local Authorities, Health Boards, etc.
Spectrum of advocacy provision		The different types of advocacy including advocacy provided by; family and friends, social care and health professionals, volunteer advocates, collective self-advocacy and paid independent advocates.
West Wales Care Partnership	WWCP	A regional collaboration between the three West Wales Local Authorities, Hywel Dda University Health Board and also third sector, independent sector, service-user and carer representatives. Its role is to implement the transformation and development of health and social care in line with the intentions of the Social Services and Well-Being Act (Wales) 2014
West Wales Population Assessment		an overview of the population and demography of the region used to predict the future necessary service changes to meet the future needs of the population
West Wales		the three counties of Ceredigion, Pembrokeshire and Carmarthenshire

References and Links

Social Services and Well-being (Wales) Act 2014

<https://www.legislation.gov.uk/anaw/2014/4/contents>

Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions

<part-2-code-of-practice-general-functions.pdf> (gov.wales)

Part 10 Advocacy Code of Practice

<https://gov.wales/sites/default/files/publications/2019-05/part-10-code-of-practice-advocacy.pdf>

Advocacy Charter

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

Regulation and Inspection of Social Care (Wales) Act (RISCA)

<https://careinspectorate.wales/sites/default/files/2018-06/180606-risca-guide-en.pdf>

West Wales Population Needs Assessment www.wwcp-data.org.uk/population-needs-assessment

Welsh Language Measures

<https://www.legislation.gov.uk/mwa/2011/1/contents?lang=en><https://www.legislation.gov.uk/mwa/2011/1/contents?lang=en>

National Outcomes Framework <https://gov.wales/sites/default/files/publications/2019-05/the-national-outcomes-framework-for-people-who-need-care-and-support-and-carers-who-need-support.pdf>

The Well-Being of Future Generations Act <https://www.futuregenerations.wales/about-us/future-generations-act/>

Statistical Focus in Rural Wales <https://gov.wales/sites/default/files/statistics-and-research/2018-12/080515-statistical-focus-rural-wales-08-en.pdf>

IMHA Code of Practice(incorporated into Mental Health(Wales) Act Code of Practice Chapter 6)

<https://gov.wales/sites/default/files/publications/2019-03/mental-health-act-1983-code-of-practice-mental-health-act-1983-for-wales-review-revised-2016.pdf#:~:text=The%20Mental%20Health%20Act%201983%20Code%20of%20Practice,being%20laid%20before%20the%20National%20Assembly%20for%20Wales.>

Code of Practice (incorporated into the Mental Capacity (Wales)Act Code of Practice chapter 10) <http://www.wales.nhs.uk/sites3/Documents/744/Code%20of%20Practice%20E.pdf>

Planning, Commissioning and Co-production, Care Council for Wales

https://socialcare.wales/cms_assets/hub-downloads/Planning_and_Commissioning_Resource_Guide_-_January_17.pdf

GTAP Commissioning Independent Professional Advocacy for Adults under the Social Services and Well-being (Wales) Act 2014

<https://www.ageuk.org.uk/globalassets/age-cymru/documents/golden-thread-advocacy-programme/programme-documents/commissioning-ipa-framework-english-oct-19.pdf>

West Wales Area Plan 2018-23

www.wwcp.org.uk › [west-wales-area-plan](#)