

**Cynulliad Cenedlaethol Cymru | National Assembly for Wales**  
**Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and**  
**Education Committee**  
**Ymchwiliad i Eiriolaeth Statudol | Inquiry into Statutory Advocacy Provision**

**SAP 11**

**Ymateb gan : Bwrdd Iechyd Prifysgol Aneurin Bevan**  
**Response from : Aneurin Bevan University Health Board**

Thank you for the opportunity to comment with regard to the inquiry the Committee is undertaking in relation to statutory advocacy provision. The Health Board noted that the Committee is focusing on the following key areas:

- The latest position on the implementation of the National Approach to Statutory Advocacy for Children and Young People;
- Other issues relevant to the commissioning and funding of statutory advocacy provision;
- The impact of Part 10 of the Social Services and Well-being Act 2014; and
- Identifying other priority areas where progress is needed in respect of advocacy provision.

Firstly, the Health Board welcomes the opportunity to improve the provision of advocacy services for all children in Wales to meet the requirements of the United Nations Rights of the Child.

As a Health Board the identification of certain groups that are ‘entitled’ to advocacy e.g. children and young people in mental health in patient care, has confirmed the need for this provision, but highlighted that currently we are providing a mixed experience for children that are not in that specific group.

It is our experience that many children and young people struggle with the concept of an advocate and are unable to make the best use of this opportunity as they are trying to build that relationship at the same time as building a relationship with care staff. The experience of the child may be further confused when they are in receipt of advocacy services through local authority care or education services. This also highlights the importance of public services working together through regional partnerships and this can be facilitated through the provisions of the Social Services and Well Being Act.

Therefore, greater promotion of the understanding of advocacy in schools and the community would be helpful to maximise the potential of this and ensure the aid that an advocate can bring is a genuine option considered by, and available to, the young person. At the same time, this needs to be matched with greater awareness amongst care staff around advocacy and the entitlement of children and young people to use one.

The Health Board's suggestion is that it would be essential that any future model must be easily accessible and understood for all children, preferably designed with significant input from children and young people themselves. Services should be procured collaboratively i.e. in regional partnership, ensuring that the advocacy providers are truly independent and that there is consistency of access for children, for whichever area of life they require an advocate.

It is suggested that a competency and quality framework should also be established to ensure advocates are trained sufficiently to understand the rights and needs of the child.

Also, for certain areas e.g. those that touch areas of legislation, there is the need for advocates with some understanding of these requirements of statute. It is suggested that to ensure appropriate delivery, public bodies should be required to demonstrate the active involvement of children and young people as part of the overall governance and performance requirements.

I hope this information is helpful to you. Should you require any additional information, please do not hesitate to contact me.

**Judith Paget**  
**Chief Executive/Prif Weithredwr**