



Assessment Report
Quality Performance Mark
The Advocacy Project

a National Development Team for Inclusion programme



Recognising quality
in independent advocacy

an  NDTi Programme

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Executive Summary

1.1 Overview of QPM

Advocacy is taking action to support people to say what they want, secure their rights, pursue their interests and obtain services they need. Advocacy providers and Advocates work in partnership with the people they support and take their side, promoting social inclusion, equality and social justice.

Based on the principles of the **Advocacy Charter**, the Quality Performance Mark (QPM) is a quality assessment and assurance system for providers of independent advocacy in England, Wales and Northern Ireland. Used by many organisations as a development tool, the QPM framework and Assessment Workbook supports organisations to think about and improve the advocacy they provide alongside the policies and procedures that support advocates to deliver the best person-centred services they can.

Working towards and achieving the QPM:

- Helps people who need advocacy services to identify organisations in their areas which will be able to support them well
- Enables independent advocacy providers to demonstrate and promote their commitment and ability to provide high quality advocacy
- Offers commissioners of advocacy services some reassurance that a QPM-accredited provider is robust and focused on ensuring delivery of quality services.

1.2 Overview of Assessment

The QPM assessment process includes a 'desktop review of:

- The completed Assessment Workbook
- Key organisational policies and procedures
- Anonymised case files and reports

On successful completion of the desktop review, a QPM Assessor visits the organisation and conducts a series of interviews with key staff and stakeholders.

This Assessment Report has been prepared for **The Advocacy Project** following completion of all stages of the QPM assessment process, culminating in the site visits conducted by **Kath Parson on Tuesday 28th September via Zoom, and on site Wednesday 29th September and Thursday 30th September 2021.**

The Assessor reviewed delivery of IMHA, IMCA, RPR, ICAA, DoLS, RPR, Health complaints, and non-statutory services along with Advocacy for children and adolescents. At the time of interviewing there were 31.3 full time equivalent advocates delivering these services.

These advocates are all inducted and go through a probationary period prior to being registered on IAQ training. There is a mix within the team of senior qualified experienced advocates, advocates undergoing IAQ training and new staff still in their probationary period.

1.3 Areas of good practice

- The Advocacy Project has recently diversified its services to become sustainable, building significant reserves. They have not only weathered the effects of the pandemic but working closely with commissioners have put in place systems and mechanisms to ensure people who access the service continue to receive the services they expect.
- The Senior Leadership Team are to be commended for ensuring that through a period of significant change for the organisation they have ensured that through a system of collaborative decision making all staff are kept aware of changes and new developments through the introduction of frequent updates from the CEO, training sessions for example on policies, seminars lectures and team briefings and new plans for staff/trustee away days.
- The Advocacy Project has a very strong, diverse unitary board of trustees with governance procedures that are independently externally reviewed. Membership includes people with lived experience including two effective trustees who have accessed the service both supported by the business development manager both prior to and during board meetings. Other trustees hold or have held senior positions in public life and bring a wealth of knowledge, experience and skills to the board. In addition, effective delegation is practised through four sub committees.
- Members of the Senior Leadership team are encouraged to attend board meetings both to present reports and observe governance procedures.
- The Advocacy Project operates an open and highly inclusive values based approach to leadership, with a trusting management style ensuring everyone is kept aware of and consulted upon organisational changes and developments, values, aims, objectives and achievements.
- The Advocacy Project enjoys good working relations including mutually beneficial formal partnerships with local external stakeholders, for example working in Hackney with seven advocacy service providers serving specific communities. These communities include Jewish orthodox, Muslim, Vietnamese, Turkish Cypriot and Kurdish, Disabled, Older People and Carers.

- All of the staff is supervised, with clinical supervision being outsourced. Weekly catch up sessions with line managers are held, four to six weekly formal supervision sessions, and team meetings. In addition, advocates were clear that they are able to approach senior staff at any time should they need extra support.
- The advocates interviewed appeared to be enthusiastic, committed to and open to continuous improvement of service delivery.
- The people interviewed who use The Advocacy Project's services were very complimentary about the advocacy team, stressing the friendliness and caring nature of individual advocates, and was very appreciative of the support they receive. All unequivocally said they recommend the services to others.
- All six external stakeholders were also very complimentary about the working relationships developed and welcomed the professional challenges posed by The Advocacy Project in order to improve services for local people. Several of the challenges have resulted in practice improvements.
- All advocates reported feeling very well supported by management, and enjoyed access to training as and when needed and felt they had developed close and supportive advocacy teams.
- Whilst not all advocates are fully qualified, as there are several recently recruited staff there is a strong commitment from the Head of Service Delivery Delivery to ensure all staff become fully trained in order to realise her vision of multi-disciplinary teams.
- The Advocacy Project is a diverse organisation with representation across all equality strands in its board of trustees, staff and people who have accessed the service representation. In addition a high number of staff have lived experience of mental health, and physical disabilities. This is an area of work kept under review and used to inform all recruitment practice.

1.4 Areas for improvement

Employee support and development.

Whilst we recognise the extremely difficult environment advocacy services have been operating in since the onset of the pandemic some supervision and appraisal practices need reviewing.

The board of trustees are recommended to introduce a more formal record of the monthly supervision sessions between the Chair and the CEO. We also suggest the introduction of an annual CEO performance appraisal.

This will provide a record of challenges faced and overcome, organisational developments and achievements and provide any new incoming Chair with a record of past organisational development and activity.

Staff supervision and appraisal.

Some advocates reported uncertainty over the appraisal process and were unsure when they had last had a formal appraisal. We recommend that line managers should be appropriately trained in formal appraisal systems to ensure that goals are set for all staff and are effectively monitored and tracked throughout regular supervision sessions. This will enable senior staff to track employee performance against agreed annual goals and both recognise and reward achievement. This will also help all staff to be aware of exactly how their work contributes to the achievement of organisational strategic aims.

Experts by experience.

It may be helpful to know that one autistic person interviewed, reported frustration that whilst he is receiving advocacy support in his view the advocacy service seem to be powerless in the face of mental health teams doing just what they want.

Another person who accessed the service, due to be assessed for being discharged very soon from her site, reported that her advocate had not attended the past two ward rounds with her. She was in fact expecting someone to attend the ward round the day of the interview with me.

1.5 Assessor's recommendations

We are pleased to recommend that The Advocacy Project be awarded the Advocacy QPM for a period of three years from October 2021.

1.6 The Advocacy Project's response to the Assessment Report

“Thank you for the incisive and insightful assessment report. The Advocacy Project accepts the report as helpful summary of our strengths and areas for ongoing development. We are delighted at the recognition of our deeply held commitment to user voice, diversity, governance, quality and safety, and the strength of our policies. As the report says, it's been a tough couple of years due to COVID and the harsh external environment, and this has posed a number of challenges. We're pleased that we've now addressed the capacity issues that we had which meant that some of year's appraisals were paused part way through the rollout.

We found the assessment process to be developmental but robust and exacting – and that's a good thing. It's important that standards are high to ensure that as a sector we're enabling and empowering the people we work with to achieve the best possible outcomes. Thanks to NDTi for their leadership in this area.” Judith Davey, CEO



Summary of Assessment

2.1 About The Advocacy Project

The Advocacy Project have been operating for 20 plus years with a vision of 'A world in which every person has a voice.' The unitary board has eleven trustees; each member brings a wide variety of knowledge and experience to the board with many trustees holding significant senior roles in public life. There are trustees who have accessed the service and bring valuable insight to the board of people experience. The trustees have strong governance procedures that are independently reviewed.

The Advocacy Project provides the full range of statutory services through its nine service delivery contracts alongside some non-statutory provision.

The Advocacy Project is the Single Lead Provider delivering statutory and non-statutory advocacy in Hackney. Statutory advocacy includes IMCA, IMHA, ICAA, DOLS and RPR across all care groups. As part of this contract all non-statutory advocacy is sub-contracted through formal partnerships to a network of local community sector organisations, which reflect the diversity within the Hackney population, and the needs of its residents. The service is managed through a Single Point of Access.

The network includes:

- Bikur Cholim - Orthodox Jewish communities
- North London Muslim Community Centre – Muslim communities
- Vietnamese Mental Health service – Vietnamese communities
- Derman - Turkish, Cypriot, Kurdish communities
- Choice in Hackney - disabled communities
- Age UK East London – older people
- Carers First – carers

The Advocacy Project are also the Lead Provider for a Partnership Model of Statutory Adult Advocacy Services in Hammersmith and Fulham. This includes IMCA, DOLS, RPR, ICAA, IMHA and Health Complaints. Health Complaints advocacy is contracted to Healthwatch Central West London. The service is managed through a Single Point of Access with all referrals coming through one front door.

The Advocacy Project has a team of 31.3 whole time equivalent advocates delivering these services.

Advocacy services are organised into teams of specialist staff to deliver the advocacy specialisms. The interim Head of Service Delivery Delivery manages four Service Managers and a Referral Co-ordinator. She is directly managed by the CEO.

There are two Forensic teams, one to deliver IMHA consisting of a Manager and two advocates and one to manage IMHA in high secure units consisting of a Manager and five advocates.

The Hackney team consists of a Service Manager nine advocates and a Development Co-ordinator.

The Bi-borough team consists of an Interim Head of Service Delivery Delivery managing eight advocates.

The Hammersmith and Fulham team consists of a Service Manager and six advocates.

There is also a User Involvement team consisting of a User Involvement Manager and five staff non of whom are advocates.

2.2 The Assessment Team

Kath Parson is a qualified nurse, advocate, lecturer and City & Guilds Advocacy and Investor in People qualified trainer and assessor in addition to her role as NDTi QPM Assessor.

Kath has held a number of chief executive roles throughout her career culminating in her role as chief executive of the Older People's Advocacy Alliance (UK), a position she held for twelve years and retired from in June 2018.

Kath sat on a variety of national bodies advising on research projects, policy development, funding and grant giving, training and independent advocacy.

Kath was a member of the Social Investment Business Advisory Panel from 2017 to 2020.

Kath has been a Judge on the National Advocacy Awards Panel for three years.

Kath is an avid volunteering champion and has held a number of volunteer roles including being a school governor for twenty years.

2.3 Approach to QPM Assessment

Kath Parson carried out both the desktop assessment and site visit for The Advocacy Project. The desktop assessment included review of:

- The completed Assessment Workbook
- 15 anonymised case files and supporting documentation
- 5 IMCA reports
- Prioritisation Policy
- Non-instructed Advocacy Policy and amended policy as per the desktop action plan.

- Equality and Diversity Policy
- Engagement Protocols
- Confidentiality Policy
- Safeguarding Adults Policy
- Safeguarding children and Young People Policy
- Whistleblowing Policy

Prior to the site visit the Communications and Governance Manager provided the following supplementary documents: -

- An organisational chart detailing The Advocacy Project's supervision lines.
- An updated PAQ dated July 2021.
- Changes to QPM workbook document.
- A We transfer document containing 48 separate documents. Of these the assessor reviewed those listed below: -
 - Organisational dashboard
 - The Advocacy Project's Strategy for 2021 to 2023
 - The Service Development and Improvement Plan
 - Duty Advocate Pack

During the site visit at the assessors request Contract monitoring reports for Q1 April to June 2021 were provided along with supporting case studies for Hackney, Bi-borough and Broadmoor.

The Communication and Governance Manager also provided the assessor with a viewed copy of: -

- A Safeguarding presentation by the Business and Development Manager dated 22.09.2021 used in a recent funding bid, viewed by the assessor.

During the site visit on 28th September the assessor conducted a series of 10 zoom interviews, nine individuals and one group session with four advocates plus three telephone interviews with people who have accessed the service listed below: -

- The CEO
- The Interim Deputy Head of Service Delivery Delivery.
- The Chair of the Trustee Board
- External stakeholder: Communications Director CNWL
- External stakeholder: Head of Safeguarding and Workforce Development Bi-borough
- External stakeholder: Joint Strategic Commissioner Learning Disabilities and Autism Hackney
- External stakeholder: CNWL Lead Governor, Councillor and Committee Chair Brent Council

- External stakeholder: Head of Men's Forensic Specialist Rehabilitation & Community Services & Commissioner, West London NHS Trust (Ealing)
- Three people who have accessed the service
- The Advocacy Manager of the Hammersmith & Fulham Advocates team.
- One Senior Advocate IMHA/ICAA in the Bi-borough team
- Three Advocates

During the site visit on 29th September at St Joseph's Hospice Hackney, the assessor conducted a series of four face to face interviews, two zoom interviews and two telephone interviews with the people listed below: -

- The Deputy CEO
- The User Involvement Manager
- The Interim Deputy Head of Service Delivery Delivery
- The Board Chair via telephone (follow up of earlier interview)
- The Advocacy Service Manager Hackney Advocacy Team
- Three Advocates
- Two Senior Mental Health Advocates
- Two people who have accessed the service
- One ICAA Advocate

During the site visit on 30th September at Bay 20 Community Centre, Ladbroke Grove, Kensington the assessor conducted four face to face interviews, two zoom interviews and Two telephone interviews with the people listed below: -

- The Head of Service Delivery Delivery
- One trustee board member
- Two Trustee board members who have accessed the service supported by the Head of Business Development
- The Interim Ealing Service Manager
- One Senior Advocate IMHA/ICAA
- Six Advocates
- Head of Kensington Chelsea and Westminster Inpatient Service at St Charles Hospital
- Two people who have accessed the service

Following each day's site visit the assessor gave feedback to the Advocacy Managers and CEO.

The Assessor also reviewed The Advocacy Project web site, which is clear, easy to read and navigate. The web site provides good information on how to get an advocate, getting advocacy during Covid-19, with good factsheets for both people accessing the service and professionals and the community dashboard where I watched a very good video on how an advocate can support people with an NHS health complaint.



Summary of Findings

This section provides a summary of some of the findings against each of the themes that are set out in the Advocacy Charter and form the structure for the Quality Performance Mark. It does not seek to comment on each individual quality indicator that sits beneath each standard.

3.1 Clarity of Purpose



Advocacy Providers ensure that the individuals they advocate for, referrers, health and social care services and funding agencies all receive information that helps them understand the advocacy service and the role of the advocate, including its benefits and boundaries.

The Advocacy Providers objectives and activities must align with the principles set out in this Charter.



The Advocacy Project provides the full range of statutory advocacy services, along with some non-statutory advocacy support to support the independent lifestyle, mental health and well being of vulnerable people. These services are delivered across the boroughs of Hackney, Hammersmith and Fulham, Bi-borough-Kensington, Chelsea and Westminster, and Ealing.

Forensic advocacy is provided in high secure units in hospitals in Ealing and Broadmoor. IMHA services are provided at three settings via the In Mind Advocacy service, Nightingale Hospital in Marylebone. Advocacy to children and adolescents is provided in two setting in Kensington.

Referrals to the advocacy services are made in a number of ways, via professionals, phone and their web site. During the past three months the web site has seen 75% of referrals coming through this route. There is a single point of access where triage takes place and allocations are then passed to advocacy managers or senior advocates for allocating to advocates. All advocates are expected to perform one duty Advocate day per month to manage the incoming referrals. This system was introduced to enable advocates to experience and learn of all the different types of advocacy and the different services used to signpost those referrals that are ineligible for statutory advocacy.

Trustees, all senior staff, people accessing the service, advocates and external stakeholders interviewed all demonstrated a clear understanding of the purpose and principles of advocacy, the role of advocates and the boundaries within which advocates work.

Advocates were clear that they work to the principles set out in the advocacy charter, and were able to offer some examples of how some of these principles work in practice.

Advocates also work with MHA, MCA codes and guidance and followed internal advice and guidance from their Advocacy handbook and managers.

I was impressed by the use of a QR code recently introduced and designed to replace the posters and leaflets commonly used advertising advocacy services.

The Head of Inpatient services at St Charles Hospital told me: -

“The mental health advocate who provides services to our patients in six wards was very keen to explore patient access to the advocacy service. Discussions led to the introduction of an innovative QR code to enable easy access for patients to the advocacy service. I welcome such challenges as I view these as opportunities to improve our services. Another example from the advocate was to explore our seclusion processes. This led to discussions with our safety team and new training being introduced for our nurse specialists.”

3.2 Independence



The Advocacy Provider is independent from statutory organisations and all other service delivery and is free from conflict of interest, both in design and operation of advocacy services. The Advocacy Provider’s culture supports Advocates to promote their independence with individuals, professionals and other stakeholders; Advocates will be free from influence and conflict of interest so that they can represent the person for whom they advocate.



The Advocacy Project are very protective of their independence, this is advertised on their web site and promotional materials. Independence is a well-understood principle by all staff, trustees, external stakeholders and beneficiaries interviewed.

The Communications Director at the Central Northwest London NHS Foundation Trust told me: -

“The Advocacy Project is very good at maintaining their independence. A year ago we held a meeting following a challenge from the advocacy service to the thorny issue of people’s right to access records. I received good feedback as the advocates approached this in a practical and very professional manner, offering total co-operation. They are a very good organisation to work with. They are imaginative; offer innovative ideas, which they quickly put into practice. One example is the people accessing the service poetry competition leading to an excellent event at St Paul’s’. It was a very moving experience to realize the tremendous impact advocacy support has on some patients.

They are a very good source of intelligence, have friendly yet professional staff, easy to work with and very patient with the people they support. I regard them as critical friends.”

The Chair and CEO both reported that conflicts of interest are well managed at board level with declarations made and recorded during board meetings. The Chair was able to offer a very good example of how the conflict of interest principles were upheld amongst trustees. This involved the identified conflict between a trustee who is the Director of an NGO being unable to stand as Chair for Brent Healthwatch.

All staff is also required to complete conflict of interest declarations and to inform line managers if a conflict of interest arises during their work. The conflict of interest principle is well understood by the advocacy team. Senior staff and some advocates interviewed were able to give me some very good examples of how this works in practice. One senior IMHA was able to offer an excellent example of a conflict of interest between family members in a very complex case involving advocates from different disciplines.

The Advocates also gave clear examples of where they have successfully challenged other service providers when they have encountered poor practice.

One Senior Mental Health advocate told me: -

“I wished to speak with a patient in an Intensive Care Unit in a psychiatric hospital and was refused permission to do so by a consultant citing hospital policy as the reason for the refusing permission. I took this up with the Head of In-patient services who agreed with the challenge and ultimately this resulted in a change of hospital policy.”

Other advocates report similar experiences. All advocates interviewed reported an on going concern re the lack of understanding of the advocacy role amongst many of their professional colleagues, particularly around the independent nature of the advocacy roles.

3.3 Confidentiality



Information held by the advocacy service about individuals will be kept confidential to the advocacy service. The Advocacy Provider will have a Confidentiality Policy that reflects current legislation. It will be clear about how personal information held by the Advocacy Provider will be kept confidential, under what circumstances it may be shared, the organisation’s approach to confidentiality in the delivery of Non-Instructed Advocacy and how the organisation responds if confidentiality is breached.

Advocates will ensure that information concerning the people they advocate for is shared with these individuals unless there are exceptional circumstances, when a clear explanation will be recorded.

Advocates must also be aware of situations that require making a child or adult safeguarding alert.



The Advocacy Project has an excellent policy containing two of the best examples I have seen on lawfully accessing information without consent and lawfully withholding

information. This policy is cross-referenced to other policies for example the Data Protection Policy is very useful.

All advocates were familiar with these policies and how they are implemented to inform good practice having recently received training on the new and revised organisational policies over the summer.

The more experienced advocates were able to give me many examples of when confidentiality is breached resulting in safeguarding alerts and also when it may be appropriate to withhold information from people accessing the service. Newer advocates too were all able to demonstrate their understanding of the principle of confidentiality and how this is explained to all people accessing the service upon contacting them for the first time.

Confidentiality is an important part of the advocates work in both statutory and non-statutory advocacy and is clearly explained to all those accessing the service at the start of their advocacy journey. Confidentiality is also explained on The Advocacy Project's web site, and advocates were aware of confidentiality sections in the Advocacy charter and codes of practice they follow and also in The Advocacy Project's Advocacy Handbook.

The beneficiaries I spoke to had a clear understanding of confidentiality with one male person accessing the service telling me: -

"I am autistic this is my main issue so I often struggle to find the support I need. I visited Crisis who told me about the advocacy service, if I had not gone there I would not have known about the service. I've had a lot of problems trying to get a needs assessment from someone who understands autism. I requested someone and a lady was appointed however she is now leaving, this has been going on for months. Having an advocate there, someone on your side is making all the difference; the advocate treats all my information as confidential and understands my needs. Hopefully things will improve now."

A female person accessing the service I spoke to had a clear understanding of confidentiality telling me: -

"I've been working with an advocate as the agencies involved with me were not listening to me. My advocate is very professional, patient and listens to everything I say, she repeats what I say so I know she understands. She makes things very clear for me. She respects my right to confidentiality. She is doing what I request rather than advising me. I cannot think of a single thing that would make this service better. My advocate is exceptional, if I could I would give her an award for good service."

The Advocacy Project has excellent safeguarding policies for both adults and children and young people. The policy is easy to read, logical and very useful for either new or

inexperienced advocates.

Several advocates were able to both explain and give good examples of when confidentiality was breached and were able to describe how the safeguarding procedures were implemented.

The Head of Service Delivery holds the role of Safeguarding Lead and was able to provide very good examples of raising alerts and following through with these with Heads of Safeguarding teams sometimes resulting in practice changes.

3.4 Person led and Empowerment



The Advocacy Provider and Advocates will put the people they advocate for first, ensuring that they are directed by their wishes and interests. Advocates will be non judgmental and respectful of people's needs, views, culture and experiences.

Empowerment - *The Advocacy Provider will support people to self-advocate as far as possible, creating and supporting opportunities for self-advocacy, empowerment and enablement. Advocates support people to access information to exercise choice and control in their lives and the decisions affecting them.*

People will choose their own level of involvement and the style of advocacy support they want. Where people lack capacity to influence the service, the Advocacy Provider will ensure the advocacy remains person led and enable those with an interest in the welfare of the person to be involved. People receiving advocacy will be involved in the wider activities of the organisation up to and including the Board.



Throughout the assessment procedure it was evident that the principles of empowerment and being person led are at the heart of The Advocacy Project's Advocacy Services.

Amongst the advocacy staff there are some highly skilled and experienced advocates. These advocates were able to provide several examples of casework, illustrating how they support people in a person centred way to achieve desirable outcomes.

One advocate told me: -

"I worked with a 93 year old female who had fallen at home and ended up in hospital. When being considered for discharge she wanted to go home, however it was felt by some professionals that her home was uninhabitable due to repairs needing to be done and the amount of stuff the lady had hoarded over the years. This lady was supported to use her own voice to express her wishes"

A service user trustee with significant communication issues told me: -

"I am very well supported to have my voice heard in trustee meetings and sub meetings. When I became a trustee five years ago I did not understand the finances. With the other service user trustee we now have pre meetings with the business and finance managers"

where special easy read papers are provided for us. These include pictures and diagrams to help us understand income and expenditure. We raise questions that concern us in these pre meeting which we then ask in the full board meetings. I understand conflict of interest and have seen it in action when people are asked to leave board meetings. I sit on a sub committee that will amplify the voice of people who have accessed the service. We are planning to do this at a Parliamentary reception in the New Year. I have learned to speak up about things that concern me.”

This trustee was also able to explain in some detail the operation of the AGM, what happens in that meeting and how it is hoped that the next AGM may be face to face.

A second service user trustee told me: -

“Like the first service user trustee I am very well supported to have my voice heard in trustee meetings and sub meetings. I now have a good understanding of how the charity operates as a business; we have £570 K of reserves held by the charity, which I insist we increase when we can to protect our services. I get involved with user involvement groups to make sure I represent the voice of service users.”

This service user trustee spoke of being very proud to have been supported to write an article about the increase in suicide rates amongst people suffering mental health issues for publication on social media to raise awareness of the issue to a wider audience. This trustee also wrote a poem about his experiences for the poetry competition.

A person who had accessed the service told me: -

“I had a very inefficient social worker who mentioned mediation and through this I found my advocate. She was brilliant she listened to all my problems and was a real terrier, which meant I got results. She helped me gain confidence. I had a stroke and was discharged from hospital and a care home several times and the latest with only three weeks medication. She (my advocate) helped me in so many ways, she is very supportive and experienced and knew all the right answers. I felt during this time she was my best friend, sometimes my only friend. If I could I would give her a gold star, I don’t know what I would have done without her.”

3.5 Equality, diversity and accessibility



The Advocacy Provider will have an up to date Equality and Diversity Policy that recognises the need to be pro-active in tackling all forms of inequality, discrimination and social exclusion so that all people are treated fairly. Advocates time will be allocated equitably.

Advocates make reasonable adjustments to ensure people have appropriate opportunity to engage, direct and benefit from the advocacy activity.

Advocacy will be provided free of charge to eligible people. The Advocacy Provider will ensure that its premises (where appropriate), policies, procedures and publicity materials promote full access for the population that it serves. Advocates will

provide information and use language that is easy to understand and accessible to the person.



The Advocacy Project has an up to date robust Equality and Diversity Policy. Training in this policy has recently been cascaded throughout the organisation. This was evident in interviews held with senior staff and advocates, and particularly appreciated by new staff.

The Advocacy Project is diverse across the range of equality strands including gender, age, ethnicity and disability. This is true for the trustee board and amongst the whole staffing body. In addition to being told this by several interviewees I experienced this diversity in the range of people interviewed

I was very impressed by both the level and different types of support offered to service user trustees empowering them to fully contribute to decision making at meetings, witnessing this first hand through my interviews with the two trustees concerned.

I was further impressed by the innovative use of the introduction of the QR code to enable mental health patients to access the advocacy services referred to in section 3.1. I was also impressed with advocacy support offered to the autistic person referred to in section 3.3.

The CEO told me of a recent experience where people who had accessed the service identified systemic homophobic abuse in a high security hospital.

This was taken to the trust; they listened and worked together with The Advocacy Project to conduct patient surveys. The result was a series of awareness raising training sessions being delivered to hospital staff.

This was followed up by a further survey a year later to measure improvement. The CEO reports that this may be repeated in the future, as there are early signs of a recurrence of abuse.

The board of trustees have introduced a new sub committee 'Advocacy and Change' with a brief to focus on systemic inequality issues and the raising of the expert by experience voice more broadly. A trustee with significant experience of advocacy chairs this sub committee; in his professional life he is the Director of Advocacy and Change for a national charity.

A female person who had accessed the service told me: -

"I am an ex nurse with 33 years experience who felt I was being side lined and discriminating against by medical staff with my doctor not answering emails or letters. I was so glad I had an advocate to keep me on the straight and narrow. He met with me and agreed to correspond via email. This was really helpful as this enabled me to keep a record of activity. He was really responsive, professional and reliable as he always rang me when he said he would. He was a familiar face; his support reduced my stress over a six-month period. We made a complaint and I'm convinced having the advocate made the difference as things started to move then."

3.6 Accountability



The Advocacy Provider is well managed, with appropriate governance arrangements in place, meeting its obligations as a legally constituted organisation.

People accessing the service will have a named Advocate and a means of contacting them. The Advocacy Provider will have systems in place for effective recording, monitoring and evaluation of its work, including identification of the impact of the advocacy service and outcomes for people supported. In addition, it will be accountable to people who use its services by obtaining and responding to feedback and complaints.

The Advocacy Provider will address systemic issues in health and social care provision or other services.



The Advocacy Project has a board of trustees with eleven members led by a very experienced and skilful Chair who has been in post for four years. There are six females and five male trustees and a good mix of ages, disabilities, lived experience and ethnicities. The trustee body is a unitary board meaning the CEO sits as a full trustee with the same legal responsibilities as other trustees.

The CEO inherited a much smaller board of trustees so soon after her appointment conducted a governance review which included a skills audit using this to inform a recruitment drive in order to fill identified skills gaps. The current board of trustees has members that bring a wide variety of skills, knowledge and experience to the board.

This skills and experience resource is proactively used when identifying individual trustees to chair sub committees and take the lead on specific areas of work. The board currently has four sub committees each chaired by a trustee, these deal with the business of finance, HR, Business and Development and a recently appointed committee to cover advocacy and change.

The board meets quarterly in addition to an annual AGM. Through lockdown these meetings have been held virtually with regular phone calls when necessary. The recent introduction of a six weekly online informal board meeting has proved very useful to facilitate informal discussions on topical issues.

The senior leadership team have developed a new strategy for the future and identified three key themes to inform future development. These are 1. To prioritise people in the greatest need. 2. To ensure the user voice informs everything we do. 3. To get the basics right – ensure our operating model is fit for the post Covid environment.

Board members have a clear understanding of the needs of the people who had accessed the service. The board operates in an open and transparent way encouraging senior staff to sit in to learn and observe collaborative decision-making processes.

Following a recent policy review The Advocacy Project has a full set of rigorous policies and procedures in place providing an effective framework for the effective delivery of both statutory and non-statutory advocacy.

One trustee told me: -

“I have been a trustee for around four years and Chair the HR & Remuneration sub committee. I am very proud of the fact that we have representation in our two service user trustees of BAME and disability as there can be a lot of prejudice how service users can access information. We have put in place a really good support system for those trustees, for example we now all receive the easy read documentation that is prepared for them. I believe this also helps other trustees understand some of the more complex areas around finance and HR.”

This provider is very well governed, one trustee told me the turnover was in excess of £2.3M and is currently holding significant reserves. This same trustee told me that the trustees are not complacent and are constantly seeking ways to continue to diversify their offer. Areas of new work such as the provision of training and campaigning and influencing to ensure advocacy is viewed as an essential and necessary service were mentioned.

The Advocacy Project have well developed systems and mechanisms for the effective recording and monitoring of their work.

They are able to capture and use outcomes data to inform service development. Advocates interviewed were able to explain clearly the process for capturing data, monitoring activity, identifying outcomes and evaluating their work.

Quarterly monitoring reports are produced for all commissioners. I have reviewed monitoring reports and case studies for Bi-borough, Hackney and Broadmoor and have been impressed with the quality of reporting, presentation and content of these reports and the case studies provided to demonstrate the advocacy journey.

The Head of Men’s Forensic Specialist Rehabilitation and Community Services at West London NHS Trust told me: -

“I have worked with The Advocacy Project for around eight years now and enjoy a very good working relationship with them. We receive regular performance monitoring reports and are always informed of any changes to service delivery, for example when they lost staff we were kept informed of their recruitment process. They are very receptive, good listeners and happy to challenge us. They are absolutely brilliant and offered a really good response to Covid and were quick to put new systems in place to support service users. This is an extremely hands on receptive and integral service whose advocates teach patients to have the confidence to advocate for themselves.

Advocates are also involved in an independent review of long term segregation the last one of these was in August. Advocates are involved in our admissions so are able to make themselves know to patients on arrival.”

Systemic issues are addressed efficiently and robustly with senior staff experienced in challenging professional colleagues to address these as they are identified. External stakeholders all reported using collaborative solutions based approach to resolve issues.

People who used advocacy services told me they are able to provide feedback on the support they receive.

3.7 Safeguarding



As part of supporting people to realise their Human Rights, the Advocacy Provider will have a thorough understanding of safeguarding responsibilities and processes as set out in law and best practice guidance.

The Advocacy Provider will have clear, up to date policies and procedures in place to ensure safeguarding issues are identified and acted upon.

Advocates support people to have their rights upheld and will be supported to understand and recognise different forms of abuse and neglect, issues relating to confidentiality and what to do if they suspect an individual is at risk.



The Advocacy Project has excellent safeguarding and whistleblowing policies in place for both adults and children and young people. This is an area where all advocates are very well informed, and the processes to be used when raising safeguarding alerts.

Safeguarding and confidentiality are covered in all staff induction training, with refresher training on a regular basis. All advocacy people who had accessed the service are told of the confidentiality policy at the outset of their support journey and this is explained in some detail, in particular the circumstances when confidentiality may be breached.

At the onset of the pandemic experiencing a 50% increase in telephone calls over a period of four weeks The Advocacy Project secured emergency Covid funding to provide an increased safeguarding offer, set up a safe telephone line and introduced capacity building online supported with literature.

Advocates were able to provide a wide range of very good examples of safeguarding issues and in particular where they had challenged poor practice across a variety of settings. The advocates I interviewed were skilled in using the human rights based approach to challenge issues affecting individuals and also systemic issues.

One advocate told me: -

“In one of the hospitals I work in I had to challenge systems of safeguarding which were very flawed. There was a distinct lack of knowledge amongst staff regarding the safeguarding process, particularly when an alert was raised.

Over a period of seven years there was no proper conclusion to a safeguarding case. Another case involved carer abuse, and whilst the case was resolved for this particular

service user I later learned the carer involved had simply been moved to another service user. I reported this to the Head of Safeguarding at the authority concerned and await the outcome.”

One female person who had accessed the service told me: -

“I have a fantastic advocate, I’ve experienced ongoing issues with my Psychiatrist and GP around my medication and was feeling very unwell. I was put in hospital but am now slowly recovering.

I’ve attended meetings with the doctors and even took my mother along for support, however to no effect. When my advocate came to a meeting he was wonderful, he helped me prepare and range me four times over one week to make sure I was OK. Having him with me at the meeting made all the difference, as I was very nervous. I am in his debt.”

The Head of Service Delivery who is the safeguarding lead gave an example of raising a systemic issue initially identified by an advocate. Following policy guidelines this was brought to the attention of the Head of Service Delivery. The issue involved a person who had accessed the service complaint about the unacceptable behaviour of a care coordinator. The Head of Service Delivery raised the issue with the Head of Safeguarding at Westminster. An investigation followed which led to the Head of Safeguarding putting new practices in place.

The Head of Safeguarding and Workforce Development in Bi-borough (Kensington, Chelsea and Westminster) told me: -

“The Advocacy Project is a very responsive service, they have a very strong culture of independence. We have a very good partnership as they adopt a collaborative approach to tackling problems, are open and transparent and will say if they cannot do something. They are represented on our Executive board for Care Act advocacy and field a chair for our Community Engagement Group.

The advocates deal with some very complex cases so blurred boundaries arises. They are really excellent at what they do especially given the challenges they work with for example multiple co-morbidity. The advocates have a very broad spectrum of skill sets. I use evidence of their work in our annual report.

Over the pandemic they demonstrated strategic excellence pulling together issues and responding effectively to the challenges by pulling in other service user groups for example BAME and faith based groups, and are very supportive of safeguarding ambassadors. I have recently commissioned them to provide a series of workshops over a nine months period.”

3.8 Supporting Advocates



The Advocacy Provider will ensure that Advocates are suitably trained, supported and supervised in their role and provided with opportunities to develop their knowledge, skills and experience, including access to legal advice where necessary.

It will create a supportive culture that enables Advocates to undertake their role in line with this Charter.



At the time of this assessment The Advocacy Project have 31.3 FTE advocates delivering both statutory and non-statutory advocacy services.

Since the pandemic the health and safety and general well being of all staff has been a priority for The Advocacy Project.

The Deputy CEO told me: -

“The wellbeing of our staff was a high priority during Covid, we put in place a wide range of systems and mechanisms to ensure advocates were able to continue to work effectively in the home. We have a large number of staff with lived experience, and some staff have experienced the effects of Covid, so we are always mindful of their wellbeing. We conducted DSE assessments; occupational health assessments, ensured all staff had the tools necessary for work. We have an Employee Assistance Programme that has seen an increase in the number of people supported. We ensure our advocates access clinical supervision from an independent organisation, we have monthly meetings and have introduced coffee mornings to ensure we remain in touch with staff.”

I was impressed with the staff interviewed, experienced advocates appeared confident in their work, supportive of one another and in particular the new staff. New advocates reported experience of a good induction and probationary periods and feel very well supported by colleagues, service managers and the service lead.

Staff felt safe in their work, able to approach managers whenever they had concerns and were united in their praise of the open and trusting environment in which they work.

Advocates have weekly catch up meetings with line managers when they are able to discuss any aspect of their work. All staff receives 4 to 6 weekly formal supervision, and monthly team meetings.

Advocates were able to offer a good account of the supervision process. However, perhaps understandably given the current environment in which advocacy services are operating under, there was some confusion amongst some staff about the appraisal process. The confusion arose when asked when they had last had appraisal. Some staff reported not having had one although they had been in post for 2/3 years. Other staff reported having had an appraisal in the past few weeks.

I had an interesting discussion with the Head of Service Delivery who is keen to demonstrate a closer relationship between the supervision and appraisal systems by ensuring that goals set annually in appraisal are closely tracked and monitored during supervision. She is also keen to introduce a six-month review of appraisal goals.

Clinical supervision is outsourced and has always been provided to forensic advocates, this has now been extended to include all advocates.

Advocates regularly attend a range statutory and non-statutory training opportunities. Recently these have included safeguarding, policy developments, suicide prevention, advocacy standards and report writing particularly the writing of IMCA reports. In future they will be looking at the interplay between the different statutory advocacy strands.

Advocates were able to report effective recent in house training and were particularly impressed with the training around the introduction of the new and revised organisations policies. Advocates commented that these policies now provide a solid structure and guidance in all areas of their work.

Not all advocates are IAQ trained; there is a number of new staff either going through induction or a probationary period. However the Head of Service Delivery assured me that her aim is to have an advocacy workforce of multi-disciplinary advocates and to this end all advocates will be fully IAQ trained in the long term.

They are aware of the changes to the qualification and will enrol new staff once a probationary period has been successfully completed. The Advocacy Project provides funding for all advocates to undertake the National Advocacy Qualification.

All staff undergoing the IQA training are supported to have one half day per month for their studies.

Some training is done in house delivered by the Head of Service Delivery and her senior management colleagues, with external trainers used for some areas of work.

One Advocacy Service Manager told me: -

“We aim to have all advocates qualified and multi-skilled over the next few years as to work in silos is no longer effective. We have staff shadowing other staff from different disciplines and offer best practice forums for each of our statutory services for all advocates.”

Team meetings are held monthly when staff is able to discuss referrals, review difficult cases, workforce developments; training needs and work life balance.

In addition to having regular access to training opportunities advocates are able to keep up to date with changes and developments across the advocacy sector using information provided by the CEO’s regular updates, linked in, networking, staff briefings, lectures and seminars, SCIE updates, with some staff able to attend the advocacy conference.

A Senior Advocate delivering IMCA, RPR and Care Act advocacy told me: -

“I really appreciated the recent training in our new policies as I feel these provide solid structures within we can work most effectively. A large proportion of my work is non-instructed, I am more confident now that we have eyes on our advocacy practice.”

Advocates were knowledgeable about the principles contained in the advocacy charter using these to inform their work on a day to day basis and able to offer good practice examples in several areas including independence and empowerment.

The advocates confirmed that both colleagues and senior staff make themselves available to advocates at any time they feel the need for support/advice.

Advocates were also appreciative of the external support provided by the EAP particularly during the pandemic.

I found those advocates interviewed to be wholly committed to the people they serve, enthusiastic and supportive of the organisational changes recently introduced

The Advocacy Project has close-knit and very supportive advocacy teams, willing to continue to learn from best practice and able to help each other with the day-to-day business of providing good advocacy services to the people they serve.



Further information

Further information about the QPM and the resources and key documents noted in this report can be viewed on the website here www.qualityadvocacy.org.uk.

Should you wish to discuss this report in further detail, please contact the QPM Support Team or Awards Manager at:

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