



QPM Assessment Report

Newcastle Advocacy Centre
(part of Newcastle Council for Voluntary Service)
July 2011

Site Assessment date 7th June 2011
Assessor; Jae Hargen



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Executive Summary

Newcastle Advocacy Centre underwent both a desktop and site assessment of its advocacy services. This has required a thorough examination of policies, procedures and monitoring information, interviews with key personnel within the organisation, service user interviews and file review. These reviews were carried out by evidencing the service's ability to evidence the Quality Indicators listed in the QPM workbook

With a strong track record in providing independent advocacy, and being hosted within the Newcastle Council for Voluntary Services, it is unsurprising that NAC's policy framework is robust and well developed. As is often the case in such reviews some areas for potential development were found. These are highlighted within the report, but as they do not appear to have any current impact on advocacy delivery these may be seen as relatively minor and, as such, can easily be achieved within the standard review schedule.

The position of NAC within NCVS is a slight anomaly. This creates a double level of scrutiny through NCVS and NAC's steering committee. Any potential conflicts seem to have been resolved on an operational basis but it will be necessary for the service to review its current location and decide if this is the best place for future sustainability. This is an area that I have been assured is currently under review.

The report of the site assessor was highly positive. She spoke of an effective, committed, person-centred service that showed clear understanding of independence and confidentiality and which worked tirelessly to operate in a person centred and empowering way. Staff, volunteers and management were all described as skilled, knowledgeable and committed. Most notably, strong mention was made of the steps which NAC has taken to work effectively to meet the diverse needs of its local community.

Some areas for development were identified, and I would particularly draw the service's attention to reviewing its publicity strategy and the way in which it could better collate and learn from informal complaints. However, these are areas from which greater strength could be developed rather than areas of significant concern.

This service is clearly delivering good advocacy which is highly valued by its service users. It does so in an empowering way and with a commitment to the ongoing identification of the ways in which it can improve its quality. I am therefore happy to agree with the site assessor's recommendation and award Newcastle Advocacy Centre the Quality Performance Mark for a period of three years.

Martin Coyle
Deputy Chief Executive, Action for Advocacy
July 2011

Assessor's Summary

Newcastle CVS is a charitable company which supports voluntary organisations and voluntary action in Newcastle Upon Tyne. One of their projects is the Newcastle Advocacy Centre who provide advocacy to vulnerable adults. They have various advocacy provisions including Citizen Advocacy, Independent Mental Health Advocacy, Mental Health case advocacy and advocacy specifically aimed at BME communities. The advocacy service doesn't provide any IMCA or paid advocacy for people with learning disabilities but has very good links with the other advocacy provider in the area.

First impressions of Newcastle CVS was the building's reception which was a positive one, however it was unclear where I should go if I was unable to read as I had to look lost for a person to ask me where I wanted to go. The building and relevant floors were accessible and easy to get to. Newcastle CVS reception was very welcoming and had various posters and leaflets relevant to a service user who may require advocacy. Newcastle Advocacy Centre was part of the wider office space of CVS but was also full of information on the walls including human rights and Deprivation of Liberty Safeguards. The majority of advocacy provision is not provided from that location but on occasions service users can meet in their meeting rooms. Even though they were very modern, clean and spacious, they were very much set out formally. However advocates mentioned predominantly meeting in the service users' homes, in cafes, community centres or on the hospital ward. If a person did want to visit the office, it was on a bus route, wheelchair accessible and part of the city centre.

Even though the Advocacy Centre is part of the wider CVS organisation it felt that they were independent. CVS's board discusses a number of issues that do not always relate to the advocacy project, but I felt that the board member interviewed had a very good understanding of the advocacy centre's aims and objectives. The advocacy centre additionally has strategic support from an advocacy steering group which consists of service users and people who represent user groups. This group is involved in strategic decision making, policy development, recruitment and advocacy network training.

My main findings were a dedicated and passionate team who had a clear understanding of advocacy and were constantly exploring ways to develop and improve their service.

There are a number of areas that would need some improvement which they have acknowledged themselves. These include looking at how they can improve their complaints procedures as no formal complaint has been received for over 10 years and therefore no complaints have been taken to the Board and used to improve the service. The advocacy case files are very clear and person centred but they are not systematically reviewed until the case has been closed. It is recommended that an advocacy case is formally reviewed at least every 4 months.

Finally all service users express their gratitude and said they would not know where they would be if it wasn't for their advocate's support. One service user said it may have saved her life.

Areas of Good Practice

Empowerment and Putting People First

Newcastle Advocacy Centre is directed by an Advocacy steering group which consists of 4 service users and 3 user organisation representatives alongside a few advocacy network member organisations. The steering group meets regularly to discuss the future direction of the Advocacy centre. The manager presents a report which enables the steering group to make decisions on gaps in service, policy development, recruitment and strategic planning. Currently the decisions and recommendations made by the steering group are fed into the CVS's board but they have decided that a member of the steering group will become a CVS board member in the near future.

Equality, Accessibility and Diversity

Newcastle Advocacy Centre is able to meet the needs of vulnerable adults with health and social care issues from Black and Minority Ethnic Communities. The project is able to meet the current demand as they have 7 advocates, all of whom are bilingual. The centre produces their leaflet into 13 different languages and has close links with community groups and interpreters.

Accountability and Putting People First

The Advocacy Centre's case files are very well organized and provide various data that enables the project to manage the cases well. All the statistical data necessary for funding reports and project improvements are presented clearly on each case file. However what stood out the most was the way advocates wrote up their notes. They were easy to read and written in a way that represented the relationship between the advocate and service user. All case files were consistently written in a person centred way and it was apparent from the outset that service users are in charge of the advocacy case. For example advocates documented when they asked service users permission, there were examples of advocates encouraging service users to take more control and they were full of service users opinions, wishes and needs.

There are a number of areas which could be improved. These include the following:

- Promote and encourage complaints
- Design a systematic way of reviewing cases regularly
- Ensure service users to provide feedback on how they perceive the advocacy service.
- Explore ways of promoting referrals from people who would not be able to self refer.
- Publicize the service.

Recommendation

Newcastle CVS (Advocacy Centre) should be awarded the Quality Performance Mark.

Jae Hargan, 14th June 2011

Schedule of evidence

Independence

	Indicator	Evidence	Status
1.1	The organisation is constituted as an independent organisation	Newcastle Advocacy Center is hosted by Newcastle Upon Tyne Council For Voluntary Service (NCVS) who are a registered charity number 226263 and registered company number 6681475.	Met
1.2	The organisation's governing document promotes and protects your independence.	On the NCVS website the organisation describes itself as "an independent non-profit making charitable organisation". Though the organisation's governing documents do not make explicit statements about independence as a registered charity it can safeguard independence by following Charity Commission guidance.	Met
1.3	There is evidence that representatives of funding bodies and/or care providers can only attend Board meetings at the invitation of the organisation and do not have voting rights.	The Self Assessment Workbook states that there are no funders currently on the board. Section 1.2 of the articles of association state that individuals and organisations can become members but not statutory agencies. Though section 5.4 of the memorandum refers to declarations of conflicts of interest in decision making the governing documents would still enable a care provider to become a member and therefore Trustee though this is limited by 1.2.	Partly Met
1.4	The organisation has a clear written policy on receiving gifts and corporate hospitality	Newcastle Advocacy Centre (NAC) has a Gifts Policy dated October 2010. The policy is very clear about how gifts of cash should never be accepted and only small tokens under £5 be received. There is a clear rationale and system of recording. This is supported by section A8 of the Advocacy Network Newcastle	Partly Met

		(ANN) code of practice. However there is no provision made for hospitality within the gifts policy.	
1.5	There is a written Conflict of Interests policy and register for trustees and advocates.	<p>NCVS has guidelines for the Executive Committee which covers declarations of conflicts of interest. NAC also has an additional conflicts of interest policy which covers the steering group, advocacy staff and volunteers.</p> <p>The policy covers conflicts of interest with advocacy partners, between advocacy partners and with other organisations.</p> <p>There are some queries about the policy. The second paragraph states that in all cases where there is a conflict of interest the signposting and referral procedures will be used. It is unclear what is meant by this and seems in contrast with section which states that this is the last resort.</p> <p>Section A relates to conflicts of interest between advocates and service users and how this would be addressed. No information is provided about what the conflicts may be and how decision making would operate.</p> <p>Section C relates to organisational conflicts. This talks about situations where the service user may be in conflict with an organisation and if there is a conflict of interest then signposting and referral procedures used. It is unclear who this relates to and as this is a common feature of advocacy work clarification is sought.</p>	Partly Met
1.6	The organisation is protected from any internal conflicts of interest through its operational management arrangements.	The Self Assessment Workbook states that the manager reports to NCVS on complaints that advocates are supporting against voluntary organisations in order that NCVS does not provide support to the voluntary organisation.	Met
1.7	The means of safeguarding independence are written into funding agreements and contracts. This will include clear systems for resolving disputes.	These aims are contained within NAC's Funding Strategy. Site assessor stated that all service level agreements ensure the advocacy project is independent from any conflicts that may	Met

		arise from other organisations and funders. The manager has challenged a service level agreement before when the Local Authority wanted to know about all CRB disclosures found from the advocacy centre's recruitment. The manager challenged this and it was deleted from the contract.	
1.8	The targets set in funding agreements do not conflict with the organisation's stated aims and objectives.	There is no evidence of any conflict between funding agreements and the organisation's aims.	Met
1.9	The organisation actively seeks funding from more than one source.	Section A2 of the NAC Funding Strategy states that the organisational aim is to have broad range of funders from both statutory and charitable sources. A list of current funders shows local authority and pct funding only at this stage.	Met
1.10	Funders are not involved in any matters of staff deployment or discipline.	The manager made it clear that no funders were involved in any disciplinary matters	Met
1.11	There is a written confidentiality policy which clearly states what information will and will not be shared with other agencies.	There is a confidentiality policy. This is reviewed in more depth in section 3	Met
1.12	Complaints not involving criminal matters or issues relating to adult or child protection are dealt with via the organisation's own complaints procedure in the first instance.	It was clear that the complaints procedure follows a particular process in that the manager will investigate and deal with complaints first. If they go further and need to be dealt with at a senior level, the Chief Executive would be involved. However they receive very few informal complaints and no formal complaints	Partly Met
1.13	All publicity material explicitly states that this is an independent organisation.	All information leaflets, except the citizen advocacy leaflet, refer to independence. However this is not reflected on the webpage description of the service.	Partly Met
1.14	The organisation uses its own service user monitoring forms, not those of its funders unless there is a statutory requirement to do otherwise.	There is no evidence that funders' forms are used.	Met

1.15	There is an engagement protocol with service providers which governs the organisation's interaction with those agencies. This should include or refer to a code of practice /statement of principles and must include a procedure for local dispute resolution between agencies.	NAC use the Advocacy Network Newcastle Code of Practice which has been signed up to be the Newcastle City Council and Health Trusts. An Engagement Protocol has been developed for the provision of the IMHA service.	Met
1.16	Board members receive training on the aims and objectives of the organisation, the need for this organisation to be independent from local and national government, and are made aware of the need to preserve its independence.	Site assessor was unable to find out if Board members receive training on these areas. However it was clear from the board member interviewed that she had a very clear understanding of the aims and objectives of both the CVS and Advocacy Centre. She was also clear about why the service had to be independent and what was happening both locally and nationally.	Met
1.17	The organisation is able to raise issues of poor practice or service delivery with other agencies at an organisational level.	There are a number of strategic forums that the advocacy centre participates in where they are able to raise any issues. They are also able to raise any issues at the advocacy steering group which feeds into the Board of CVS which then feeds into many more decision making forums, some of which are at very high strategic levels including the Local Council. Advocates also felt able to share poor practice with organisations or their own manager who would decide how best to challenge it.	Met
1.18	The organisation has in place Whistleblowing mechanisms including the ability to raise concerns anonymously.	There is a Whistleblowing policy dated January 2010 which contains the ability for allegations to be raised anonymously.	Met

Clarity of Purpose

	Description	Evidence	Status
2.1	The organisation has an explicit statement of aims and objectives reviewed regularly.	Both the aims and objectives of Newcastle CVS and the Advocacy Centre are reviewed regularly. They were last reviewed in December 2010. The Newcastle Advocacy Centre Workplan 2010-2012 was presented for review at desktop assessment and includes Vision Mission and Aims.	Met
2.2	The organisation's aims and planned activities are within the objects set out in its governing document.	The Workplan 2010-2012 outlines objectives and outputs, these are within the stated aims of NAC as well as the wider charitable objects of NCVS.	Met
2.3	The organisation has clear decision making processes which are regularly reviewed by the Board.	There is a document which outlines the relationship between Advocacy Network Newcastle and the NCVS though it is unclear how this relates to NAC operations	Partly met
2.4	The Board hold regular meetings at which decisions are made and minuted.	Assessor stated that steering group and CVS management meetings occur appropriately. Further evidence of the means of recording this is required.	Partly met
2.5	The activities listed in the organisation's annual report tally with the description of the service.	The description of the NAC as contained within the NCVS Annual Review 2009-10 and a separate NAC Annual Review, are in keeping with service description and contains some very positive case studies which demonstrate not only the case work undertaken by the organisation but help illustrate the importance of confidentiality, independence and service user focus.	Met
2.6	The organisation is able to clearly describe (both verbally and in written information): The client group served; The geographical area covered; The nature of issues addressed; The advocacy models used; The limitations of the service (i.e. what the	All people interviewed were able to clearly explain what the service offered including who could use the service, the geographical area covered, the types of advocacy provided and some of the issues they have dealt with in the past. They were	Met

	scheme does not do); The means of contacting the scheme	able to identify services what they don't provide including advice, befriending, mediation, housing and supporting. They were able to say when they were open for paid advocacy which was Monday to Friday and volunteers were available as and when they had agreed with the service user.	
2.7	The organisation gives clear information about the advocacy role in the format that is most suitable to the service-user	All information leaflets provide very clear information about the advocacy role, directed at service users and using examples of related situations in which an advocate may be able to help. This could be very useful to someone who is new advocacy. Each service user interviewed had been given a leaflet when they first met their advocate.	Met
2.8	Advocates work to a code of practice which defines the advocacy role.	NAC work to the Advocacy Network Newcastle Code of Practice which has been developed locally and signed up to by Newcastle City Council and Health Trusts which is very positive. All advocates were given the code of practice as part of their induction. Each advocate was able to explain what the code covered. For example equal opportunities, confidentiality, safeguarding, independence, good practice, risk, health and safety, complaints and conflict of interest. The Code covers expectations of advocates and organisations. However there are a couple of sections within the code that may need to be considered at the next review. A7 of the code of practice states that advocates can hold money or possessions for their partner if a receipt is provided. Section 14 suggests that an advocate may offer a service user their view on a situation – something which risks compromising the non-directive role of the advocate	Met with comment
2.9	The advocacy scheme displays information in its offices which sets out what people should expect from advocacy	Both Newcastle CVS and the Advocacy Centre's office had various advocacy displays and posters including what the service does, expectations, the human rights act and deprivation of	Met

		liberty safeguards.	
2.10	Other service providers are given clear information about the role of an advocate.	Other service providers are given copies of service leaflets as well as code of practice.	Met
2.11	There is a procedure for referring on to other agencies and the scheme keeps an up to date list of potential services to refer people on to if it is unable to help.	Newcastle Advocacy Centre has various networks which they use for signposting. These include the Advocacy Network, Newcastle CVS networks and organisations and a list of other services that advocates may refer to. These include CAB, other advocacy services, Chinese, Iranian and Asian drop in centre's, safeguarding unit, benefits advice and solicitors.	Met
2.12	The organisation records any demands for advocacy that can not be met. Where appropriate funders are informed of any shortfall in service.	Identification and development in relation to areas of unmet need is a stated aim in the organisation's workplan.	Met

Confidentiality

	Description	Evidence	Status
3.1	There is a written confidentiality policy which is freely available and reviewed annually.	There is an NCVS Confidentiality Policy and a Newcastle Advocacy Centre Confidentiality Policy. A separate sheet containing review dates reveals that the NCVS policy was last reviewed in 2007 and the NAC policy in 2011 and is to be reviewed annually.	Met
3.2	The policy includes the ability for the advocate to discuss work with their supervisor.	The confidentiality policy defines confidentiality as existing within the advocacy centre rather than between the service user and the advocate. Discussion of work is referred to, but it would be useful to have a more explicit statement that supervision is expected and does not require any breach of	Met with comment

		confidentiality.	
3.3	The policy contains a clear rationale and procedure for breaching confidentiality, including where such a breach must be recorded.	<p>Section 9 and Appendix 2 of the NAC Confidentiality Policy refers to breaching confidentiality. It is also refer to in the direction that should be given to service users Appendix 1.</p> <p>Details are given about situations in which a breach should occur and a procedure for doing so including emergency situations. Section 5 states that the service user should be encouraged to disclose and reminds the reader that this would no longer be considered a breach. This is not always the best route to approach, particularly in situations where a child may be at risk. Section 6 refers to factors to be taken into account in the decision making process, it should be made clear who has the final decision.</p>	Met with comment
3.4	Any such breaches are reported to senior managers or Board members in line with the organisation's policies and procedures at the earliest opportunity.	All actual and potential disclosures are reported the same day to the manager who will then decide if they need to be referred to the safeguarding unit. All advocates were able to clearly explain this process.	Met
3.5	Training for all staff includes confidentiality.	All paid and unpaid staff received confidentiality training as part of their induction.	Met
3.6	Issues of confidentiality are covered in supervision and in team meetings.	Each advocate was very clear about issues of confidentiality and the manager and advocates felt these were discussed in both supervision and team meetings.	Met
3.7	All client records, either written or electronic, are stored securely, according to the Data Protection Act.	All case files are electronic and stored on password protected computers. The case database package has an additional password. All paper files are kept in lockable filing cabinets but the majority of data is electronic.	Met

3.8	Service-users know that they have the right to see their own records and are supported to have access to them if requested.	Both service users knew they had a right to see their own file. They explained that they would feel confident in asking their advocate to show them their file.	Met
3.9	Confidentiality is clearly explained when using any third party to help with communication with the service-user (e.g. a community language interpreter, sign language interpreter or family member).	All advocates were clear about explaining the confidentiality policy to any interpreter and some advocates also knew that interpreters have their own confidentiality policy to abide by. Furthermore some advocates recognised that small communities within the area may have an interpreter who knows the service user. Therefore they would ask for a different interpreter in order to ensure confidentiality. They would generally not use family members as interpreters and on many occasions they have not needed to due to a bilingual team of advocates.	Met
3.10	Files presented at QPM assessments can be reviewed in a manner that does not compromise client confidentiality.	All case notes were anonymous with regards to service users and other people involved in the case. This included any addresses and contact details.	

Empowerment and Putting People First

	Description	Evidence	Status
4.1	Wherever possible, the service-user's experience is given priority in the way that advocacy issues are identified.	It was clear from the outset that all service users direct the advocacy case. This can include documenting the views, wishes and needs of the service user and evidencing how these have been met. Each case file read, showed a consistent approach to this.	Met
4.2	The service-user's views and wants are determined and recorded.	The case files are dominated by the views of service users. This includes requesting service users permission to talk to professionals, write letters and attend meetings.	Met
4.3	Appropriate language is used, both verbally and in information leaflets.	All leaflets were written in easy English without being patronizing. All people who were interviewed spoken clearly and used appropriate language. Additionally all case notes were clearly written so that any other person could understand what the case was about.	Met
4.4	Enquiries about advocacy are responded to promptly and within the scheme's target time.	All advocacy enquiries are acted upon promptly, the majority the same day but no longer than 2 days.	Met
4.5	Copies of all correspondence relating to the service-user should be shared with the person and explained to them unless there is specific guidance which prevents this being possible. Other professionals will know that this is the case.	It was documented in the case files that information is shared with service users. Both service users gave examples of when their advocate shares letters and other information with them. The majority of advocates would share the letter from the social worker scenario with the service user.	Met
4.6	The organisation has systems for regularly reviewing the advocacy relationships you are supporting (at least every four months).	There is no systematic reviewing process. It is usually ad hoc and done by the advocate. However they are aware that this is a gap and they are planning on developing a formal reviewing process.	Partly met
4.7	The organisation has clear procedures for closing cases.	There are clear closing procedures but it could be more effective than it is currently. The closure procedure is lead by the	Partly met

		advocate in that they will have final meeting, explain that the service user can be re-referred if necessary, but the outcomes questionnaire on the database is filled out by the advocate and is from their perspective only. Again they are aware that this needs to improve and are currently putting together a questionnaire that can be used for the final meeting.	
4.8	There is a process for obtaining service-users' satisfaction level with the service.	There was clear evidence that service user feedback is sought	Met
4.9	Service-users are meaningfully involved in the advocacy scheme's management and culture.	Service users are heavily involved in the advocacy steering group. Four members are service users and three others represent user groups. Service users are always a part of the recruitment. Newcastle CVS who has ultimate management responsibility also have service users on their Board.	Met
4.10	The organisation has operational links with local service-users or a self advocacy group.	They have links with the other advocacy group in the city who has a service user group. They also have links with Launchpad a mental health service user group and the Elders council. Furthermore despite the advocacy steering group not being completely user led, it does have a good user representation whose role is to direct the advocacy centre. The advocacy centre also has annual 'have your say days' which are consultation events that contribute to the strategic plan.	Met
4.11	Advocates' work enables people to be more able to deal with issues independently.	Both in the case files and advocates interviews was it evident that service users are encouraged to take control of all or aspects of the case. This can range from speaking in a meeting while an advocate is present to attending review meetings on their own with prior preparation support from their advocate. Service users interviewed felt they could speak up more for themselves now but it was helpful to have an advocate in the room when talking to professionals because they respond better.	Met

4.12	The personal strengths and abilities of service-users are explored in the advocacy relationship.	After speaking to advocates and reading cases notes, the assessor was confident that the personal strengths and abilities of service users are explored and also promoted. However advocates need to present this more clearly in their case notes. This may also help them to clearly identify self advocacy outcomes when reviewing cases.	Met
4.13	There is a means of recording the changes the individual has noticed from the advocacy process.	Every aspect of an advocacy case is noted onto the cases database. This includes what the service user wants from the advocate, what the advocate and service user has done and achieved.	Met
4.14	The effects of the cultural and spiritual background of the service-user are considered for issues that the advocate needs to be aware of.	Newcastle Advocacy Centre has created a project that focuses on service users cultural and spiritual needs. Due to this team and their successful fundraising and sustainability they have been able to build their capacity in order to meet the demand. One interviewed service user felt that this project was essential as they were not only able to understand her mental health needs but also her cultural needs.	Met

Equality, Accessibility and Diversity

	Description	Evidence	Status
5.1	The Equal Opportunities policy is freely available and regularly reviewed.	The organisation operated under the NCVS Equality and Diversity Policy	Met
5.2	Board member and advocate recruitment procedures promote diversity and equality of opportunity.	Recruitment is incorporated into the Equality and Diversity policy. They advertise across the District in an e-bulletin to 2000 organisations, the Health and Race Equality bulletin and the local newspapers. As they have a BME advocacy project, they have been able to specifically recruit people from Black and Minority Ethnic communities.	Met
5.3	Equal opportunities / Diversity training is offered to all advocates.	Equal Opportunities and Diversity is brought up at induction, but no additional training has been given. One advocate mentioned that it was part of their IMHA training.	Partly met
5.4	There is a range of publicity materials appropriate to the client group served.	There is a range of publicity material which uses appropriate and clear language, one leaflet having clearly been designed to present an accessible format for people with learning disabilities	Met
5.5	The advocacy scheme takes action to ensure that local minority communities can access the service.	The Advocacy Centre has a specific advocacy service that is aimed at BME Communities. It has a team of 7 bilingual advocates. They also have good links with various drop in and community centre's including Chinese, Iranian and Asian community centre's.	Met
5.6	There is a system for accessing community language/sign language interpreters and/or advocates.	Each member of staff knew how to refer to the local interpreting service. Some advocates have also used the service and asked for different interpreters due to the service user knowing the interpreter. Additionally the BME project has a number of bilingual advocates who between them can speak a number of languages. The service has never needed to access a sign	Met

		language interpreter but are aware of where to access them if necessary.	
5.7	Potential referral agencies are provided with relevant information about the service and how to make a referral.	The Citizen Advocacy project has been established for 15 years and currently has a waiting list. Most of the publicity is with agencies who currently know about the service. Each time they attend a new forum or group, they publicise their service. However the management team feels they are mainly reactive to need due to the waiting list.	Partly Met
5.8	The scheme organises regular outreach work to identify potential new service-users to ensure a balance between reactive and proactive advocacy work.	The organisation doesn't formally provide outreach work as there is a fear that the waiting list will get out of control. However they do keep in touch with relevant agencies and professionals. They have a close relationship with Launchpad, a Mental Health user group. Other groups include the Disability Forum, Carers Centre, Law Centre, Chinese, Iranian and Asian drop in centre's and the Advocacy Network. They have a regular newsletter that goes out to 2000 organisations. However the manager has incorporated outreach work within the latest IMHA funding bid as there is a need to reach the wider community.	Partly Met
5.9	The scheme has a policy for handling excess demand and for prioritising referrals.	Other than the BME project, there is a waiting list. Each advocacy referral is prioritised depending on the nature of the case. For example adult protection cases and IMHA cases are acted upon sooner than a less urgent case. These are reviewed regularly at team meetings.	Met
5.10	The scheme has a network of contacts to reach people who cannot request advocacy for themselves.	As the service has been going for 15 years they felt most people knew about their service. However additional information is sent through newsletter, forums, support organisations and the advocacy network. They identified a gap in that people who may receive non instructed advocacy is lower than other forms of advocacy. I was unable to gain evidence about how they are tackling this gap.	Partly met

5.11	The scheme is situated in accessible premises or can use accessible meeting space.	The office space is located in an accessible building that has accessible meeting space.	Met
5.12	The scheme operates at hours that are accessible to the people who want to use or refer to the service. For statutory advocacy, there is a contingency plan to ensure service provision during periods of staff illness or holiday.	The advocacy service is open Monday to Friday, 9am to 5pm. Citizen advocates can meet service users outside these times and are negotiated between advocates and service users. Advocates on holiday and other leave are replaced by other members of the team.	Met
5.13	The advocacy scheme makes all reasonable efforts to ensure that service-users can receive support including meeting people at venues that are accessible and convenient.	It became apparent in all the interviews and case notes that service users generally direct the advocacy relationship. This includes the meeting place which can be cafes, community centre's, the advocacy centre's and people's homes. One person chose to meet their advocate while on a walk as it helped them talk openly.	Met
5.14	The advocacy scheme's offices are friendly and welcoming to service-users.	Both the building and Newcastle CVS offices and receptions are very friendly and welcoming. Both service users said they felt ok about coming to the office as it was accessible and people were friendly. My own experience was similar.	Met
5.15	There is a policy covering risk assessment and arrangement for lone working.	There are both a health and safety policy and a separate risk policy.	Met
5.16	The advocacy service is provided free of charge to end service-users.	No service user has to pay for this service.	Met

Accountability and Complaints

	Description	Evidence	Status
6.1	A summary of work done each year is published by the advocacy scheme, for example in the form of an annual review of activities.	As well as appearing within the NCVS annual review, there is a separate review which NAC produces. This is clear, effective and informative	Met
6.2	The organisation produces annual accounts that are compliant with the requirement of their registering body. For charities this will mean SORP compliant independently examined or audited accounts.	NAC falls within the accounting framework of NCVS. Report up to 31/3/2010 was presented .	Met
6.3	The funding bodies are provided with relevant written monitoring information.	The organisation provides relevant reports to its various funders	Met
6.4	The advocacy scheme produces an annual budget linked to the aims and objectives of the scheme, which is agreed by the Board.	The budget of NAC is agreed within the wider NCVS budget and is developed by the organisation.	Met
6.5	The organisation regularly records and analyses; The number of people supported, their age, gender, ethnic origin, disability, postcode; The nature of advocacy issues, duration of advocacy relationship and amount of time spent on each case; The outcomes of advocacy work, Service-user satisfaction feedback.	The case files include the age, gender, ethnicity, disability, postcode, nature of advocacy, duration of each action and length of case. This data is used for both organisational development and funding reports. The advocacy centre does not systematically review advocacy cases but is currently developing this. However they do review the case at the end alongside a set of outcomes. These currently are predominantly from the perspective of the advocate as service users tend not to give feedback. Again the service is aware of this and is looking at developing this so the outcomes are from the perspective of the service user.	Partly Met

6.6	All service-users accepted for referral have a named advocate who they can contact.	All service users have a named advocate who they can contact.	Met
6.7	All service-users are told of their right to make a complaint and how to do this.	All advocates included complaints as part of their initial meeting with service users. Both service users interviewed said they were aware of the complaints procedure as they were told about it at the beginning of the advocacy relationship. The manager also recognised a need to ensure advocates regularly remind service users that they can make a complaint.	Met
6.8	There is a written complaints policy which is freely available and reviewed regularly.	Site assessor found evidence of a clear and well understood policy	Met
6.9	The advocacy scheme offers the option of independent support to complainants and has a strategy for making this available if required.	If a service user wants to complain, they are offered support from another advocacy service in the District.	Met
6.10	The Board and funding bodies receive reports of complaints and action taken.	Although the policy is clear that this would be the case, neither the Board Member or the Manager have received a complaint.	Partly met
6.11	There is evidence of organisational learning from comments and complaints.	As they have not received complaints, they have not been able to learn from them.	Not evidenced
6.12	The advocacy scheme has clear adult and child protection / safeguarding policies in place	The organisation has safeguarding procedures and policies for adults and children. In addition there are guidelines for volunteers for making a safeguarding alert	Met
6.13	The advocacy scheme is insured against both employers and public liability.	The Advocacy Centre is covered for both employers and public liability under Newcastle CVS's policy.	Met
6.14	The advocacy scheme complies with the Data Protection Act and other relevant legislation.	The organisation complies with Data Protection, Equality Act and Health & Safety. For example all personal data is protected on the computers and in filing cabinets, reasonable adjustments have been made for one citizen advocate who has his case notes written by another person due to his own	Met

		impairment and CRB disclosure forms are stored by another voluntary organisation.	
6.15	There is a written health and safety policy which is freely available and reviewed regularly	There is a health and safety policy	Met

Supporting Advocates

	Description	Evidence	Status
7.1	All advocates are subject to enhanced Criminal Records Bureau checks and must provide two references which are checked.	All members of staff both paid and unpaid are subject to regular CRB checks.	Met
7.2	All paid staff have job descriptions, and volunteers have a role description.	All paid staff have job descriptions while citizen advocates have role descriptions	Met
7.3	All new advocates receive a comprehensive induction training programme within their first month.	All new advocates receive an induction. Citizen Advocates receive a 10 week training/induction programme which forms part of the recruitment process. Paid Advocates also receive an induction programme. Both include meeting the team, meeting different departments within CVS including HR and IT. They also have opportunities to meet other agencies and to shadow existing members of the team. Furthermore statutory advocates receive IMHA training as part of their induction.	Met
7.4	Advocates receive group or one-to-one supervision/support at regular agreed intervals. All paid advocates receive one-to-one supervision at regular intervals.	Both paid and unpaid advocates receive regular supervision. Citizen Advocate's receive formal supervision every 3 months. This includes meeting with their line manager and another session with their line manager and advocacy partner. The Citizen Advocate said they are able to request a meeting with	Met

		their supervisor in between these times if necessary. Citizen Advocates come together every 3 months to discuss issues. Paid advocates receive supervision every 6 weeks.	
7.5	Supervisors are suitably knowledgeable and experienced in advocacy, and themselves receive supervision from a third party.	Line Managers have supervision themselves and have advocacy experience.	Met
7.6	All advocates are given access to relevant ongoing training and personal development opportunities, including training to meet any statutory requirement.	Other than one advocate, training in the last year was identified. These included safeguarding, Mental Capacity Act, Community Care, how to deal with suicide and Independent Mental Health Advocacy. One advocate said they had not received training in the last year but had received training prior to this.	Met
7.7	There is a dedicated training budget and an organisational training plan.	Training is a component of the organisational budget.	Met
7.8	Salary scales and terms of conditions for paid staff are appropriate for the level of responsibility and in keeping with other similar roles.	Salary scales are within the general norm for the sector and are linked to NJC scales	Met
7.9	There is a system which regularly reviews individual performance against targets and key objectives.	Advocates and other staff receive regular supervision but they do not receive annual appraisals. Issues are discussed through supervision but these are about issues around the time of the supervision rather than an advocates performance targets.	Partly Met
7.10	The organisation has policies for dealing with people who are unsuitable to continue to work as advocates.	The advocacy centre has an induction process that not only allows an advocate to receive information and training but also for managers to see if the volunteer is appropriate. They also have a disciplinary procedure where the manager was able to explain its content.	Met
7.11	There is a system for claiming reasonable work-related expenses.	All advocates are able to claim for travel, refreshments, work mobile costs, parking and any other reasonable work related costs.	Met

7.12	The advocacy scheme holds regular team meetings/volunteer meetings.	<p>The paid members of staff hold meetings every month. This is an opportunity for staff to have their say, suggest ideas, discuss the quality mark, database and make decisions on efficiency and quality. This is also a place for the manager to share their report about the bigger picture.</p> <p>Volunteer advocates meet as a team once every quarter. This is where they share case issues, receive support and receive information from guest speakers</p>	Met
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