



Recognising quality
in independent advocacy

QPM Assessment Report

Advocacy Centre North

Date of Site Assessment: 17 November 2015

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1. Executive Summary

1.1 Overview

The site visit with Advocacy Centre North took place on 17 November 2015. The assessor met with a Board member, Advocacy Manager, 5 advocates and 5 clients. There was a clear 'golden thread' running through all the meetings relating to the strengths of the service. This included strong knowledge of independence, confidentiality, safeguarding and sustainability.

1.2 Areas of good practice

Despite having a difficult year with contract changes, Advocacy Centre North provides a wide-range of accessible and person centred services. These have been developed in response to the issues raised by the clients and a strong knowledge of the local demographics and communities. Some of the key areas of good practice are listed below:

- Every month the Board scrutinises two policies to ensure they are still fit for purpose.
- Newcastle Council for Voluntary Service provides regular training and policy updates (Advocacy Centre North sits within this organisation).
- The service provides a bespoke service to BME communities and employs 5 bilingual advocates.
- The University of Sunderland is to evaluate part of the service, with a particular focus on regular attenders at GP surgeries.
- Although the service does not currently provide Care Act Advocacy all advocates are receiving training in this anyway, which will lead to a qualification.
- The Safeguarding policy allows for advocates to report issues based on feelings or gut instinct. One advocate said that they had reported a concern, without concrete evidence, to the local Safeguarding Board, and there had indeed been a neglect issue.
- Christmas and birthday cards are sent to all clients (this was highly appreciated by the clients who attended the meeting), and feedback shows this leads them to feel valued.
- It was evident that the clients I met with were articulate and had been supported to become strong self-advocates.

1.3 Areas for improvement

The service does involve its clients in its work, including in recruitment, training volunteers and helping develop publicity materials. It was clear from the meeting with clients that many have additional skills that they could bring to the organisation. One client was very knowledgeable about Direct Payments and another was very keen to become a volunteer advocate. A pathway for clients to become more involved does not exist at the moment and it is recommended that this be developed. This could either be for people to work within Advocacy Centre North (such as offering peer support to new clients) or external agencies.

1.4 Assessor's recommendations

- 1) That Advocacy Centre North is awarded the QPM.
- 2) Develop a pathway to support interested clients to develop their skills and offer their services to either Advocacy Centre North or other agencies.

1.5 Advocacy Centre North's response to report

Jacqui Jobson, Director of ACN:

Advocacy Centre North welcomes the assessment for the Quality Performance Mark as it gives us an opportunity to pause and assess ourselves and reflect on our service objectively in terms of our clarity of purpose generally and in relation to the Advocacy Code of Practice.

We are very pleased with the Assessor's report. The assessment process was supportive and constructive and members of the team felt motivated by the opportunity to reflect on our successes. In particular, references to us having the client at the heart of the process and our clarity about confidentiality, empowerment and independence are appreciated.

We welcome the recommendation to formalise a pathway for service user development and we will endeavour to work on this issue as a priority.

I would like to thank ACN staff, volunteers, service users and trustees for their involvement in the QPM assessment process.

2. Summary of the Assessment

2.1 About Advocacy Centre North

Advocacy Centre North was set-up in the early 1990s, beginning with generic advocacy. Mental health advocacy began in 2002, with IMHA being provided from 2009 in Newcastle and later also in Gateshead. A 5-year project to support people from BME communities soon followed. The latter work is now funded by the local CCG, reflecting the diversity in the Newcastle area.

In 2013 Advocacy Centre North temporarily took on the caseload of a Northumberland advocacy service, which had closed. This brought in an additional 160 cases and number of extra staff.

The service now delivers:

- Community advocacy focusing on short-term and longer-term issues, using a pool of volunteers.
- Mental health case advocacy (non-IMHA).
- Advocacy to 31 BME communities (Newcastle has large populations of Iranian people, Cantonese speakers and French speaking people of African origin).
- Neurological advocacy from September 2015. The need was identified from planning and liaison with other agencies. The service is delivered in partnership with the Northern Neurological Alliance.
- The Fulfilling Lives project (funded by the Big Lottery). The project works with people with complex needs including homelessness, substance abuse, mental health conditions and offending. The project involves a peer advocate with lived experience of these issues. There is a strategic element to the work which aims to influence system changes e.g. to prevent people being discharged from hospital with no accommodation.

In development are bids to deliver advocacy in GP surgeries, a partnership with a Law Centre to deliver advocacy to families and advocacy for people living with dementia. Further, plans are underway to develop an advocacy app. New projects are identified by reviewing the issues presented by clients and examining the gaps raised by clients.

Referrals come from both individuals and partner agencies. Being part of Newcastle Council for Voluntary Service means strong relationships exist with the wider third sector and cross-referrals can take place to provide the most relevant support. Many self-referrals come from BME communities, which highlights the success of the project and its strong word-of-mouth reputation.

Prioritisation meetings take place each week to allocate new referrals. These are based on need and urgency and the capacity in each advocacy stream. Signposting is also provided if a referral is not suitable for advocacy. The focus of the advocacy relationships is based on independence and empowerment. This was reflected in the meeting with clients:

“They’ll listen and help you but it’s your decision.”

“She’s not choosing: I’m the one being selective.”

2.2 The Assessment Team

Tom Raines

Assessor

Tom is an Associate for the National Development Team for Inclusion and the lead Assessor for Advocacy Centre North.

Tom has a particular interest in the implementation of the Care Act, market development, effective commissioning, measuring outcomes as well as outputs (particularly for advocacy services) and embedding equality and inclusion for all groups in service design and delivery.

Tom previously worked for the National Development Team for Inclusion as the Programme Lead for Voice, Choice and Control. Tom has worked in social care for a large unitary authority where he led on personalisation programmes for disabled people. He also has experience of working for third sector and disabled people’s user led organisations.

2.3 Approach to Site Assessment

The QPM Assessor who visited Advocacy Centre North on 17 November 2015 met with the Advocacy Manager, a Board member, 5 advocates and 5 clients.

Advocacy Centre North provided all of their key policies and processes as well as examples of their publicity materials. Key documents reviewed included:

- Safeguarding Adults Policy
- Safeguarding Children Policy
- Confidentiality Policy and Procedure
- Advocacy Referral Procedure
- Engagement Protocol
- Non-instructed Advocacy Procedure
- Register of Interest Policy
- Data Protection Policy

● Anti Bribery Policy

These documents were clear, well written and easy to understand. Further information provided on the day included the induction pack provided to new clients. Using easy-read cards this explains confidentiality, making a complaint and contact details for the advocate.

Case files were reviewed prior to the site visit. These were very well structured, easy to follow and recorded outcomes for the client. It was evident that the client is at the heart of the process and a holistic approach is taken.

3. Summary of achievements

3.1 Independence

From the meetings with the Advocacy Manager and advocates it was clear that independence is well understood within the organisation. Funders are not members of the Board but are invited to the AGM. It was also clear that the service does support clients to challenge decisions made by organisations that also fund the service.

The service has produced 2 videos for their website which explain the benefits of advocacy. The videos also include interviews with statutory service commissioners who clearly articulate the importance of independence in advocacy and that it serves to “support people to support themselves”. The interviews with clients also highlight the importance of having an advocate to provide person-centred support without prejudice or influence from service providers.

3.2 Clarity of Purpose

Advocacy Centre North is very clear in its aims to provide independent advocacy to a wide-range of under-represented groups. This focuses on supporting people to have their voices heard, to not influence people’s decision making processes and to allow people to become acquainted with the information and facts they need to take charge of their own lives.

The organisation also regularly reviews issues raised by clients and looks for gaps in provision, which it then looks to fill. This led to the development of the BME project as well as the service offered to people with neurological conditions.

3.3 Confidentiality

Clients were clearly able to explain the meaning of confidentiality. This had been explained to them in their first meeting with their advocate. Advocates also stated that they revisit this at regular points during the relationship to ensure that clients are clear – particularly regarding situations when confidentiality may have to be breached. Written information is provided to clients, which states that:

“The advocate will not disclose any information about you to another person or agency without your permission unless you or another person is at risk of harm.”

3.4 Safeguarding

Advocates are trained in safeguarding as part of their induction. This is repeated for all advocates to ensure they are up to date with any changes in policy or legislation.

Safeguarding is a standing agenda item for all supervision meetings. The Safeguarding Policy states that advocates can act on instinct if they suspect there is an issue. The advocates felt that this was hugely important and helped them to flag potential concerns for early intervention if required.

Advocates will initially raise concerns with their line manager, director or chief executive depending on availability. Strong links exist with the local Safeguarding Board and advocates are able to phone the team for advice and guidance.

3.5 Empowering and putting people first

The Advocacy Manager and advocates were all clear that their role is to support empowerment and independence. This was further evidenced in the meeting with clients, who expressed their increase in confidence and ability to take control. Several of the clients had clearly developed to become strong self-advocates.

Clients are asked to take part in recruitment exercises and in the training of new advocates.

Good relationships exist with local user-led organisations, which allows for clients to develop further and find new networks of support once the formal advocacy relationship has ended.

Clients also commented on the friendliness and support offered when they have visited the offices. They felt that everyone was welcoming and that they weren't made to feel like “just a service user.” Further, another client said if she needed help:

“It's not just my advocate, there's always someone there that can help you.”

3.6 Equality, accessibility and diversity

Advocacy Centre North operates in a very diverse city, which also has some of the most deprived areas in the county. The service has developed over the years to respond to demand from different groups experiencing multiple disadvantage.

This is reflected in the range of services offered. Bilingual advocates have been recruited to support people from BME communities, work takes place to support people experiencing homelessness and substance abuse as well the neurological project. Information is provided in a range of accessible formats, including 13 community languages.

One client who had come to the UK as a refugee said that he felt treated as an equal by both advocates and other clients. He is now keen to become a volunteer advocate himself.

The offices are located in the city centre, are accessible and have plenty of space for people with reduced mobility.

3.7 Supporting Advocates

Advocacy Centre North has a low turnover of staff and many of the advocates have been employees for many years. Advocates reported that there is a strong culture of peer support and new advocates have the opportunity to shadow more experienced colleagues when they first join. An open-door policy is in operation to seek advice from managers and this was felt to be very important as “you’re not left waiting for a meeting.” Supervision meetings and team meetings take place on a monthly basis. External speakers are also invited to team meetings.

The induction process covers:

- What advocacy is and is not.
- The work of Advocacy Centre North and Newcastle Council for Voluntary Service.
- Safeguarding.
- Organisational policies and procedures.
- Additional training needs.

All advocates are currently being trained in Care Act Advocacy. Irwin Mitchell Solicitors also provided training on current policy and legislation.

Volunteer advocates also have 4 events a year to share learning and provide feedback. External speakers are also invited to these events.

3.8 Accountability and complaints

There is a clear complaints policy that is explained to clients at their first meeting. Written information is also left with clients detailing how to make a complaint if they are not happy.

Most complaints are dealt with informally through the Advocacy Manager liaising with the client and then investigating the issue.

In all of the meetings at the site visit (with the Advocacy Manager, advocates and clients) it was very clear that the service is accountable first and foremost to the clients and not to funders and service providers.

4. Further information and relevant links

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

You can use the download tool in the Resources section of the website to view:

- Advocacy QPM Information Sheet
- QPM Assessment Process Chart
- QPM Assessment Workbook
- Code of Practice
- Advocacy Charter

5. Get in touch

Should you wish to discuss this report in further detail, please contact:

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