



Assessment Workbook

Quality Performance Mark

a National Development Team for **Inclusion** programme



Recognising quality
in independent advocacy

an  NDTI Programme

Advocacy QPM

National Development Team for Inclusion

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Welcome to the 4th edition

The advocacy quality performance mark

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.

This is the 4th edition of the Quality Performance Mark (QPM) which has been developed with the advocacy sector. As with previous versions it is firmly based on the principles of the **Advocacy Charter** and is a tool for independent advocacy services to use to demonstrate that they are providing all of their advocacy delivery to a set of **recognised** and **respected standards**.

It is also used by many organisations as a **developmental tool**. It can support organisations to think about and improve their advocacy delivery and the policies and procedures that support advocates to deliver the best services they can.

Our aim with this version of the QPM is to maintain the rigour and robust assessment of previous versions, whilst reducing some of the administrative burden.

All of the QPM indicators we are looking for organisations to evidence are referenced in this document and the accompanying document “Preparing for your QPM site visit”.

Key information for your organisation

Organisation name

QPM reference code

Date of Issue

Deadline for submission

Date submitted



Getting started

The QPM comprises of the following key stages, that all organisations must complete to progress towards accreditation:

- **Pre-Assessment Questionnaire** - To commence working towards achieving the QPM, organisations complete and submit a Pre-Assessment Questionnaire
- **Working Agreement** - On confirmation of eligibility, organisations review, complete and sign an agreement, confirming that they agree to the terms and conditions of applying to gain the QPM
- **Desktop Assessment** - This includes a review of the organisations completed Assessment Workbook, a pre-defined selection of the organisation's policies and procedures and a selection of anonymised case files and reports
- **Site Visit(s)** - If successful at desktop assessment, the QPM Assessor will arrange to visit the applying organisation to meet with key staff and stakeholders. Following the visit(s) the Assessor prepares an Assessment Report, which confirms the outcome of the assessment and details areas of good practice along with any areas requiring further reflection or development

Following successful completion of these stages your organisation will be awarded the QPM for a period of three years.

At each stage of the process, it is useful to think about your advocacy delivery as a whole, and whether the expectations of the entire Advocacy Charter are being met. This is because some questions may relate to more than one principle in the Charter, but for the sake of brevity, will only be asked on one occasion within this document.

During our site visit or at other times, we might ask about some of the QPM indicators or standards several times, repeating the same question in different interviews or as we look at different documents, but showing this in the Assessment Workbook would make it too complicated and onerous for applying organisations.

You will find guidance on completing the Assessment Workbook and preparing for the desktop submission throughout this document; however, please do visit our **frequently asked questions** for further advice and support.

If you can't find the information you need, please contact the QPM team on support@qualityadvocacy.org.uk or call us on **01225 789135** and someone will be happy to share the information with you.



Your Pre-Assessment Questionnaire

In Appendix 1 you will see a copy of the information about your organisation that you shared with us in your Pre-Assessment Questionnaire.

We include a copy of this information so that your Assessor has the information they need to keep in touch with you and understand the nature of your organisation.

Please do let the team know of any changes in your advocacy service, delivery or key contacts. You can do this by emailing support@qualityadvocacy.org.uk at any time.



The Assessment Workbook

Please work through the following sections. Under each heading there are different kinds of QPM indicators:

- Indicators you respond to by confirming you have met the indicator **with a tick box**
- Indicators where we need a **written explanation** of how your organisation operates in relation to that indicator. These are the QPM indicators that need a longer answer and a description of your practice in relation to that indicator

Guidance for tick box questions

When responding to **tick box** indicators:

- Think carefully about each item and satisfy yourself that your organisation has earned each tick
- You must be certain that the answer applies to all areas of your advocacy delivery
- If you are unclear or wish to provide additional comments to help clarify your organisation's position, there is a place for you to write any additional explanation you wish to give
- This is an electronic form and will need to be completed on a computer. When you click inside the box on the right and it will be automatically checked (ticked) for you. Click again and it will cancel the check mark

Guidance for indicators requiring a written response

When responding to indicators that require a **written response**:

- Please ensure you provide a fully-explained narrative when answering these questions. Your Assessor will need to see how your organisation operates in relation to each indicator
- When providing a written explanation of how your service(s) operates, please ensure that any differences in approach between different types of advocacy delivery are clearly addressed. For example, your Community Advocacy Service may undertake different outreach activity to that of your IMCA, Care Act or IMHA service.
Your Assessor will want to see how each strand of your service operates in relation to each indicator or question.
- Please do not just make reference to policies or documents – you need to give a descriptive answer. Giving examples will help your assessor understand your organisation's practice.
- Please type your answers in the space provided. The more you write, the larger the box will grow

This workbook is formatted and presented as a form. You can work through at your own pace, completing the questions in any order, saving the document as you go and returning to it as and when needed.

Should you experience any difficulties when completing or saving the document, please contact the QPM support team for advice and assistance.

We ask that all organisations ensure they:

- Complete the **Pre-Submission Checklist** before returning the workbook to us
- Use the **file numbering and naming conventions** detailed in the pre-assessment checklist in order that our support team can quickly and accurately verify that all anticipated documents and supporting information, case files and reports have been received

Incomplete workbooks or incomplete returns will result in your submission being rejected, at which time you will be asked to get the documentation in good order before resubmitting.



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. 

Tick box responses

Ref	Requirement	Tick if met
26	The organisation's aims and planned activities are within the objectives set out in its governing document.	<input type="checkbox"/>
27	The organisation has clear decision-making processes which are regularly reviewed by the Board.	<input type="checkbox"/>
28	Leaflets, website pages and other information used to advertise the service sets out clearly the types of advocacy being delivered, issues that are supported, who is eligible for support and the referral process.	<input type="checkbox"/>
29	Advocates work to the Advocacy Code of Practice.	<input type="checkbox"/>

Written responses

Ref **Requirement**

30 Please include any additional comments you wish to make about indicators 26-29 here.

(response 30 here)

31 The organisation records, monitors and analyses any demands for advocacy that cannot be met and works with funders, commissioners or others to address these.

(response 31 here)

32 There is (i) a procedure for referring people to other agencies, and (ii) an up-to-date list of potential services to refer people on to if the service is unable to help.

(response 32 here)

Ref **Requirement**

33 The organisation gives clear information about the advocacy role in the format that is most suitable to the people who use the advocacy scheme, and advocates can clearly describe their roles and the differences between them.

(response 33 here)

Assessor's comments

(for use by QPM Assessor only)



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.* 

Tick box responses

Ref	Requirement	Tick if met
34	The service is constituted as an organisation which stands independently of health and social care service provision.	<input type="checkbox"/>
35	The organisation’s governing document promotes and protects independence.	<input type="checkbox"/>
36	People accessing the service are aware of the advocate’s independence.	<input type="checkbox"/>
37	The organisation has a Conflict of Interests Policy that includes conduct in relation to gifts and corporate hospitality and sets out how internal conflicts of interest are managed, including how this is managed if you provide other services as well as advocacy.	<input type="checkbox"/>
38	You keep a register of interests that might influence Board members, staff and volunteers.	<input type="checkbox"/>
39	All publicity material, including your website, explicitly states that this is an independent advocacy service.	<input type="checkbox"/>

Written responses

Ref	Requirement
40	Please include any additional comments you wish to make about indicators 34-39 here. (response 40 here)
41	The advocacy service is free of conflicts of interest, especially if you provide other services in addition to advocacy.

Ref **Requirement**

(response 41 here)

42 The advocacy service is structurally independent of any other services you offer i.e. the advocacy service has separate office accommodation, phone lines, storage for and access to confidential data, and line management.

(response 42 here)

43 The organisation actively seeks funding from more than one source.

(response 43 here)

44 Funders, commissioners and external health and social care professionals are not involved in organisational decision making, such as matters of staff deployment or discipline, or deciding how the advocacy service should be delivered.

(response 44 here)

45 The targets or contractual clauses set in funding agreements and contracts do not conflict with the organisation's stated aims and objectives or limit its independence in any aspect of its service delivery.

(response 45 here)

46 The management and culture of the organisation supports advocates to promote their independence with individuals, professionals and other stakeholders. This means having a physical, intellectual and perceived independence from all other services.

(response 46 here)

47 Advocates are able to challenge freely and as directed by the people they are working with. For non-instructed advocacy, decisions are challenged appropriately and there is a policy/procedure to support this, e.g. engagement protocol, advocacy handbook.

(response 47 here)

Assessor's comments

(for use by QPM Assessor only)



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. 

Tick box responses

Ref	Requirement	Tick if met
48	The organisation complies with data protection legislation by creating, storing and disposing of electronic and manual records appropriately.	<input type="checkbox"/>
49	Any accidental, negligent or wilful breaches of confidentiality are reported at the earliest opportunity to senior managers or Board members in line with the organisation's policies and procedures.	<input type="checkbox"/>
50	The organisation has an up-to-date Confidentiality Policy in place.	<input type="checkbox"/>
51	The organisation has an up-to-date Non-Instructed Advocacy Policy in place, which makes clear the organisation's approach to confidentiality and data sharing where the person is unable to consent.	<input type="checkbox"/>
52	The organisation has an up-to-date Data Protection Policy in place.	<input type="checkbox"/>
53	People using the advocacy service know that they have the right to see their own records and are supported to have access to them if they so wish.	<input type="checkbox"/>

Written responses

Ref **Requirement**

54 Please include any additional comments you wish to make about indicators 48-53 here.

(response 54 here)

Assessor's comments

(for use by QPM Assessor only)



Person led and empowerment

 **Person led** - 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 nonjudgmental 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. 

Written responses

Ref **Requirement**

55 The organisation has systems to ensure that each advocacy relationship is reviewed at least every four months.

(response 55 here)

56 The organisation has a process for closing cases which is made clear to the person concerned, so they know when their advocacy service is likely to finish.

(response 56 here)

57 The organisation has operational links with local people using the advocacy service, self-advocacy groups or other user-led organisations.

(response 57 here)

58 Advocates are clear on the issues, impact and desired outcomes for each person.

(response 58 here)

59 Advocates seek to work in an empowering way that promotes self-advocacy and individual resilience and enables people to lead and direct the advocacy work.

(response 59 here)

Ref **Requirement**

60 Advocates clearly follow the instruction of the person and enable them to make complaints and raise concerns as needed, or on their behalf in non-instructed advocacy.

(response 60 here)

61 Advocates work in a timely fashion and with regard to particular deadlines that are relevant to the person and the advocacy issue, including ensuring reports are with decision-makers prior to Best Interest decisions being made.

(response 61 here)

62 People using the advocacy service are involved meaningfully in the advocacy scheme's management and culture. For example, people are involved in activities such as recruitment, training, publicity, outreach and on the Board.

(response 62 here)

Assessor's comments

(for use by QPM Assessor only)



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. 

Tick box responses

Ref	Requirement	Tick if met
63	Procedures are in place to ensure that issues or complaints regarding equality and diversity are resolved effectively and in a timely fashion.	<input type="checkbox"/>
64	The scheme is situated in accessible premises or can use accessible meeting spaces and creates a welcoming environment for all.	<input type="checkbox"/>
65	The scheme operates at hours that are accessible to the people who want to use or refer to the service.	<input type="checkbox"/>
66	There is a contingency plan to ensure service provision during periods of staff illness or holiday.	<input type="checkbox"/>
67	The advocacy scheme does not charge people for their services where they are funded directly to provide this service.	<input type="checkbox"/>
68	Equality and Diversity training is provided to all advocates. Understanding and outcomes are monitored in supervision and appraisals.	<input type="checkbox"/>
69	There is an up-to-date Equality and Diversity Policy in place that responds to the requirements of current legislation.	<input type="checkbox"/>

Written responses

Ref **Requirement**

70 Please include any additional comments you wish to make about indicators 63-69 here.

(response 70 here)

71 There is an appropriate range of ways of making referrals.

(response 71 here)

72 Referral forms support referrers to make appropriate instructions, so that the organisation does not receive too many inappropriate referrals.

(response 72 here)

73 The allocation of the advocate meets the specific requirements of the individual requiring support e.g. male or female advocate. The advocacy service ensures that individuals who are eligible, have access to the different strands of advocacy available within the organisation. This can be done by a multi-skilled advocate who can follow the individual's journey through, or by two or more independent advocates who specialise.

(response 73 here)

74 The advocacy scheme regularly records and analyses demographic information in relation to all the Equality Strands in the Equalities Act to check how well it is reaching whole communities, has identified gaps in provision and has taken action.

(response 74 here)

75 Outreach activity about the services is delivered to reach out to seldom heard and under-represented communities, or under-referring teams/areas, perhaps by targeting specific organisations, teams, communities or citizens.

(response 75 here)

76 Information about the service is available in accessible formats.

(response 76 here)

Ref **Requirement**

77 Advocates make all reasonable adjustments needed to ensure the service is accessible and the person is able to lead the advocacy work as far as possible.

(response 77 here)

Assessor's comments

(for use by QPM Assessor only)



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. 

Tick box responses

Ref	Requirement	Tick if met
78	The organisation has published an annual report in the past year.	<input type="checkbox"/>
79	The organisation has published its annual accounts in the past year.	<input type="checkbox"/>
80	The organisation has Public Liability insurance.	<input type="checkbox"/>
81	The organisation has Employer's Liability insurance.	<input type="checkbox"/>
82	The organisation has Professional Indemnity insurance.	<input type="checkbox"/>
83	The organisation has a record setting out the current membership of the Board and the term of office for each Board member.	<input type="checkbox"/>
84	The organisation has a document that clearly defines the role and remit of Board members and how the decision-making process works.	<input type="checkbox"/>
85	The Board meets at least quarterly and decisions are minuted.	<input type="checkbox"/>
86	Funding bodies are provided with relevant written monitoring information.	<input type="checkbox"/>
87	Everyone using the service has a named advocate and a way to contact them.	<input type="checkbox"/>

Ref	Requirement	Tick if met
88	There is a written Complaints Policy and everyone using the service is told of their right to make a complaint and how to do this.	<input type="checkbox"/>
89	The advocacy scheme offers the option of independent support to complainants and can make this available when required.	<input type="checkbox"/>
90	Referrals are responded to within agreed timescales and in accordance with official guidance and legislation.	<input type="checkbox"/>
91	Commencement of IMCA casework following instruction is not delayed due to lack of a written capacity assessment.	<input type="checkbox"/>

Written responses

Ref	Requirement
92	Please include any additional comments you wish to make about indicators 78-91 here.

(response 92 here)

93	There is a process for obtaining information from people who use the advocacy service about their level of satisfaction with the service they have received and appropriate follow on action is taken where necessary.
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(response 93 here)

94	The organisation records and regularly analyses the nature of advocacy issues, duration of advocacy relationships, amount of time spent on each, outcomes and impact of advocacy work, and feedback from people using the service.
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(response 94 here)

95	Common themes/issues affecting people using the service are regularly addressed with commissioners and providers of health and social care services (and/or relevant others). This is sometimes referred to as Systemic Advocacy.
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(response 95 here)

Assessor's comments

(for use by QPM Assessor only)



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. 

Tick box responses

Ref	Requirement	Tick if met
96	Training is provided to advocates on Human Rights and safeguarding, including potential deprivations of liberty: how to recognise different forms of abuse, neglect and poor practice; its impact upon adults and children; and how to take appropriate action. Training is at an appropriate level and is updated regularly.	<input type="checkbox"/>
97	The organisation has Safeguarding Policy/Policies in place, which are reviewed regularly in line with the most recent policy and best practice.	<input type="checkbox"/>
98	The organisation has a designated Safeguarding Lead.	<input type="checkbox"/>

Written responses

Ref	Requirement
99	Please include any additional comments you wish to make about indicators 96-98 here.
100	There is an established ongoing relationship with the local authority Safeguarding team.

(response 99 here)

(response 100 here)

Ref **Requirement**

101 The organisation can demonstrate appropriate links to relevant safeguarding organisations and boards.

(response 101 here)

102 The organisation tracks, monitors, and escalates safeguarding concerns and alerts made to ensure appropriate action is taken.

(response 102 here)

103 The organisation tracks, monitors and analyses trends in safeguarding concerns and alerts and raises these with external stakeholders appropriately.

(response 103 here)

Assessor's comments

(for use by QPM Assessor only)



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. 

Tick box responses

Ref	Requirement	Tick if met
104	There is an Organisational Chart with clear lines of accountability and reporting lines to the governing body/Board.	<input type="checkbox"/>
105	Staff have a job description that clearly sets out the role of paid advocates, and, where volunteer advocates are engaged, there is a role description that clarifies what is expected of volunteers.	<input type="checkbox"/>
106	All employed advocates have a contract that outlines the main terms and conditions of their employment.	<input type="checkbox"/>
107	New advocates receive a comprehensive induction which sets out their role and the expectations of them, covering all relevant policies and procedures as well as all aspects of the Advocacy Charter, within their first four weeks of employment.	<input type="checkbox"/>
108	Advocates have access to relevant ongoing training and personal development opportunities, including training to meet all statutory requirements.	<input type="checkbox"/>
xx	All advocates are subject to enhanced DBS checks, supported by two professional, written references which are checked. Records show that these checks are updated periodically.	<input type="checkbox"/>
110	The organisation has a policy on safer recruiting, including the recruitment of ex-offenders and detailing how DBS disclosures and gaps in employment will be addressed.	<input type="checkbox"/>
111	Supervisors hold a qualification in independent advocacy (QIA standard), are experienced and knowledgeable in advocacy, and receive supervision themselves.	<input type="checkbox"/>

Ref	Requirement	Tick if met
111	The organisation regularly reviews individual performance against targets and key objectives.	<input type="checkbox"/>
112	The organisation has policies for dealing with people who are unsuitable to continue to work as advocates and disciplinary issues are identified, acted upon and recorded (e.g. Disciplinary, Grievance and Capability).	<input type="checkbox"/>
113	Advocates that work in organisations that provide Non-Instructed Advocacy have attended non-instructed advocacy training.	<input type="checkbox"/>
114	Advocates receive formal casework supervision at least once every six weeks.	<input type="checkbox"/>
115	Safeguarding, confidentiality, equality and diversity, and Non-Instructed Advocacy are reviewed in relation to current work at each supervision.	<input type="checkbox"/>
116	Advocates attend at least four team meetings a year to review practice and update their knowledge.	<input type="checkbox"/>
117	The organisation has a policy for Health and Safety.	<input type="checkbox"/>
118	The organisation has a policy for identifying and managing risk, including lone worker arrangements.	<input type="checkbox"/>

Written responses

Ref **Requirement**

119 Please include any additional comments you wish to make about indicators 104-118 here.

(response 119 here)

120 The manager regularly monitors the work of advocates and their written records and reports. Feedback including strengths and areas for improvement is given to advocates.

(response 120 here)

121 Advocates have completed the relevant City & Guilds units for their roles (or are working towards it if new in role).

(response 121 here)

Ref **Requirement**

122 Advocates receive updates regularly so that they can respond to all statutory requirements and take account of emerging case law.

(response 122 here)

123 Advocates can access additional emotional support when involved in complex and/or emotive cases.

(response 123 here)

124 Advocates receive supportive management that empowers them to practice in line with the Advocacy Charter.

(response 124 here)

Assessor's comments

(for use by QPM Assessor only)



Policies and procedures

As part of your QPM desktop submission, we ask you to send us a copy of some of your policies and procedures as listed below. **There is nothing else for you to do in this section – no ticks or text for you to complete.**

Please **ensure** you send us **all of the following documents** with your completed workbook.

Some organisations combine policies and procedures, some separate them out. Please ensure you send your Policies **and** Procedures where these are separate documents.

1. **Prioritisation Policy** (or Policies if you have more than one)
2. **Non-Instructed Advocacy Policy** (or Policies if you have more than one)
3. **Equality and Diversity Policy and Equality and Diversity Monitoring Form** (you might collect this information on your referral forms, in which case please send this)
4. **Engagement Protocol(s)**
5. **Confidentiality Policy**
6. **Adult and Child Safeguarding Policies and Procedures**

As explained earlier, we will be thinking about the whole of the Advocacy Charter when we review these policies, **but we will also look for the following specific items**, as set out in the tables below. Your assessor will be checking that each QPM requirement in the tables below are addressed within your policies and procedures.

Advocacy Charter principle

Ref We will look for

Please send us your **Prioritisation Policy and Procedure**¹.

¹ You may have a Prioritisation Policy for each kind of advocacy you provide. If so, please send us all of them.

Advocacy Charter principle

Ref We will look for

Clarity of purpose	125	There is a Prioritisation Policy for advocacy referrals that attends to: <ol style="list-style-type: none">1. statutory and contractual requirements regarding the speed of response;2. each type of advocacy provided and how they are prioritised in conjunction with each other;3. those with specific issues or decisions including those of an urgent nature, degree of risk, ability to self advocate;4. the process for making decisions about the allocation of new referrals;5. the timeframe in which someone could expect to be allocated an advocate and receive a service; and6. how any waiting list operated is to be managed, including the maximum amount of time someone might need to wait;7. how the organisation keeps in touch with referrers and people who are waiting;8. how the organisation monitors response times.
Person Led approaches and empowerment	126	Enquiries about advocacy are responded to promptly and within the scheme's target time.
	127	People are allocated to an advocate in accordance with the organisation's Prioritisation Policy.
Please send us your Non-Instructed Advocacy Policy and Procedure².		

² You don't need to send us this Policy if you have already told us above that you do not provide Non-Instructed Advocacy. If you have more than one NIA Policy, please send all that you have.

Advocacy Charter principle

Ref We will look for

<p>Person Led approaches and empowerment</p>	<p>128</p>	<p>There is a Non-Instructed Advocacy Policy that details the ways in which advocates work when they aren't able to get clear instruction or consent from the person. It needs to include guidance on how:</p> <ol style="list-style-type: none"> 1. Referrals are made and accepted 2. Decisions are made about which advocacy issues will be addressed 3. Advocates engage and interact with people, exploring all communication methods before deciding to work in a non-instructed capacity 4. Advocates continue to try to seek instruction 5. Advocates seek to discover people's likes, wants, views, values, wishes and preferences and how they represent these 6. Decisions are made in relation to accessing a person's records 7. Decisions are made about communicating and information-gathering with third parties 8. Decisions are made about what information to share and with whom 9. How advocates use the Best Interest Framework of the Mental Capacity Act 2005 in the course of their work 10. How the organisation monitors the numbers of non-instructed advocacy referrals and advocacy provided to ensure people are receiving support appropriately
<p>Equality, Diversity and Accessibility</p>	<p>129</p>	<p>The scheme has processes in place to reach people who cannot request advocacy for themselves.</p>
<p>Please send us your Equality and Diversity Policy and Monitoring Form</p>		
<p>Equality, Diversity and Accessibility</p>	<p>130</p>	<p>A robust Equality and Diversity Policy is available that demonstrates proactive steps are taken to ensure the service provides an accessible service for all equality groups.</p>
	<p>131</p>	<p>The organisation takes action to ensure that local minority communities can access the service, barriers are identified and removed and that there is a system for accessing community language/sign language interpreters and/or advocates.</p>
	<p>132</p>	<p>Organisations delivering advocacy services in Wales can demonstrate compliance with the Welsh Language Act.</p>

Advocacy Charter principle

Ref We will look for

	133	The Policy is compliant with the most recent legislation.
Please send us your Engagement Protocol(s).		
Independence	134	There is an engagement protocol that has been agreed with other organisations which governs the organisation's interaction with those agencies. This should include a statement of principles and set out the respective responsibilities of the signatories and a procedure for local dispute resolution between them.
	135	The engagement protocol should aim to cover the following relationships: (i) how advocates engage and take instruction from people who use the service and how any Non-Instructed Advocacy is delivered; (ii) how advocates relate to providers of health and social care; (iii) how advocacy organisations relate to the commissioners who fund their service; and (iv) how this organisation manages its relationship with neighbouring advocacy providers.
Please send us your Confidentiality Policy and Procedure.		
Confidentiality	136	There is a written Confidentiality Policy which is regularly reviewed and sets out the links with the Non-Instructed Advocacy Policy for people who lack the mental capacity to consent to information sharing.
	137	The Confidentiality Policy clearly states what information will and will not be shared with other agencies, and the effect of consent, mental capacity, best interests, safeguarding and any relevant legislation on the obligation to uphold the person's right to privacy.
	138	The Policy contains a clear rationale and procedure for overriding the duty of confidentiality in the interests of safeguarding, including where and how such a decision is made and must be recorded.
	139	Confidentiality is explained clearly when using any third party to help with communication (e.g. a community language interpreter, sign language interpreter or family member). Consent is sought and recorded.
	140	The organisation's Confidentiality Policy is compliant with current legislation, for example with the provisions of the Data Protection Act and GDPR and the Mental Capacity Act.

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	141	The Policy sets out the circumstances, decision making and recording processes for when and if an organisation ever withholds information from the person.
Please send us your Safeguarding Policies and Procedures.		
Safeguarding	142	An escalation procedure is in place for concerns to be raised both within the organisation and to external agencies. This must include follow-up activity if no response is received. Information-sharing protocols are in place to facilitate this.
	xx	The organisation seeks confirmation of whether a safeguarding enquiry is going ahead and what effective protective measures are in place.
	143	The organisation has clear, up-to-date Adult and Child Safeguarding Policies in place which comply with and reflect current legislation and best practice.
	144	The organisation has whistleblowing mechanisms in place, including the ability to raise concerns anonymously.
	145	Systems and processes are in place to identify, record, track and monitor outcomes of safeguarding issues.
	146	Advocates know in what circumstances they can contact statutory services without the person's consent, including in an emergency or when they suspect a crime has been committed.



Case files and reports

As a part of your QPM desktop assessment we review a sample of anonymised (redacted) case files. If you provide reports for decision makers, you will also be asked for a sample of anonymised reports. Please include these with your desktop submission.

If your organisation is small, we will ask for five, non-IMCA case files and five IMCA reports (if your organisation delivers IMCA support). This number will **increase** if you are providing a large or diverse service so that we have a fuller understanding of your activities and practice. We take a proportionate view (based on the bands described below) to both the costing of your assessment and the number of case files and reports we ask you to prepare and share with us:

QPM banding	No. of employed advocates (FTE)	No. of case files to be reviewed	No. of reports (If you deliver IMCA and/or Care Act advocacy)
Band 1	Up to 15	5	5 (of each)
Band 2	16 – 30	10	10 (of each)
Band 3	31 – 45	15	15 (of each)
Band 4	46 – 60	As agreed and advised	As Agreed and advised
Band 5	More than 60	As agreed and advised	As agreed and advised

Click or tap here to enter text.

For clarity, we confirm the number of case files, and reports we require you to submit for your organisation and/or services below:

No. Description

[xx] Anonymised Case files (non IMCA)

[xx] Anonymised IMCA reports

Case files should be copies of the **full** case file, including:

- **Referral forms**
- **Advocacy agreements or action plans**
- **Consent or authorisation forms**
- **Contact or case notes, and**
- **Key correspondence**
- **Any reports written**

Case files checklist:

- Casefiles should be 'non' IMCA files.
- Casefiles should be from a range of advocates and reflect the range of issues and the different types of advocacy you provide.
- Casefiles should be no more than 12 months old – we need to see that there has been advocacy activity within the last 12 months. If you send in case files that span longer than one year, your assessor may only read the last year
- Case file documentation should be presented in chronological order.
- Please ensure that page orientation is consistent.
- Please anonymise case files by replacing the names of people and locations/settings, e.g. "client", 'Hospital Social Worker", "Residential Home A", "Residential Home B", "Hospital" etc. in order that they remain understandable. Please don't redact dates of actions.
- Case files should be copies of the full case file, including referral forms, advocacy agreements, advocacy action plans, consent and/or authorisation forms, full contact/case notes, and reports that have been written by the advocate, key correspondence. Please include a list of any documents associated with the case file that have not been sent, so that your assessor is aware of anything that wasn't included. Your assessor may request additional documents.
- Please include the initials of the advocate on case file.
- Case files can include paid Relevant Persons Representative (RPR) case files and reports.
- If you deliver Care Act advocacy, please provide a case file including a Care Act report if you've produced one, i.e. if you have had to challenge a decision.
- If you provide a case file illustrating non-instructed advocacy delivery, please include any associated non-instructed advocacy reports

IMCA report checklist:

- IMCA Reports should be a fully anonymised copy of the report that was written by the advocate and sent to the decision-maker or social worker.
- They should be no more than 12 months old.
- Please ensure you send us a selection of reports from across your teams and advocates, representing a range of decisions; change of accommodation, serious medical treatment and IMCA 39a.
- Please anonymise reports by replacing the names of people and locations/settings, e.g. "client", 'Hospital Social Worker", "Residential Home A", "Residential Home B", "Hospital" etc. in order that they remain understandable. Please don't redact dates of actions.

- Please include the initials of the advocate in the report

There is nothing else for you to do apart from ensuring all appropriate case file documents and reports are included and to make sure that all personal identifiable details have been removed.

We ask that organisations take particular care to protect the confidentiality of people receiving support and ensure that individuals are not identifiable in any of the material we receive.

We provide advice on redacting reports and case notes and recommend that all organisations be aware of and access guidance provided by the Information Commissioner's Office <https://ico.org.uk/>

Please note that we will trigger a formal data breach process if we receive any identifiable personal information.

Please be mindful of some of the common mistakes in redacting information:

- 1. Using a standard marker pen and then a photocopier that can 'see' straight through the marker ink (redacting pens are available)**
- 2. Using a photocopier with an integral email function without checking that the scan is properly anonymised**
- 3. Sending a word document with filled blocks of colour placed over the text, where simple use of the spacebar reveals hidden text**
- 4. Failure to proofread and check that all occurrences of the name have been removed**

Please note we will only review case files that have not been anonymised where there is written consent from the person for us to do so.

We appreciate that pulling together anonymised case files for your QPM Assessor to review can be time consuming. However, this review is an integral and important part of the QPM desktop assessment.

The tables below detail the QPM indicators that your Assessor will be looking for evidence against, when reviewing the casefiles and reports.

Advocacy Charter principle

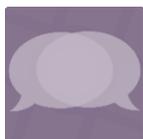
Ref **We will look for**

Clarity of purpose	147	Reports include relevant case law.
	148	Reports and casefiles show that advocates are raising all issues relevant to the person.
Person led approaches and empowerment	149	The person's views and wants are determined, recorded and acted upon, recognising their cultural and spiritual values, strengths and abilities.
	150	The advocate seeks appropriate instruction from the person on an ongoing basis.
	151	Appropriate and accessible language is used, both verbally and in all written information.
	152	Copies of all correspondence and details of all communications relating to the person is shared with them and explained unless there is specific guidance which prevents this being possible. Other professionals will know that the information they share with the advocate will be shared with the person.
	153	Where information is withheld from the person the rationale and decision-making process for doing so is evident in the casefile.
	154	Advocates will only accept information and documentation from third parties with permission from the person or where the person is unable to consent, if it is in their best interests, and the decision to accept the information is recorded.
	155	The advocate/organisation records the starting point for the person and the barriers faced in having their voice heard.
	156	The impact the issue(s) are having on the person are recorded and reviewed.
	157	There is a means of recording the changes the individual and others have noticed as a result of the advocacy process.
	158	Reports include a conclusion that provides an analysis of best interests using the evidence gathered.
	159	Advocates aim to meet the person in every case. If this has not been possible, reasons why are stated in the casefile.
160	Casefiles/reports clearly show how the person has been supported to be involved in progressing the advocacy issue or decision-making processes.	

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	161	The person's preferred communication methods are recorded in the casefile and the advocate responds to these in practice.
	162	Case records are kept up-to-date and contain sufficient details to allow continuous service in the case of staff absence or change of advocate.
	163	Case records clearly evidence the outcome of the advocate's involvement.
	164	Records of people consulted and documents viewed are in the case records, along with the permission of the person to do so. Where the advocacy activity is Non-Instructed the advocate's rationale for consulting and viewing is recorded.
	165	Cases are closed clearly when the issues are resolved or a decision has been made and a letter/email confirming such is sent to the person and decision maker.
	166	Reports are person-centred and identify the person's wishes, feelings, beliefs and values. If that has not been possible, the reason is stated.
	167	Reports are evidence-based and balanced. The advocate has looked at the pros and cons of each decision and included opinions from all those involved.
	168	Reports include information about the person that may give insight into the uniqueness of that person.
	169	A report is provided appropriately for every IMCA instruction received.
	170	Reports are adapted to include relevant information for each decision type (Serious Medical Treatment, accommodation, care review, safeguarding and DOLS).
	171	Where the advocacy activity is Non-Instructed this is evident in casefiles.
	172	Casefiles demonstrate timely and effective action from the advocate.
Supporting advocates	173	A supervisor regularly reviews case records.
	174	Reports conform to best practice guidance.



Pre-submission checklist and referencing or numbering requirements

Before you send in your completed desktop submission to be assessed, please rename the documents using the reference numbers and names of the documents listed in the table below in the following format: **File ref no_ Name of document_Your ref_ Month and Year**. For example, the workbook for NDTi would be named:

1_Assessment Workbook_NDTi_May2018.

Please check you have included the following:

File ref no.	Name of document	Tick to confirm enclosure
1.	Assessment Workbook (completed and checked)	<input type="checkbox"/>
2. (then 2a, 2b etc)	Prioritisation Policy (or Policies if you have more than one)	<input type="checkbox"/>
3. (then 3a, 3b etc)	Non-Instructed Advocacy Policy (or Policies if you have more than one)	<input type="checkbox"/>
4.	Equality and Diversity Policy	<input type="checkbox"/>
5.	Equality and Diversity Monitoring Forms (or your referral forms if this is where you collect information about Protected Characteristics)	<input type="checkbox"/>
6.	Engagement Protocol(s)	<input type="checkbox"/>
7.	Confidentiality Policy	<input type="checkbox"/>
8.	Safeguarding Policies and Procedures for (Adults and Children)	<input type="checkbox"/>
CF (CF1, CF2 etc)	[xx] anonymised (non IMCA) case files covering the range of services you provide	<input type="checkbox"/>
R (R1, R2 etc)	[xx] <u>anonymised</u> IMCA reports	<input type="checkbox"/>

Please email all of the above to support@qualityadvocacy.org.uk making clear that this is your **QPM desktop submission**.

If any of the above required documentation is missing or the workbook is incomplete, we will be unable to process and progress your QPM assessment.



Appendix 1 - Copy of your Pre-Assessment Questionnaire

To commence working towards achieving the Quality Performance Mark (QPM), we ask that organisations complete the information requested within this questionnaire

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.

This Pre-Assessment Questionnaire enables us to:

- Check you are eligible to undertake the QPM assessment
- Check you are ready to undertake the assessment
- Plan and cost your assessment
- Prepare your organisation's Working Agreement (your contract with us)

Before completing this Pre-Assessment Questionnaire, we encourage advocacy providers to:

Review the **Assessment Workbook**

Be confident that their advocacy services are delivered in line with the above definition of advocacy and the **Advocacy Charter** as a whole

Undertake development activity needed to demonstrate compliance with QPM standards

Schedule internal resources in order to be confident that the Assessment Workbook and requested policies, procedures and other documentation will be submitted within 4 months

This is to ensure that you and your team have the best chance possible of successfully completing the QPM assessment and gaining the Award.

Organisations have **up to 4 months** to complete the Assessment Workbook once your organisation accepts our terms and conditions as detailed within the Working Agreement and we have issued your personalised Assessment Workbook. We are not always able to offer an extension, and will only do so on the grounds detailed within the extensions section of the Working Agreement.

Please answer the following questions to introduce us to your organisation. We ask you what models of advocacy you are providing at the time of your assessment. In order to ensure that each strand of your service is operating to QPM standards, it is important that your Assessor understands what the different types of advocacy you deliver are.



Introduction to your organisation

Please complete the following questions:

[INSERT Pre-Assessment Questionnaire]