

Advocacy QPM - Assessment Workbook

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Welcome Guidance

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 5th 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 supports organisations to think about and improve their advocacy delivery and the **policies and procedures** that support advocates to deliver the best services they can.

All of the QPM standards organisations need to provide evidence about are referenced in this document and the accompanying document "Preparing for your QPM site visit"

On the NDTi website, you can also find an excel spreadsheet with all of the standards in to help you self-assess against the standards and project plan any development activity you want to undertake.

Key Information for your organisation	
Your Organisation's Name	
Your QPM reference code	**QPM**
Date workbook was issued	
Deadline for submission	
Date workbook 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 organisation's 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 standards 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 ask about some of the QPM standards several times, repeating the same questions in different conversations 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** and someone will be happy to help 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 each section of the workbook. The sections all link back to the headline principles in the **Advocacy Charter.** Within each section are the QPM standards relating to that principle.

- Standards you evidence by confirming you have met the indicator **with a tick box.**
- Standards where we need a **written explanation** of how your organisation operates in relation to that standard. These are the QPM standards that need a longer answer and a description of your practice in relation to them.
- Standards that assessors look for in **policies, monitoring reports, case files** and **reports.**

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 it will be automatically ticked for you. Click again and it will cancel the tick mark

Guidance for indicators requiring a written response

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

- Please ensure you provide a fully-explained description or narrative when answering these questions. Your Assessor will need to see how your organisation operates in relation to each standard. This means you need to describe how your services operate in relation to the standard and not just confirm that your organisation meets the standard. Your assessor is looking for you to explain how and why you meet the standard and what it is you do in relation to the standard.
- 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 refer to policies or documents – you need to give a descriptive answer, explaining how that policy works in practice. **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.
- Please limit workbook responses to an absolute maximum of **500 words** per answer. **Workbooks that exceed this level of response will be returned.**

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.

When finalising your workbook, please ensure you:

- 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 desktop submissions will result in your submission being held, at which time you will be asked to get the documentation in good order before resubmitting.

A) 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

Standard No.	Standard	Tick if Met
A1	The organisation's aims and planned activities are within the objectives set out in its governing document. *(no change – previous Ref 26)*	☐
A2	The organisation has clear decision-making processes which are regularly reviewed by the Board. (*no change – previous Ref 27)*	☐
A3	The activities listed in the organisation's Annual Report tally with the description of the service. *(reinstated a4a ref 2.5)*	☐
A4	Leaflets, website pages and other information used to advertise the service sets out clearly the types of advocacy being delivered, which geographical areas are served, types of issues that are supported, who is eligible for support, the limitations of the service (i.e. what the service does not provide), how to contact the organisation and the process for accessing advocacy (*slight amendment to previous Ref 28, reinstating some language from a4a ref 2.6)*	☐
A5	The advocacy provider gives information to people who access advocacy about what they can expect from the advocacy service (*reinstated a4a 2.9)*	☐
A6	Advocacy providers ensure that advocates and those working for the advocacy provider can clearly describe the advocacy roles provided and the differences between these. (*reinstated a4a 2.6)*	☐
A7	Advocacy providers deliver their advocacy services in line with the Advocacy Charter and QPM standards (*new - brought in from Charter heading)*	☐
A8	Advocacy providers have an up-to-date **Prioritisation Policy**	☐

Please include any additional comments you wish to make about indicators A1-A8 here:

Written description responses

Standard No.	Standard
A9	The organisation gives clear information about the advocacy role in formats that are most suitable to each individual who accesses advocacy (*previous ref 33 – wording clarified)*
	Your response to A9 here:
A10	Advocacy providers have a range of ways of giving other professionals clear information about the advocacy service provided *(reinstated a4a 2.10)*
	Your response to A10 here:
A11	Advocacy Providers support and ensure advocates to work to the advocacy code of practice. *(amended previous ref 29)*
	Your response to A11 here:
A12	The organisation records, monitors and analyses any requests for advocacy that cannot be met and proactively works with funders, commissioners or others to address these. *(amended previous ref 31)*
	Your response to A12 here:
A13	Where organisations hold waiting lists for services, they let referrers and people who want to access advocacy know about this, and how long they may need to wait for support. Advocacy organisations proactively keep in touch with people and referrers who are waiting for support. *(previous ref 125)* ***Prioritisation Policy.***
	Your response to A13 here:
A14	Where there is a waiting list for statutory advocacy the organisation ensures commissioners are aware and are proactively working to reduce the numbers of people waiting and to ensure there is an adequate level of service to meet need *(new - but amalgamation of previous refs 31, 125)*

	Your response to A14 here:
A15	Advocacy organisations signpost and refer people to other agencies, if they are unable to provide support. There is (i) a procedure to support and (ii) an up-to-date list of potential services to refer people on to
	Your response to A15 here:
A16	Advocacy organisations have a range of policies and procedures which support sound governance and delivery of advocacy services. Policies are in line with the Advocacy Charter and QPM standards, provide clear guidance, are dated, have a marked owner and are version controlled
	Your response to A16 here:

Standards assessors look for in policies, case files and reports – no response needed from you here. Please ensure your documents reflect these standards

Standard No.	Standard
A17	Case files show that advocates are explaining their roles and that people are provided with information about the advocacy service (*new – amalgamation of A6 and A9)*
A18	Monitoring reports or other documentation show clear information about numbers of referrals, waiting times and what has been done to address waiting lists with commissioners (new)
A19	There is a **Prioritisation Policy** to support the fair and timely processing of advocacy referrals that describes: 1. Statutory and contractual requirements regarding the speed of response to incoming requests for support; 2. each type of advocacy provided and how they are prioritised in conjunction with each other; 3. how the organisation prioritises requests for support, including urgent requests for support, instances where people are at higher risk of their liberty/rights being infringed upon, instances where people are in highly restricted settings, instances where people may have a limited ability to self-advocate. 4. the process for making decisions about the allocation of new requests for support 5. the timeframe in which someone could expect to be allocated an advocate and receive a service; and 6. how any waiting list operated is to be managed, including the maximum amount of time someone might need to wait and how the person/referrer will be kept updated; 7. how the organisation keeps in touch with referrers and individuals waiting for support; 8. how the organisation monitors response times. (previous ref 125, wording clarified)

Assessor's notes:
(for use of QPM assessor only)

B) 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

Standard No.	Standard	Tick if Met
B1	The advocacy provider is constituted as an organisation which stands independently of health and social care service provision. *(previous ref 34)*	☐
B2	The organisation's **governing document** promotes and protects independence. *(previous ref 35)*	☐
B3	People accessing the service are aware of the advocate's independence. *(previous ref 36)*	☐
B4	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. (*previous ref 37)*	☐
B5	The organisation keeps a register of interests that might influence Board members, staff and volunteers. *(previous ref 38)*	☐
B6	All publicity material, including the website, explicitly states that the advocacy service is independent. *(previous ref 39 – amended wording)*	☐
B7	Advocacy providers have **Engagement Protocols** in place, that supports their independence with external agencies	☐

Please include any additional comments you wish to make about indicators B1-B7 here:

Written description responses

Standard No.	Standard
B8	The advocacy service is free of conflicts of interest, especially if the organisation provides other services in addition to advocacy. *(Previous ref 41)*
	Your response to B8 here:
B9	The advocacy service is structurally independent of any other services offered i.e. the advocacy service has separate office accommodation, phone lines, storage for and access to confidential data, and line management. (previous ref 42)
	Your response to B9 here:
B10	The organisation actively seeks funding from more than one source. (previous ref 43)
	Your response to B10 here:
B11	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. This includes deployment of staff where there may have been a complaint. (previous ref 44 – wording amended)
	Your response to B11 here:
B12	The organisation ensures there are means of safeguarding the independence of the service written in contracts and funding agreements, including systems for resolving disputes (a4a 1.7)
	Your response to B12 here:
B13	The organisation ensures 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, including in data ownership. (previous ref 45, wording amended)
	Your response to B13 here:
B14	Where the organisation puts in place spot purchased arrangements or makes agreements with individuals or deputies who are purchasing advocacy outside of existing grants or contracts, agreements will make clear that the organisation is independent and that the person being supported will direct the advocacy activity. Where advocacy is non-instructed, advocates will work with the person to ensure advocacy

	remains person led e.g. referrers are not able to direct the advocacy service. (new)
	Your response to B14 here:
B15	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. (previous ref 46)
	Your response to B15 here:
B16	Advocates are able to raise challenges or complaints freely and as directed by the people they are working with. For non-instructed advocacy, advocates are still able to raise complaints/challenges robustly and appropriately and there is a **policy/procedure** to support this, e.g. **engagement protocol, advocacy handbook**. (previous ref 47)
	Your response to B16 here:
B17	The advocacy provider raises issues of poor practice or concerns about service delivery that they observe with other agencies at an organisational level (a4a 1.17)
	Your response to B17 here:
B18	Organisations are free to determine and deliver the number and frequency of visits needed to provide a robust advocacy service
	Your response to B18 here:

Standards assessors look for in policies, case files and reports – no response needed from you here. Please ensure your documents reflect these standards

Standard No.	Standard
B19	Case files show that advocates are, explaining their independence and raising challenges appropriately *(new – amalgamation of B15, B16, B17 and B18)*
B20	Case files and monitoring reports or other documentation show how advocates are raising challenges, safeguarding concerns and practice concerns (new amalgamation of B15, B16, B17 and B18)
B21	Engagement Protocol: There is an **engagement protocol** that has been agreed with other agencies which governs the organisation's interaction with those agencies. This should include a statement of principles, e.g. independence, confidentiality, person led, empowerment, and set out the respective responsibilities of the signatories and a procedure for local dispute resolution between them.

	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.

Assessor's notes:
(for use of QPM assessor only)

C) 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

Standard No.	Standard	Tick if Met
C1	The advocacy provider controls and processes its own data in order to ensure confidentiality and maintain independence from statutory or other service providers *(new – but implied in Charter and previous standards)*	☐
C2	The organisation complies with data protection legislation by creating, storing and disposing of all records and data appropriately and in line with legislation. *(previous ref 48)*	☐
C3	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. *(previous ref 49)*	☐
C4	The organisation has an up-to-date **Confidentiality Policy** in place which makes clear their duty of confidentiality to people who access advocacy. (*previous ref 50)*	☐
C5	The organisation has an up-to-date **Non-Instructed Advocacy Policy** in place, which makes clear that the organisation's approach to confidentiality and data sharing where the person is unable to consent is lawful and in line with the Mental Capacity Act *(previous ref 51 – slightly amended wording)*	☐
C6	The organisation has an up-to-date **Data Protection Policy** in place *(previous ref 52)*	☐
C7	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. *(previous ref 53)*	☐

C8	**Confidentiality Policies** and **Privacy Statements** are available and accessible, including on the organisations website. *(new)*	☐
C9	Where organisations provide services in addition to advocacy, the information held by the advocacy service is confidential to the advocacy service *(new brought down from main Charter principle)*	☐

Please include any additional comments you wish to make about indicators C1-C9 here:

Written description responses

Standard No.	Standard
C10	**Confidentiality Policies** set out a broad duty of confidentiality to people who access advocacy which supports individuals being in control of the information they share with the advocacy provider and over the information the advocacy provider can share about them. 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 other relevant legislation on the obligation to uphold the person's right to privacy. *(previous ref 137 – wording clarified)*
	Your response to C10 here:
C11	The organisation ensures that advocates delivering instructed advocacy only share information about an individual with third parties with the consent of that individual. *(new – from charter)*
	Your response to C11 here:
C12	Where people are unable to consent to information about them being gathered or shared by the advocate, the organisation has policies in place to support advocates to make and record best interest decisions in line with the Mental Capacity Act. (*New – but amalgamation of a number of previous standards and wording more explicit)*

Your response to C12 here:

C13	Advocates have access to training about confidentiality, consent, The Mental Capacity Act, Best interest decision making and data protection

Your response to C13 here:

C14	When using interpreters or third parties to support communication, advocacy organisations ensure those third parties have signed an **organisational confidentiality agreement** and aren't aligned with statutory services (previous Ref 139 – amended wording)

Your response to C14 here:

Standards assessors look for in policies, case files and reports – no response needed from you here. Please ensure your documents reflect these standards

Standard No.	Standard
C15	Case files show that advocates are not accepting information about a person, beyond that which is needed to process and accept the referral and facilitate an initial meeting, prior to meeting the person and gaining their consent to receive it, including where referrers have indicated the person may lack capacity. *(new)*
C16	Case files show whether the advocates actions in relation to information sharing and information gathering are instructed or done on a non-instructed basis (*new but amalgamation of previous standards*)
C17	Confidentiality Policy: There is a **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. • complies with data protection legislation and the Mental Capacity Act. • makes clear that all information about a person is subject to confidentiality, not just personal, personal-sensitive information • clearly states what information will and will not be shared with other agencies, and the effect of consent, mental capacity, best interests, safeguarding and other relevant legislation on the obligation to uphold the person's right to privacy. • 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.

- Sets out how interpreters or third parties supporting communication should be engaged in order to maintain client confidentiality.
- The person's consent for third parties support with communication should be sought and recorded.
- The **Policy** sets out the circumstances, decision making and recording processes for when and if an organisation ever withholds information from the person.

(previous 136-141)

Assessor's notes:
(for use of QPM assessor only)

D) Person Led and Empowering Advocacy

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 description responses

Standard No.	Standard
D1	Enquiries and about advocacy are responded to promptly and within the organisations target time. (*previous ref 126)* Your response to D1 here:
D2	People are allocated an advocate in a timely fashion and in accordance with the **Prioritisation Policy**, and advocacy organisations don't delay providing support whilst waiting for referral forms where it is clear people are eligible for advocacy support (*previous 127)* Your response to D2 here:
D3	The advocacy service works to enable people to self-refer wherever possible and reduces all barriers to access advocacy, e.g. advocates can pick up work with individuals on the ward when requested *(from Charter)* Your response to D3 here:
D4	Advocates maintain a regular presence in settings, including care homes and mental health wards, building relationships with staff and people who can access advocacy. *(new)* Your response to D4 here:

D5	Advocates work with individuals to understand their issues, concerns and desired outcomes, putting together advocacy plans. Wherever possible, the person's lived experience is given priority when identifying issues (*previous ref 58 and a4a 4.1)*
	Your response to D5 here:
D6	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. This should be clear to people from the start of the advocacy relationship. Advocates confirm with people when the work is ending. Work is only closed when the person's issues are resolved, they no longer want advocacy support, or they are no longer eligible for support. Where organisations open and close multiple 'cases' or 'issues' with the same person, this does not impact on the continuity of their advocacy support. *(previous ref 56 and 165 – wording amended)*
	Your response to D6 here:
D7	The organisation has systems to ensure that each advocacy relationship is reviewed to ensure advocacy remains active and relevant at least every four months. *(previous ref 55)*
	Your response to D7 here:
D8	Advocates work in an empowering way that promotes self-advocacy and individual resilience and enables people to lead and direct the advocacy work. *(previous ref 59)*
	Your response to D8 here:
D9	Advocates support people to ensure their rights, including Human Rights are upheld, highlighting where statutory agencies may risk breaching rights.
	Your response to D9 here:
D10	Advocates only act on the instruction of the person and enable them to make complaints and raise concerns as requested and/or needed or on their behalf in non-instructed advocacy. Where the person is unable to instruct the advocate, the advocate makes best interest decisions about how they will support the person and what issues they will raise *(combined refs 60, 128, 135, 150)*
	Your response to D10 here:
D11	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. *(previous ref 61)*
	Your response to D11 here:
D12	Non-instructed advocacy is delivered face to face in order to support communication with individuals and adequate and appropriate levels of observation. *(new from NICE guidance)*
	Your response to D12 here:

D13	Advocates have access to a range of communication tools and resources to facilitate communication with people who need additional support to communicate, and advocates take all practicable steps to establish effective communication with people. e.g. photo symbols, talking mats, white boards *(new from NICE guidance)*
	Your response to D13 here:
D14	Advocates delivering statuary advocacy ensure their support remains led by the person and their wishes, rather than being led by processes or other professionals *(new from NICE guidance)*
	Your response to D14 here:
D15	Organisations ensure that there is an adequate amount of time for advocates to support people to prepare for meetings/statutory processes. Advocates ensure meetings are rearranged where people need more time to understand and plan their input. *(new from NICE guidance)*
	Your response to D15 here:
D16	Advocacy organisations ensure that advocates non-instructed advocacy practice and recording practice adequately safeguards people's rights to supported and substituted decision making. Advocates record the best interest' rationale for their actions when working in a non-instructed capacity.
	Your response to D16 here:
D17	Advocates facilitate the person's involvement and participation in discussions, meetings and decisions which impact the person's life and wellbeing, including when providing Care Act Advocacy (England) or Independent Professional Advocacy (Wales) *(New - Care and Support Statutory Guidance)*
	Your response to D17 here:
D18	Peoples' personal strengths and abilities are explored and promoted within the advocacy relationship and the effects of the person's cultural and spiritual background are considered and influence the advocacy provided. *(Prev 149, a4a 4.12 and 4.14)*
	Your response to D18 here:
D19	Respectful, person centred, appropriate and accessible language is used, both verbally and in all written information. *(previous ref 151)*
	Your response to D19 here:
D20	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. *(previous ref 152)*
	Your response to D20 here:
D21	Where information is withheld from the person the rationale and decision-making process for doing so is evident in the casefile. *previous ref 153)*
	Your response to D21 here:

D22	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. *previous ref 154)*
	Your response to D22 here:
D23	Advocates do not share their views about an individual's situation with third parties *(new – NICE)*
	Your response to D23 here:
D24	Advocates aim to meet the person in every case. If this has not been possible, reasons why this hasn't happened are stated in the casefile *(Previous ref 159)*
	Your response to D24 here:
D25	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. *(Previous ref 164)*
	Your response to D25 here:
D26	The organisation has operational links with local people using the advocacy service, self-advocacy groups or other user-led organisations. *(Previous ref 57)*
	Your response to D26 here:
D27	People using the advocacy service are provided with opportunities to be involved meaningfully in the management and culture of the organisation. For example, people are involved in activities such as recruitment, training, publicity, outreach and on the Board. *(Previous ref 62)*
	Your response to D27 here:

Standards assessors look for in policies, case files and reports – no response needed from you here. Please ensure your documents reflect these standards

Standard No.	Standard
D28	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. This must be compliant with the Mental Capacity Act. Whenever an individual is unable to consent to the actions of the advocate or advocacy organisation, a Best Interest decision must be made and recorded. The **Non-Instructed Advocacy Policy** needs to include guidance on how: 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. 11. How recognised models of non-instructed advocacy can be used. 12. How advocates are to record their non-instructed work in case files. *(previous ref 128)*
D29	The person's views and wants are determined, recorded in case files and acted upon, recognising their cultural and spiritual values, strengths and abilities *(previous ref 149)*
D30	The advocate seeks appropriate instruction from the person on an ongoing basis and this is recorded in casefiles. (previous ref 150)
D31	The advocate/organisation records the starting point for the person and the barriers faced in having their voice heard and this is evident in case files *(previous ref 155)*
D32	The impact the issue(s) are having on the person are recorded in case files and reviewed. *(previous ref 156)*
D33	There is a means of recording the changes the individual and others have noticed as a result of the advocacy process. Outcomes are routinely recorded and this is evident in case files. *(previous ref 157)*
D34	Casefiles/reports clearly show how the person has been supported to be involved in progressing the advocacy issue or decision-making processes *(previous ref 160)*
D35	The person's preferred communication methods are recorded in the casefile, and the advocate responds to these in practice. *(previous ref 161)*
D36	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. *(previous ref 162)*
D37	Case records clearly evidence the outcome of the advocate's involvement *(previous ref 163)*
D38	Where the advocacy activity is Non-Instructed this is evident in casefiles. *(previous ref 171)*
D39	Casefiles demonstrate timely and effective action from the advocate. *(previous ref 172)*

D40	Casefiles demonstrate that advocates are supporting people to have their rights, including Human Rights, upheld (new)
D41	Case files are audited and a supervisor regularly reviews case records. *(previous ref 173)*
D42	Reports include a conclusion that provides an analysis of best interests using the evidence gathered. *(previous ref 155)*
D43	Reports include relevant case law. *(previous ref 155)*
D44	Reports are person-centred and identify the person's wishes, feelings, beliefs and values. If that has not been possible, the reason is stated. *(previous ref 166)*
D45	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. *(previous ref 167)*
D46	Reports include information about the person that may give insight into the uniqueness of that person. *(previous ref 168)*
D47	A report is provided appropriately for every IMCA instruction received. *(previous ref 169)*
D48	Reports are adapted to include relevant information for each decision type (Serious Medical Treatment, accommodation, care review, safeguarding and DOLS). *(previous ref 170)*
D49	Reports conform to best practice guidance. *(previous ref 174)*

Assessor's notes:

(for use of QPM assessor only)

E) Equity, Diversity and Inclusion 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

Standard No.	Standard	Tick if Met
E1	The advocacy provider has an Equality, Diversity and Inclusion statement which outlines their commitment to anti-discrimination and social inclusion, and this statement is publicly available, e.g. online *(new)*	☐
E2	There is a robust, up-to-date **Equality, Diversity and Inclusion Policy** in place that responds to the requirements of current legislation; including all protected characteristics (equality strands) as identified in the Equality Act 2010 (age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation). *(previous ref 69 and130)*	☐
E3	The **Policy** will be applied in practice so that all people are treated fairly and equitably and focusses on structural inequality and tackling discrimination. *(new)*	☐
E4	The advocacy organisation provides Equality and Diversity training to advocates which supports cultural competency in advocacy practice. The training is provided to all advocates within the first 12 months of joining the organisation, regular updates are given and continuous professional development is supported across the organisation. Understanding and training outcomes are monitored in supervision and appraisals. *(previous ref 68 – wording updated)*	☐
E5	The advocacy provider regularly analyses their workforce and trustee profile against that of the local demographics and has a proactive recruitment strategy to ensure that their workforce	☐

	and board of trustees are representative of local communities. *(new)*	
E6	Equality and Diversity statistics are included in internal and external monitoring reports with gaps in provision and actions identified for improvement. *(previous ref 74)*	☐
E7	The organisation's recruitment procedure and practice are regularly reviewed to make sure there is no discriminatory practices and that recruitment criteria are assessed to make sure they value diversity and lived experience. *(new -ACEVO/ Voice 4 Change Home Truths recommendation)*	☐
E8	The advocacy provider's CEO and senior staff should lead on and be held responsible and accountable for progress on Diversity, Equality and Inclusion targets including equity impact plans, pay-gap data. Equality and Diversity plans, goals and evidence of change should be made public *(new - ACEVO/ Voice 4 Change Home Truths recommendation)*	☐
E9	*The advocacy provider will take the lead from local partner organisations and those who have expertise in tackling structural biases and discrimination and learn from people's lived experience of discrimination. (new - ACEVO/ Voice 4 Change Home Truths recommendation)*	☐
E10	Organisations delivering services in Wales can demonstrate they meet current Welsh Language requirements. *(previous ref 132 and 133)*	☐
E11	The advocacy organisation does not charge people for their services where they are commissioned or funded directly to provide this service (*charter and previous ref 67)*	☐
E12	Where people need or want to purchase advocacy or where someone has an appointed deputy/attorney in place who wishes to arrange an advocate on the person's behalf, suitable processes should be in place to safeguard the person and ensure they are not open to financial abuse. *(from v3 of QPM)*	☐
E13	Advocates supporting people with specific access or communication needs take all practicable steps to meet those needs and have had access to relevant training to enable them to do so. *(amalgamation of various)*	☐

Please include any additional comments you wish to make about indicators E1-E13 here:

Written description responses



Standard No.	Standard
E14	The organisation has a proactive focus on addressing anti-discrimination, including anti-racism, and social exclusion and can demonstrate this through policy, procedures, monitoring and action planning.
	Your response to E14 here:
E15	The advocacy provider routinely collects, records and analyses demographic information in relation to all the equality strands in the Equality Act, along with other key information, to check how well it is reaching whole communities, has identified gaps in provision and taken action to address this. *(previous ref 74)*
	Your response to E15 here:
E16	The advocacy provider produces an annual Equality Diversity and Inclusion Action Plan. The plan should identify the areas of improvement that are required and detail the proactive actions to be taken by the provider to ensure the service is equitable and inclusive in relation to all minority communities and equality strands. (*New but brings in previous refs 130 and 131)*
	Your response to E16 here:
E17	The Equality, Diversity and Inclusion action plan shows that 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 (previous ref 130, 131)
	Your response to E17 here:
E18	As a part of ensuring that the service is accessible to all minoritised communities, Advocates and referral takers understand the importance of collecting comprehensive monitoring information; and know how to ask people sensitively for information about their ethnicity, sexuality, gender, religion etc. (new – implied previously)
	Your response to E18 here:
E19	Issues and trends in relation to inequality and systemic discrimination within the broader health and social care sector are identified and addressed with commissioners and relevant others. Advocacy organisations can evidence that they have used their influence locally.
	Your response to E19 here:
E20	Advocacy providers can demonstrate that they are investing, supporting and safeguarding people from minoritised communities in their

	workforce and the people they work with. (ACEVO/ Voice 4 Change Home Truths recommendation) Your response to E20 here:
E21	Advocates make all reasonable adjustments needed to ensure the service is accessible and the person can lead the advocacy work as far as possible. This includes ensuring face to face advocacy is available to people who need it alongside a full range of digital options for those who can access them. (previous ref 77 – updated language) Your response to E21 here:
E22	Outreach activity about the services is delivered to reach out/in to seldom heard and under-represented communities and those experiencing structural inequalities. Advocacy Providers should also be aware of under-referring teams/areas and evidence awareness raising with specific organisations, teams, communities, or citizens. *(previous ref 75 and NICE)* Your response to E22 here:
E23	Promotion of the service is appropriate to all local communities and access to up-to-date information about the service should be available on the website and for advocates to use, in community languages and other accessible formats. *(previous ref 76)* Your response to E23 here:
E24	The organisation's website and promotional materials use imagery and language that is inclusive, non-discriminatory, and reflective of the diversity of the area served. Resources for staff and the public should be compatible with accessibility standards. Your response to E24 here:
E25	Referral procedures are clear and there is clear information on eligibility criteria for advocacy services to ensure appropriate referrals are made. Arrangements are in place to signpost to relevant agencies when a referral does not meet the organisation's criteria for advocacy. Referral forms support referrers to make appropriate referral, to proactively reduce the frequency of inappropriate referrals. (previous ref 72) Your response to E25 here:
E26	There is a range of methods to make a referral that reduce barriers to accessing advocacy. (previous ref 71) Your response to E26 here:
E27	The allocation of the advocate meets the specific requirements of the individual requiring support e.g., the gender of the advocate. The advocacy service ensures that individuals who are eligible, have access to the different strands of advocacy available within the service. 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. (previous ref 73) Your response to E27 here:
E28	The service is situated in physically accessible premises or can use accessible meeting spaces and all reasonable attempts are made to create a welcoming environment for all. This may include use of welcoming posters and other imagery that is inclusive, non-discriminatory, and reflective of the diversity of the area served. Community venues are assessed to ensure that they meet both physical accessibility and inclusivity standards. *(previous ref 64)* Your response to E28 here:
E29	The service has operating hours that are accessible to the people who want to use or refer to the service and makes reasonable adjustments for people who work/are not able to access the service in normal hours of operation *(previous ref 65)* Your response to E29 here:
E30	The organisation has non-instructed advocacy procedures which outline: 1. A proactive offer of advocacy to those who need it including to people who are unable to request advocacy support for themselves. 2. Where people have a statutory right to advocacy support and have declined that support, the provider ensures that the offer of advocacy is re-made to the person on a regular basis and that the person has information about the advocacy role to support them making an informed decision. 3. The advocacy provider will make sure the person has information about how to access the service should they decide to. 4. Where an individual is declining their entitlement to advocacy support, the advocacy provider will explore the person's capacity to make that decision fully and consider whether non- instructed advocacy is appropriate. *(previous ref 129 - expanded)* Your response to E30 here:
E31	Where people need or want to purchase advocacy outside of what is available through commissioned services, or where someone has an appointed deputy/attorney in place who wishes to refer for an advocate on the person's behalf, suitable processes should be in place to safeguard the person and ensure they are not open to financial abuse. Your response to E31 here:

Standards assessors look for in policies, case files and reports – no response needed from you here. Please ensure your documents reflect these standards

Standard No.	Standard
E32	The **Equality, Diversity and Inclusion Policy** shows that 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. *(amalgamation of previous ref 130 and 131)*
E33	There is a system for accessing community language/sign language interpreters and/or advocates that are independent of statutory services

Assessor's notes:

(for use of QPM assessor only)

F) 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

Standard No.	Standard	Tick if Met
F1	The organisation has published an annual report in the past year. (*previous 78)*	☐
F2	The organisation has published its annual accounts in the past year. *(previous ref 79)*	☐
F3	The organisation has Public Liability insurance. *(previous ref 80)*	☐
F4	The organisation has Employer's Liability insurance. (*previous ref 81)*	☐
F5	The organisation has Professional Indemnity insurance *(previous ref 82)*	☐
F6	The organisation has a record setting out the current membership of the Board and the term of office for each Board member *(previous ref 83)*	☐
F7	The organisation has a document that clearly defines the role and remit of Board members and how the decision-making process works. *(previous ref 84)*	☐
F8	The Board meets at least quarterly and decisions are minuted. *(previous ref 85)*	☐
F9	The Board receives written papers and reports ahead of Board meetings and which support them to discharge their governance duties. *(new)*	☐
F10	The organisation produces an annual budget linked to its aims and objectives, which is agreed by the Board *(reinstated a4a 6.4)*	☐
F11	Funding bodies are provided with relevant written monitoring information. *(previous ref 86)*	☐

F12	Everyone using the service has a named advocate and a way to contact them. *(previous ref 87)*	☐
F13	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. *(previous ref 88)*	☐
F14	The advocacy organisation offers the option of independent support to complainants and can make this available when required. *(previous ref 89)*	☐
F15	The Board and funding bodies/commissioners receive reports of complaints and actions taken *(reinstated a4a 6.10)*	☐
F16	Referrals are responded to within agreed timescales and in accordance with official guidance and legislation. *(previous ref 90)*	☐
F17	Commencement of IMCA casework following instruction is not delayed due to lack of a written capacity assessment. *(previous ref 91)*	☐

Please include any additional comments you wish to make about indicators F1-F17 here:

Written description responses

Standard No.	Standard
F18	There is an established system and process for obtaining information from people who use the advocacy service about their level of satisfaction with the service they have received an appropriate follow-on action is taken where necessary. *(previous ref 93 – wording clarified)*
	Your response to F18 here:
F19	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. *(previous ref 94)*
	Your response to F19 here:
F20	The organisation uses information about its service delivery to inform practice developments and changes to service delivery *(new)*

Your response to F20 here:

F21	When changes to the provision of advocacy are being considered the organisation plans this in consultation with people who have or who could use the services, wherever possible. (new)

Your response to F21 here:

F22	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 *(previous ref 95)*

Your response to F22 here:

F23	There is evidence of organisational learning from comments and complaints. *(reinstated a4a 611)*

Your response to F23 here:

Assessor's notes:

(for use of QPM assessor only)

G) 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

Standard No.	Standard	Tick if Met
G1	Training is provided to advocates on Human Rights, restrictive practice and safeguarding, including potential deprivations of liberty: how to recognise different forms of abuse including institutional abuse, neglect, and poor practice; its impact upon adults and children; how to identify and raise a safeguarding concern; and how to take appropriate action, including constructively challenging decisions. Training is at an appropriate level and is updated regularly. *(previous ref 96)*	☐
G2	The organisation has up-to-date **Child and Adult Safeguarding Policies** in place, which are reviewed regularly. These comply with and reflect current legislation and best practice. *(previous ref 97 and 143 combined)*	☐
G3	The organisation has a Designated Safeguarding Lead and emergency contact details are readily available to advocates who need to escalate safeguarding concerns *(previous ref 98)*	☐

Please include any additional comments you wish to make about indicators G1-G3 here:

Written description responses

Standard No.	Standard
G4	The organisation supports advocates to take action to proactively address restrictive practices which impact on individuals. Advocates are alert to the use of different types of restraint and challenge inappropriate use of this, where there is a less restrictive option to supporting people (new*)*
	Your response to G4 here:
G5	Advocates have access to training, supervision and reflective practice which focuses on the impact of closed culture environments. The advocacy provider and advocates understand that advocates who have a regular presence in all settings (including the community, health and social care settings, secure settings and closed environments) provide an additional safeguard in the prevention and identification of abuse or neglect. *(new)*
	Your response to G5 here:
G6	The organisation supports IMHAs to ensure they are aware of anyone who has experienced segregation/seclusion and there are established proactive approaches to supporting people in Long Terms Segregation (*new)*
	Your response to G6 here:
G7	There is an established strong working relationship with the local authority safeguarding lead/team and the Safeguarding Adults Board with a robust system in place to raise patterns and themes of prevention and concern, the effectiveness and impact of advocacy provision on safeguarding outcomes. *(previous ref 100)*
	Your response to G7 here:
G8	The organisation can demonstrate appropriate links to relevant safeguarding forums and boards and has a place on the local Safeguarding Adults Board wherever possible (*previous ref 101)*
	Your response to G8 here:
G9	The organisation tracks, monitors, and escalates safeguarding concerns to ensure appropriate action is taken to safeguard individuals and evidence of this is clear in the casefile. (*previous ref 102)*
	Your response to G9 here:
G10	The organisation has systems and processes in place to record, monitor and act on practice concerns, which may fall below safeguarding

	thresholds, but which impact on people's care, support, and wellbeing. Including reporting to Safeguarding Adults Boards where appropriate. *(new)* Your response to G10 here:
G11	The organisation tracks, monitors and analyses trends in safeguarding concerns and alerts and raises these with external stakeholders appropriately. (*previous ref 103)* Your response to G11 here:
G12	The organisation always ensures that safeguarding alerts have been raised with the Local Authority and do not rely on internal reporting mechanisms of institutions (*new – but implied as established best practice)* Your response to G12 here:
G13	Organisations ensure that whenever there is a safeguarding concern impacting an individual that this is raised with the relevant authorities. Advocates are clear that individual consent is not required for concerns to be raised. (*new but implied previously as best practice)* Your response to G13 here:
G14	Advocates are aware of and follow safeguarding best practices to support person-led and outcome focussed processes which empowers and engages the person subject to safeguarding; focussing on involvement, choice and control, quality of life as well as safety. In England this means advocates are aware of Making Safeguarding Personal *(new)* Your response to G14 here:
G15	Organisations undertake a review and audit of safeguarding concerns and issues raised at least once a year and report findings to commissioners, staff teams and the Board. *(new)* Your response to G15 here:
G16	Organisation's **Safeguarding Policies and Procedure** ensure that they maintain their independence and challenge appropriately whilst supporting individuals in relation Safeguarding issues and restrictive practice. Advocates are supported to exercise their independence and respond appropriately and robustly to concerns that are identified through any means. *(new)* Your response to G16 here:

Standards assessors look for in policies, case files and reports – no response needed from you here. Please ensure your documents reflect these standards

Standard No.	Standard
G17	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. *(previous ref 142)*
G18	The organisation seeks confirmation of whether a safeguarding enquiry is going ahead and what effective protective measures are in place. *(previous ref 142a)*
G19	The organisation has a **Whistleblowing Policy** in place, which includes the ability to raise concerns anonymously. The **Whistleblowing Policy** is referenced in **Safeguarding Policies**. *(previous ref 144)*
G20	Systems and processes are in place to identify, record, track and monitor outcomes of safeguarding issues. *(previous 145)*
G21	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. (previous 146)
G22	The organisation has a procedure in relation to closed culture environments and potential institutional discrimination which identifies how advocates are best placed to identify and challenge this both at an individual and systemic level.

Assessor's notes:

(for use of QPM assessor only)

H) 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

Standard No.	Standard	Tick if Met
H1	There is an Organisational Chart with clear lines of accountability and reporting lines to the governing body/Board (previous ref 104)	☐
H2	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. *(previous ref 105)*	☐
H3	All employed advocates have a contract that outlines the main terms and conditions of their employment *(previous ref 106)*	☐
H4	New/TUPE'd advocates receive a comprehensive induction which sets out their role and the expectations of them, covering all relevant policies and procedures, shadowing opportunities as well as all aspects of the Advocacy Charter, within their first four weeks of employment. Key concepts such as the Social Model of Disability and Human Rights are covered in induction. (*previous ref 107 – slightly amended wording)*	☐
H5	Organisations have planned approaches to continual professional development for advocates and advocates have access to relevant ongoing training and personal development opportunities, including training to meet all statutory requirements. *(previous ref 108 – slightly amended wording)*	☐
H6	There is a dedicated training budget which covers requirements for ensuring advocates are qualified and have access to CPD and training records evidence that training is up to date.	☐
H7	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. *(previous ref 109)*	☐
H8	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. *(previous ref 110)*	☐

H9	Onboarding processes for new staff are timely and welcoming *(new)*	☐
H10	Supervisors hold or are working towards a full qualification in independent advocacy (QIA/IAP PPIA standard), are experienced and knowledgeable in the types of advocacy they provide support with, and receive supervision themselves *(previous ref 111, slightly amended wording)*	☐
H11	The organisation regularly reviews individual advocates performance against targets and key objectives. This could be through an annual appraisal. *(previous ref 111 – amended wording)*	☐
H12	The organisation has **policies** for **managing/supporting 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). *(previous ref 112)*	☐
H13	Advocates that work in organisations that provide Non-Instructed Advocacy have undertaken non-instructed advocacy training, which covers, communication and how to engage with people who are unable to instruct, when to provide non-instructed advocacy, how to provide non instructed advocacy which upholds people's rights under Mental Capacity legislation, different models of non-instructed advocacy. *(previous ref 113 – slightly amended wording)*	☐
H14	Paid advocates, including sessional or self-employed advocates receive formal casework supervision at least once every six weeks. *(previous ref 114 – wording clarified)*	☐
H15	Volunteer advocates have access to regular, timely and effective support, supervision and guidance *(new)*	☐
H16	Safeguarding, confidentiality, equality and diversity, and Non-Instructed Advocacy are reviewed in relation to current work at each supervision. *(previous ref 115)*	☐
H17	Advocates attend at least four team meetings a year to review practice and update their knowledge. *(previous ref 116)*	☐
H18	The organisation has **Health and Safety policies** in place. *(previous ref 117)*	☐
H19	The organisation has a **policy** for **identifying and managing risk**, including lone worker arrangements. *(previous ref 118)*	☐
H20	Salary scales and terms of conditions for paid staff are appropriate for the level of responsibility and in keeping with other similar roles. *(reinstated from a4a 7.8)*	☐
H21	There is a system for claiming reasonable work-related expenses. (*reinstated from a4a 7.12)*	☐

Please include any additional comments you wish to make about indicators H1-H21 here:



Written description responses

Standard No.	Standard
H22	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. *(previous ref 121)*
	Your response to H22 here:
H23	Changes to the responsibilities of paid staff are discussed and consulted upon prior to changes being implemented *(new)*
	Your response to H23 here:
H24	Organisations make timely, empowering and person led reasonable adjustments with and for staff who have a disability. Adjustments are discussed and agreed with the staff member. (*New)*
	Your response to H24 here:
H25	Advocates have easy access to all policies and procedures which they are required to work to. *(New)*
	Your response to H25 here:
H26	When organisations contract with sessional or self-employed advocates, they ensure those advocates have completed an organisational induction, followed the organisation's policies and procedures, and oversee the work being delivered, including providing feedback on case notes and reports. *(New)*
	Your response to H26 here:
H27	Advocates have completed a full City & Guilds (England) or Professional Practice in Independent Advocacy (Wales) qualification in advocacy, including the relevant units for their roles (or are working towards it if new in role) *(previous 121)*
	Your response to H27 here:
H28	Advocates receive updates regularly so that they can respond to all statutory requirements and take account of emerging case law. *(previous 122)*
	Your response to H28 here:
H29	Advocates can access additional emotional support when involved in complex and/or emotive cases. *(previous 123)*
	Your response to H29 here:

H30	Advocates receive supportive management that empowers them to practice in line with the Advocacy Charter. *(previous 124)*

Assessor's notes:

(for use of 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 tick-boxes 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 (NIA) Policy** (if you don't deliver NIA, you don't need to send us this policy)

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. **Safeguarding Policies and Procedures** (Adults and Children)

7. **Contract Monitoring Reports**; a copy of a recent monitoring report shared with your commissioner/funder

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 specific items, set out in the sections above. Your assessor will be checking that each QPM requirement is addressed within your **policies and procedures**.

Standards assessors look for in case files and reports – quick reference. Please ensure your documents reflect these standards.

Advocacy Charter Principle (Policy)	What We Will Look For:	Standard No.:
Prioritisation Policy and Procedure		
Clarity of Purpose	Advocacy providers have an up-to-date **Prioritisation Policy.**	A8
	Where organisations hold waiting lists for services, they let referrers and people who want to access advocacy know about this, and how long they may need to wait for support. Advocacy organisations proactively keep in touch with people and referrers who are waiting for support. (previous ref 125) **Prioritisation policy.**	A13
	Monitoring reports or other documentation show clear information about numbers of referrals, waiting times and what has been done to address waiting lists with commissioners (new)	A18
Contract Monitoring Form shared with your commissioner / funder		
There is a **Prioritisation Policy** to support the fair and timely processing of advocacy referrals that describes:		A19
1. Statutory and contractual requirements regarding the speed of response to incoming requests for support;		
2. Each type of advocacy provided and how they are prioritised in conjunction with each other;		
3. How the organisation prioritises requests for support, including urgent requests for support, instances where people are at higher risk of their liberty/rights being infringed upon, instances where people are in highly restricted settings, instances where people may have a limited ability to self-advocate.		
4. The process for making decisions about the allocation of new requests for support		
5. The timeframe in which someone could expect to be allocated an advocate and receive a service; and		
6. How any waiting list operated is to be managed, including the maximum amount of time someone might need to wait and how the person/referrer will be kept updated;		
7. How the organisation keeps in touch with referrers and individuals waiting for support;		
8. How the organisation monitors response times. (previous ref 125, wording clarified)		

Engagement Protocol		
Advocacy Charter Principle (Policy)	**What We Will Look For:**	**Standard No.:**
Independence	Organisations are free to determine and deliver the number and frequency of visits needed to provide a robust advocacy service.	B20
	There is an engagement protocol that has been agreed with other agencies which governs the organisation's interaction with those agencies. This should include a statement of principles, e.g. independence, confidentiality, person led, empowerment, and set out the respective responsibilities of the signatories and a procedure for local dispute resolution between them.	B21
	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.	
Confidentiality Policy and Procedure		
Advocacy Charter Principle (Policy)	**What We Will Look For:**	**Standard No.:**
Confidentiality	The organisation has an up-to-date **Confidentiality Policy** in place which makes clear their duty of confidentiality to people who access advocacy. (previous ref 50)	C4
	The organisation has an up-to-date **Non-Instructed Advocacy Policy** in place, which makes clear that the organisation's approach to confidentiality and data sharing where the person is unable to consent is lawful and in line with the Mental Capacity Act (previous ref 51 – slightly amended wording)	C5
	Confidentiality Policies set out a broad duty of confidentiality to people who access advocacy which supports individuals being in control of the information they share with the advocacy provider and over the information the advocacy provider can share about them.	C10

	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 other relevant legislation on the obligation to uphold the person's right to privacy. (previous ref 137 – wording clarified)	
There is a Confidentiality Policy which:		C17
• 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.		
• Complies with data protection legislation and the Mental Capacity Act.		
• Makes clear that all information about a person is subject to confidentiality, not just personal, personal sensitive information		
• Clearly states what information will and will not be shared with other agencies, and the effect of consent, mental capacity, best interests, safeguarding and other relevant legislation on the obligation to uphold the person's right to privacy.		
• 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.		
• Sets out how interpreters or third parties supporting communication should be engaged in order to maintain client confidentiality.		
• The person's consent for third parties support with communication should be sought and recorded.		
• The **Policy** sets out the circumstances, decision making and recording processes for when and if an organisation ever withholds information from the person.		
Non-Instructed Advocacy Policy and Procedure		
Advocacy Charter Principle (Policy)	**What We Will Look For:**	**Standard No.:**
Person Led Advocacy	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. This must be compliant with the Mental Capacity Act. Whenever an individual is unable to consent to the actions of the advocate or advocacy organisation, a Best Interest decision must be made and recorded.	D28
The non-instructed advocacy policy needs to include guidance on how:		
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.		
11. How recognised models of non-instructed advocacy can be used.		
12. How advocates are to record their non-instructed work in case files.		
Equality and Diversity Policy and Monitoring Form		
Advocacy Charter Principle (Policy)	**What We Will Look For:**	**Standard No.:**
Accessibility	There is a robust, up-to-date **Equality, Diversity and Inclusion Policy** in place that responds to the requirements of current legislation; including all protected characteristics (equality strands) as identified in the Equality Act 2010 (age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation). (previous ref 69 and130)	E2
	The organisation has a proactive focus on addressing anti-discrimination, including anti-racism, and social exclusion and can demonstrate this through policy, procedures, monitoring and action planning.	E14
	The advocacy provider routinely collects, records and analyses demographic information in relation to all the equality strands in the Equality Act, along with other key information, to check how well it is reaching whole communities, has identified gaps in provision and taken action to address this. (previous ref 74)	E15
	The organisation has non-instructed advocacy procedures which outline:	E30

	1. A proactive offer of advocacy to those who need it including to people who are unable to request advocacy support for themselves.	
	2. Where people have a statutory right to advocacy support and have declined that support, the provider ensures that the offer of advocacy is re-made to the person on a regular basis and that the person has information about the advocacy role to support them making an informed decision.	
	3. The advocacy provider will make sure the person has information about how to access the service should they decide to.	
	4. Where an individual is declining their entitlement to advocacy support, the advocacy provider will explore the person's capacity to make that decision fully and consider whether non- instructed advocacy is appropriate. (previous ref 129 - expanded)	
	The **Equality, Diversity and Inclusion Policy** shows that 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. (amalgamation of previous ref 130 and 131)	E31
	There is a system for accessing community language/sign language interpreters and/or advocates.	E32
Safeguarding Policies and Procedures		
Advocacy Charter Principle (Policy)	**What We Will Look For:**	**Standard No.:**
Safeguarding	Organisation's **Safeguarding Policies** and Procedure ensure that they maintain their independence and challenge appropriately whilst supporting individuals in relation to Safeguarding issues and restrictive practice. Advocates are supported to exercise their independence and respond appropriately and robustly to concerns that are identified through any means. (new)	G16
	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	G17

	is received. Information-sharing protocols are in place to facilitate this. (previous ref 142)	
	The organisation seeks confirmation of whether a safeguarding enquiry is going ahead and what effective protective measures are in place. (previous ref 142a)	G18
	The organisation has a **Whistleblowing Policy** in place, which includes the ability to raise concerns anonymously. The **Whistleblowing Policy** is referenced in **Safeguarding Policies**. (previous ref 144)	G19
	Systems and processes are in place to identify, record, track and monitor outcomes of safeguarding issues. (previous 145)	G20
	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. (previous 146)	G21
	The organisation has a procedure in relation to closed culture environments and potential institutional discrimination which identifies how advocates are best placed to identify and challenge this both at an individual and systemic level.	G22

Case Files and IMCA 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 IMCA reports
Band 1	Up to 5	5	5
Band 2	5 – 15	5	5
Band 3	16-30	10	10
Band 4	More than 31	As advised in your assessment plan	As advised in your assessment plan

For clarity, here is 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

Please complete the following table to provide your assessor with information about Case files, which 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 (we don't need all assessment paperwork or DOLS paperwork unless relevant)**
- **Any reports written**

Advocacy Charter Principle (Case Files)	What We Will Look For:	Standard No.:
Clarity of Purpose	Case files show that advocates are explaining their roles and that people are provided with information about the advocacy service (new – amalgamation of A6 and A9)	A17
Independence	Case files show that advocates are, explaining their independence, raising challenges appropriately (new – amalgamation of B15, B16, B17 and B18)	B19
Confidentiality	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. (previous ref 53)	C7
	The organisation ensures that advocates delivering instructed advocacy only share information about an individual with third parties with the consent of that individual. (new – from charter)	C11
	Case files show that advocates are not accepting information about a person, beyond that which is needed to process and accept the referral and facilitate an initial meeting, prior to meeting the person and gaining their consent to receive it, including where referrers have indicated the person may lack capacity. (new)	C15
	Case files show whether the advocates actions in relation to information sharing and information gathering are instructed or done	C16

	on a non-instructed basis (new but amalgamation of previous standards)	
Person Led Advocacy	Advocates work with individuals to understand their issues, concerns and desired outcomes, putting together advocacy plans. Wherever possible, the person's lived experience is given priority when identifying issues (previous ref 58 and a4a 4.1)	D5
	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. This should be clear to people from the start of the advocacy relationship. Advocates confirm with people when the work is ending. Work is only closed when the person's issues are resolved, they no longer want advocacy support, or they are no longer eligible for support. Where organisations open and close multiple 'cases' or 'issues' with the same person, this does not impact on the continuity of their advocacy support. (previous ref 56 and 165 – wording amended)	D6
	Advocates work in an empowering way that promotes self-advocacy and individual resilience and enables people to lead and direct the advocacy work. (previous ref 59)	D8
	Advocates support people to ensure their rights, including Human Rights are upheld, highlighting where statutory agencies may risk breaching rights.	D9
	Advocates only act on the instruction of the person and enable them to make complaints and raise concerns as requested and/or needed or on their behalf in non-instructed advocacy. Where the person is unable to instruct the advocate, the advocate makes best interest decisions about how they will support the person and what issues they will raise (combined refs 60, 128, 135, 150)	D10
	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	D11

	decision-makers prior to Best Interest decisions being made. (previous ref 61)	
	Non-instructed advocacy is delivered face to face in order to support communication with individuals and adequate and appropriate levels of observation. (new from NICE guidance)	D12
	Advocates delivering statuary advocacy ensure their support remains led by the person and their wishes, rather than being led by processes or other professionals (new from NICE guidance)	D14
	Organisations ensure that there is an adequate amount of time for advocates to support people to prepare for meetings/statutory processes. Advocates ensure meetings are rearranged where people need more time to understand and plan their input. (new from NICE guidance)	D15
Person Led Advocacy	Advocacy organisations ensure that advocates non-instructed advocacy practice and recording practice adequality safeguards people's rights to supported and substituted decision making. Advocates record the best interest' rationale for their actions when working in a non-instructed capacity.	D16
	Advocates facilitate the person's involvement and participation in discussions, meetings and decisions which impact the person's life and wellbeing, including when providing Care Act Advocacy (England) or Independent Professional Advocacy (Wales) (New - Care and Support Statutory Guidance)	D17
	Peoples' personal strengths and abilities are explored and promoted within the advocacy relationship and the effects of the person's cultural and spiritual background are considered and influence the advocacy provided. (Prev 149, a4a 4.12 and 4.14)	D18
	Respectful, person centred, appropriate and accessible language is used, both verbally and in all written information. (previous ref 151)	D19
	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	D20

	possible. Other professionals will know that the information they share with the advocate will be shared with the person. (previous ref 152)	
	Where information is withheld from the person the rationale and decision-making process for doing so is evident in the casefile. previous ref 153)	D21
	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. previous ref 154)	D22
	Advocates do not share their views about an individual's situation with third parties (new – NICE)	D23
Person Led Advocacy	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. (Previous ref 164)	D25
	The person's views and wants are determined, recorded and acted upon, recognising their cultural and spiritual values, strengths and abilities (previous ref 149)	D29
	The advocate seeks appropriate instruction from the person on an ongoing basis (previous ref 150)	D30
	The advocate/organisation records the starting point for the person and the barriers faced in having their voice heard. (previous ref 155)	D31
	The impact the issue(s) are having on the person are recorded and reviewed. (previous ref 156)	D32
	There is a means of recording the changes the individual and others have noticed as a result of the advocacy process. Outcomes are routinely recorded and this is evident in case files. (previous ref 157)	D33
	Casefiles/reports clearly show how the person has been supported to be involved in progressing the advocacy issue or decision-making processes (previous ref 160)	D34

	The person's preferred communication methods are recorded in the casefile, and the advocate responds to these in practice. (previous ref 161)	D35
	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. (previous ref 162)	D36
	Case records clearly evidence the outcome of the advocate's involvement (previous ref 163)	D37
	Where the advocacy activity is Non-Instructed this is evident in casefiles. (previous ref 171)	D38
	Casefiles demonstrate timely and effective action from the advocate. (previous ref 172)	D39
	Casefiles demonstrate that advocates are supporting people to have their rights, including Human Rights, upheld (new)	D40
	Case files are audited and a supervisor regularly reviews case records. (previous ref 173)	D41
	Reports include a conclusion that provides an analysis of best interests using the evidence gathered. (previous ref 155)	D42
	Reports include relevant case law. (previous ref 155)	D43
	Reports are person-centred and identify the person's wishes, feelings, beliefs and values. If that has not been possible, the reason is stated. (previous ref 166)	D44
	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. (previous ref 167)	D45
	Reports include information about the person that may give insight into the uniqueness of that person. (previous ref 168)	D46
	A report is provided appropriately for every IMCA instruction received. (previous ref 169)	D47
	Reports are adapted to include relevant information for each decision type (Serious Medical Treatment, accommodation, care review, safeguarding and DOLS). (previous ref 170)	D48
	Reports conform to best practice guidance. (previous ref 174)	D49
Accessibility	Advocates supporting people with specific access or communication needs take all	E13



	practicable steps to meet those needs and have had access to relevant training to enable them to do so. (amalgamation of various)	
	Advocates make all reasonable adjustments needed to ensure the service is accessible and the person can lead the advocacy work as far as possible. This includes ensuring face to face advocacy is available to people who need it alongside a full range of digital options for those who can access them. (previous ref 77 – updated language)	E21
	The allocation of the advocate meets the specific requirements of the individual requiring support e.g., the gender of the advocate. The advocacy service ensures that individuals who are eligible, have access to the different strands of advocacy available within the service. 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. (previous ref 73)	E27
Accountability	Everyone using the service has a named advocate and a way to contact them. (previous ref 87)	F12
	Commencement of IMCA casework following instruction is not delayed due to lack of a written capacity assessment. (previous ref 91)	F17
	There is an established system and process for obtaining information from people who use the advocacy service about their level of satisfaction with the service they have received an appropriate follow-on action is taken where necessary. (previous ref 93 – wording clarified)	F18
Safeguarding	The organisation supports advocates to take action to proactively address restrictive practices which impact on individuals. Advocates are alert to the use of different types of restraint and challenge inappropriate use of this, where there is a less restrictive option to supporting people (new)	G4
	Organisations ensure that whenever there is a safeguarding concern impacting an individual that this is raised with the relevant authorities. Advocates are clear that individual consent is	G13



	not required for concerns to be raised. (new but implied previously as best practice)	

Case file Checklist

- Casefiles should be 'non' IMCA files (Generic/non-statutory, Care Act, RPR, IMHA, CYP, NHS complaints).
- Casefiles should be from as many different advocates as possible and reflect the range of issues and the different types of advocacy you provide. For example, if you are asked to provide 5 casefiles from Team A and there are 8 advocates on the team, you should send 1 casefile from 5 different advocates. Please include advocate initials on the case file.
- Casefiles don't need to be closed but should be no more than 12 months old. This means that we need to see that there has been advocacy activity within the last 12 months of the date of submission to the QPM team. If you send in case files that span longer than one year, your assessor will only read the last year of records.
- Case files need to include enough information for the assessor to be able to review the advocate's approach to advocacy with the person, their advocacy activity and their recording.
- 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 or change dates of actions or advocates names.
- 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, alongside 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 the 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/social worker.
- They should be no more than 12 months old.
- Please ensure you send us a selection of reports representing a range of decisions; change of accommodation, serious medical treatment and IMCA 39a.
- Reports should be from as many different advocates as possible, for example, if you are asked to provide 5 reports from Team A and there are 8 advocates on the team, you should send 1 report from 5 different advocates.
- 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 on the report.
- Please ensure all appropriate case file documents and reports are included and to make sure that all personal identifiable details have been removed.

NB we will trigger a formal data breach process if we receive any identifiable personal information.

Please complete the following table with information about each of the files you have submitted to support your assessor in understanding who the case files have been written by and the context of the work shown. Here are some examples of the types of information it is helpful for you to share:

- Case closed as standard authorisation ended and new case opened up.
- We have supported this person over the last 5 years in a medium secure setting.
- This file is for Care Act review. We have supported this person as their RPPR and as Care Act Advocate over the last 2 years. There are 2 other cases 'open' for this person, one Safeguarding and once IMCA, SMT

If you work for a larger organisation, please copy the headings in the table and create a separate document to submit with your desktop materials. Please also indicate which team files and reports are coming from. Eg, CF1Bath.

Case file/Report Reference	Initials of advocate	Type of advocacy Or IMCA report	Active in the last year? Y/N	Brief summary of activity and work with the person	Documents **not** included (case files only)
CF1					
CF2					
CF3					
CF4					
CF5					
R1					
R2					
R3					
R4					
R5					

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 of people who access the advocacy service 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.



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_May2025.

Please check you have included the following:

File ref no.	Name of document	Tick to confirm enclosure
1.	**Assessment Workbook** (completed and checked)	☐
2. **(then 2a, 2b etc)**	**Prioritisation Policy** (or Policies if you have more than one)	☐
3. **(then 3a, 3b etc)**	**Non-Instructed Advocacy Policy** (or Policies if you have more than one)	☐
4.	**Equality and Diversity Policy**	☐
5.	**Equality and Diversity Monitoring Forms** (or your referral forms if this is where you collect information about Protected Characteristics)	☐



6.	**Engagement Protocol(s)**	☐
7.	**Confidentiality Policy**	☐
8.	**Safeguarding Policies and Procedures** (Adults and Children)	☐
9.	**Contract Monitoring Reports**	☐
CF **(CF1, CF2 etc)**	**[xx] anonymised (non IMCA) case files covering the range of services you provide**	☐
R **(R1, R2 etc)**	**[xx] anonymised IMCA reports**	☐

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