



Recognising quality
in independent advocacy

QPM Assessment Report

VoiceAbility

Date of Site Assessments: 17th and 18th May 2016

Contents

	Page
1. Executive Summary	3
1.1 Overview	3
1.2 Areas of good practice	3
1.3 Areas for improvement	4
1.4 Assessors' recommendations	4
1.5 Voiceability's response to report	4
2. Summary of the Assessment	5
2.1 The Assessment Team	5
2.2 Approach to Assessment	6
3. Overview of regional reports	7
3.1 General commentary	7
3.2 Overview of themes	7
4. National Level Observations	10
4.1 Creative a "Voiceability Way"	10
4.2 The voice of experts by experience	10
4.3 Organisational Learning	11
4.4 Internal and external leadership and influence	11
4.4 Sensitive Business development	11
4.9 Conclusion and Action Plan	11
5 Further information and relevant links	12
6 Get in touch	12

Executive Summary

1.1 Overview

The Advocacy Quality Performance Mark (QPM) is a robust, quality assessment and assurance system for providers of independent advocacy in England, Wales and Northern Ireland.

Working towards and achieving the QPM:

- enables independent advocacy providers to demonstrate and promote their commitment and ability to provide high quality advocacy
- helps people who need advocacy services to identify organisations in their areas which will be able to support them well
- gives commissioners of advocacy services reassurance that providers they are engaging have been assessed to ensure their organisations are robust and focused on ensuring delivery of quality services

The QPM assessment process involves four stages. The site assessment signals the final stage of the assessment process, following the Award Manager's sign-off of the completed Policy and Process Confirmation and QPM Assessment Workbook.

The purpose of this report is to supplement the local reports and explore the themes at a national level of what it is voiceability does to ensure all the QPM criteria are met across a national organisation.

1.2 Areas of good practice

Many areas of good practice were evident from the four regions and the central management of the organisation:

- Strong ethos and values
- Excellent relationships with commissioners and other local professionals whilst upholding very strong independent voice and role
- A strong sense of organisation at team, area and national levels
- Good practice in referrals and prioritisation even in the light of challenging case loads
- Positive moves to increase equality of access
- Multi-skilled advocates
- Excellent support and personal development of advocates
- Clear and helpful systems which support quality advocacy
- Excellent IMCA work
- Positive and proactive approaches to Care Act advocacy and increasing referrals
- Good involvement of experts by experience across the organisation
- Excellent business development and HR practices

1.3 Areas for improvement

No required actions have been identified to address at a national/central level. Any issues recognised in a local area have been discussed locally and some recommendations have been suggested in local reports.

1.4 Assessors' recommendations

Having met all the criteria assessed in the QPM I am recommending that VoiceAbility should be awarded the QPM without any requirements for action.

All assessors would like to thank everyone who took part in making the QPM assessment process possible and run so smoothly. It was a delight to meet so many staff and partners and we are grateful to them for their thoughtful and honest conversations.

1.5 VoiceAbility's response to report

Our organisation structure defines VoiceAbility as being made up of operational teams across 4 regions and our central management teams. This report describes the organisation more accurately – that driven by our values we are one team, and all of us are motivated to providing high quality independent services.

We believe our demonstrable commitment to working in partnership with commissioners, voluntary sector organisations and experts by experience is key to extending access to advocacy for both young people and adults.

We will be very pleased to receive the QPM award in acknowledgement of the excellent work our advocates undertake every day in all advocacy disciplines; and to be recognised for the excellent tools, guidance and support we provide to enable us to provide consistent quality services.

2. Summary of the Assessment

2.1 The Assessment Team

The VoiceAbility QPM assessment has been led by **Madeline Cooper-Ueki** who also carried out the London region assessment.

Madeline currently leads NDTi's Ageing and Older People's programme. She has a background of over 20 years in a range of roles supporting people of all ages with learning disabilities and mental health issues and in development and training. Madeline has a particular interest in driving forward and improving the application of the Mental Capacity Act and Equalities Act and was organisational lead in the former, for a number of years in a provider organisation. Madeline is an experienced assessor with previous experience in implementing quality assurance systems as well as being an assessor and verifier of QCF within social care.

Tom Raines carried out assessments in the Midlands and Northern Regions.

Tom is an Associate for the National Development Team for Inclusion and the lead Assessor for VoiceAbility Northern Region.

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

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

Peter Bates led the Eastern Region assessment

Peter led on social inclusion work for the National Development Team for Inclusion from 1999 to 2009 and continues to work as an Associate. He previously worked in social services, the NHS and audit. Project work has been undertaken for a range of national bodies including the NHS Confederation, Department of Health, and the Scottish Government.

He has published 80 items in the areas of empowerment, disability, empowerment and inclusion including a number of landmark policy, commissioning and practice publications. Since 2011, he has also been supporting public involvement in academic and NHS infrastructure organisations linked to the Institute of Mental Health, University of Nottingham.

2.2 Approach to Assessment

The QPM assessment for VoiceAbility has been tailored to accommodate the scale and nature of this national organisation.

The initial stage which involves the assessment of organisational policies, procedures, publicity and other documented evidence was carried out at a national level, with one workbook submission. Following the successful assessment of the workbook, the Case File and IMCA report review was also carried out at a national level, with the lead assessor having restricted access to MAVIS for 48 partners, representing a mixture of all types of advocacy provided by the organisation. A summary of key features of findings from the file review was created by the lead assessor to inform the other two assessors about the practices within the regions they were assessing.

The QPM criteria have been assessed at a regional level by 3 different assessors, who have carried out 2-3 days of site visits across each region. Site visits included meeting with:

- A range of advocates
- Service Managers
- Regional Managers
- Partners
- Managing advocates
- Referral hotline staff

The purpose of these visits is to seek out a “golden thread” from policy to practice across all the criteria set out in the QPM.

In addition to the four regional assessments which have generated the primary source of evidence which will relate to the award of the QPM to VoiceAbility, an additional national perspective has been carried out. A site visit to the central office in London involved discussions with CEO, DCEO, senior leaders in business development, resources and human resources and board members. This visit focused on gaining and understanding of wider organisational issues which support the activity of advocacy teams around the country to deliver good outcomes.

This report is therefore based on the national level site visits, and an oversight of the regional reports. It aims to supplement the site reports to provide a perspective of how VoiceAbility supports the regions, and operates at a national level.

It is therefore structured differently to the local reports in order to provide:

- a) an overview of the themes from the regional reports
- b) reflect on the organisational policies and procedures
- c) demonstrate the whole organisational strengths
- d) address any national level challenges

3. Overview of regional reports

3.1 General commentary

The four regional QPM assessments which were carried out have generated a positive picture of what Voiceability is achieving as an organisation. The QPM assesses organisations against a framework of core quality areas. All the regions showed a good level of consistency, and were able to confidently demonstrate that they are achieving all of these quality areas. Whilst it was possible to make tailored recommendations to each of the areas of how local practice can be continually improved, no action requirements have been made on which the QPM award is contingent. Thus this report is set in the context of recognition that organisational practice across the whole country warrants the awarding of QPM.

A number of key themes were apparent across regions which is reflective of the strengths of the Voiceability and some discussion points which the organisation may wish to explore.

3.2 Overview of themes

1) Strong values

Throughout the visits, the passion with which advocates carry out their role was very apparent. It was linked strongly to a shared belief and value system of the importance of empowerment, voice and rights. This value system appears to be important right from the beginning, at the point of recruitment and so people enter the organisation with the motivation and beliefs which will give them a good chance of providing quality advocacy.

2) Relationships with commissioners and other organisations

Every area could demonstrate that they had good relationships with local commissioners and other organisations they work with, e.g. hosting organisations such as hospitals, and other advocacy organisations and local social care services. This pays compliment to the way in which teams have connected and become embedded over time in an area and was especially evident in longer standing staff and teams. Rather than blurring the independence of the organisation, these relationships have been used in a way which strengthens the ability of advocates to act independently and exert challenges when needed, which are then acted upon.

3) Creating a sense of organisation

Many of the people we spoke to were first and foremost connected to their own team. The role of the Service Manager played an important role in this sense. However VoiceAbility has likewise generated a sense of belonging across the whole organisation for many of its employees. We heard about the importance of the communication systems which link people across the country, for learning, discussions and links directly to senior management. The induction programme also seeks to link peers who start at the same time and has successfully generated many connections between people in different locations. The work which has gone into creating regional networks and forums also creates a sense of team, particularly between managers in each of the regions. We recognise that sometimes this takes

time where new people start or are TUPEd into the organisation, but discussions with the senior team showed that there is an awareness and approach to managing these changes.

4) Response times and prioritisation

The way in which referrals are allocated, having often come in from the central helpline team, on the whole helps teams to manage local prioritisation. The knowledge and skill of the helplines providing first point of contact is recognised. The organisational prioritisation policy is clear, and is implemented locally in the way which best suits the team's way of working. This is influenced by where they are situated, how often they physically come together, and the various ranges of advocacy contracts they fulfil.

5) Working with local communities and diversity

There is a national drive to develop local Equal Voices Plans in all the different areas and these are whole-heartedly owned and acted upon by the local teams. We heard of brilliant examples of teams working out ways to reach communities, ensure their team reflected local diversity and individual advocates who really wanted to make a difference based on their own personal experiences. Teams could also describe evidence of these actions having an impact.

6) Specialist and multiple advocacy roles

On the whole, advocates valued the opportunities it brought them and partners, when they were able to practice a variety of statutory advocacy roles and professional advocacy where relevant. The total voice model was welcomed in areas of operation. There was a particularly clear link between IMCA and Care Act advocacy. Those who had previously been only IMCAs feeling that between these two roles they could offer a wider remit of support, with the potential of consistency for the partner in question where multiple decisions or situations were at hand. The majority of teams showed an excellent understanding of the eligibility for different types of statutory advocacy with some outstanding examples of how advocates are being supported to understand an increasingly complex legislative backdrop. However the minority of people we spoke to who played a single role, were excited about the depth with which they could get to know that role, and the detail with which they could understand and implement relevant legislation and case law. On balance, the way in which statutory advocacy is growing and commissioning is carried out the multiple qualifications held by most VoiceAbility makes for a strong local offer and national presence and positive support of partners.

7) Personal development for advocates

There was evidence around the country that advocates are supported to learn the basic skills well, and are also encouraged to pursue their own personal development in areas which interest them. Some examples were heard of linked to people's own experiences and expertise or connections such as aiming to increase the access of advocacy to the LGBT community or faith groups. Others had taken a particular interest in an area of legislation and would act as team experts in sourcing and sharing information and material. This is a good way of increasing the chances of staff retention and helps staff feel valued for their own contributions.

8) Systems which support advocacy

During our visits we became familiar with the internal systems terminology and were interested to learn about how these acronyms are developed collaboratively.

Advocates themselves were very positive about the case management system (MAVIS) as well as the policies and guidance which helps them deliver consistently and with a high level of clarity.

9) Responsive IMCA services

There was consistent excellent practice across all the sites of the provision of IMCA services. IMCAs themselves showed a sensitivity and skill in how they carry out their work. The skills of IMCAs actually applied in more general ways to the understanding non-instructed advocacy. IMCAs we spoke to across the country go the extra mile to understand the person and their wishes and this is seen in many good outcomes and excellent IMCA reports. They are supported by an excellent knowledge base of methods and case law, which they share with each other.

10) Responding to the Care Act

Teams across the country have played an educational role and taken huge steps in driving up the referrals to care act advocacy in their localities. There was a good understanding across most advocates we spoke to about the purpose, the criteria and the approaches to offering good quality Care Act advocacy. New relationships with social work teams and others have already been forged one year into the implementation of the Act which is testament to a proactive learning and development programme for advocates as well as their commitment on the ground to making sure people access the support they need.

11) Recognising the gaps

Some advocates we spoke to were very mindful of the national situation and the changes which advocacy has gone through. *“It feels like there is so much statutory stuff now with timeframes that it is pushing out the professional original stuff we did. It does feel if we aren’t mindful non-statutory advocacy will become history.”*

The growth in statutory advocacy and the challenges tight eligibility posed by this were recognised by many whose desire it is to be able to offer advocacy to all who need it. This motivation and awareness reflected to us the strong knowledge and values which we found across the organisation.

4. National Level Observations

4.1 Creative a “VoiceAbility Way”

There was a distinct sense through the visits, and in discussions with senior organisational members that managing quality at a national scale has been of key organisational importance. The challenge of creating consistency whilst devolving local control and empowerment is no mean feat, and we were impressed at the way in which this has been achieved.

A suite of organisational policies and AHA (handbook) which have been developed in partnership with staff, partners and external support helps to achieve this, as does regular training and newsflash updates on policy, case law and useful information.

The policy review which was the first stage of the QPM process found that all required policies and guidance were available and no actions were required in terms of content. They are at times lengthy, and thus it is helpful having some things summarised in AHA along with guidance. Staff also know where to look for what and will dip in and out of policies and procedures as needed. It was noted by the assessor who met with those in the referral hotline team, that they have internalised the specific and specialist knowledge needed for their roles.

But the culture is less simple to tackle. Open and regular communication including national gatherings and a host of virtual options helps to impart the feeling to staff that they are part of something bigger, and can make a difference, influencing up and down the organisation. We are aware that as the organisation shifts, changes and people come in and out as contracts move hands, keeping this going is essential and it seems that the conscious effort by the senior team, the board and the regional managers is a good facilitator.

Staff in turn are able to work with local people and organisations in a way which feels local and responsive, and do so with conscious effort.

“Issue about us being a national organisations sometimes, even though people employed are local. Political things we have to overcome.”

4.2 The voice of experts by experience

There is good evidence that VoiceAbility is inclusive of people who bring expertise through their lived experience. The voice of people who use services or are experts by experience have strategic influence through a group which has been established which interacts with the board and inputs into organizational decision making. At board level people bring a range of experiences. Partners are now involved in a number of organisational processes including recruitment, business development and policy development.

4.3 Organisational Learning

One of the strengths which became especially apparent during discussions with senior staff, but was also evident from local teams, was the desire and openness to learning and evolving. We heard about the use of ongoing reflective practice at individual, team and organisational level. This included making changes following complaints, listening to partners and staff in policy development and learning through business change and experience e.g. taking on new contracts and TUPE. The ethos of reflection, learning and respond is supported by the Board's focus on strategy and development. This openness to, and conscious use of learning in an organisation suggests an adaptable and enduring organisation.

4.4 Internal and external leadership and influence

The ethos of empowerment and ensuring the voice of people they work with is heard was a golden thread right the way through the organisation. It was clear that this motivation was one of the main drivers in VoiceAbility's role to push forward the quality of advocacy provision across the country, through informing, supporting and influencing government and others. The role VoiceAbility played in the development of the Care Act advocacy- from guidance development to implementation presents an example of their role and the CEO holds an expert and influencing role at a national and government level. Board members see the importance of external interaction and influence as important as maintaining the quality and sustainability of the organisation. This allows the organisation to create changes at a national level, and each issue I brought to the table which had been passed up through site visits was already in discussion at a senior or board level.

4.4 Sensitive Business development

VoiceAbility have shown that they place quality before simply winning contracts, ensuring that they don't bid for work which will not allow them to deliver with the right number of staff or hours to fulfil the needs of the partners. The process which has been devised for bringing in new work includes the local managers and some people with lived experience, as well as central business development support. The way in which partnerships are explored and in places the total voice model are used, shows the willingness of VoiceAbility as a national organisation to support smaller local organisations. It also points to a belief that advocacy for individuals who need it is the ultimate goal, and not just organisational growth. Although at the same time the sustainability of the organisation is proactively sought.

4.9 Conclusion and Action Plan

As described in the summary above, the QPM process has been completed and I am delighted to recommend VoiceAbility, nationally and across all its regions, be awarded the Advocacy Quality Performance Mark. VoiceAbility came across both as a large and influential organisation, as well as many committed and locally-embedded teams who serve their communities with skill and passion.

5 Further information and relevant links

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

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

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

6 Get in touch

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

Madeline Cooper-Ueki

Tel: 07764 972136

Email: madeline.cooper-ueki@ndti.org.uk