



Summary Site Report
Quality Performance Mark

Connected Voice Advocacy

a National Development Team for Inclusion programme



Recognising quality
in independent advocacy

an  NDTi Programme

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Executive Summary

1.1 Overview of QPM

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.

Based on the principles of the [Advocacy Charter](#), the Quality Performance Mark (QPM) is a quality assessment and assurance system for providers of independent advocacy in England, Wales and Northern Ireland. Used by many organisations as a development tool, the QPM framework and Assessment Workbook supports organisations to think about and improve the advocacy they provide alongside the policies and procedures that support advocates to deliver the best person-centred services they can.

Working towards and achieving the QPM:

- Helps people who need advocacy services to identify organisations in their areas which will be able to support them well
- Enables independent advocacy providers to demonstrate and promote their commitment and ability to provide high quality advocacy
- Offers commissioners of advocacy services some reassurance that a QPM-accredited provider is robust and focused on ensuring delivery of quality services.

1.2 Overview of Assessment

The QPM assessment process includes a 'desktop' review of:

- The completed Assessment Workbook
- Key organisational policies and procedures
- Anonymised case files and reports

On successful completion of the desktop review, a QPM Assessor visits the organisation and conducts a series of interviews with key staff and stakeholders.

This Assessment Report has been prepared for Connected Voice Advocacy following completion of all stages of the QPM assessment process, culminating in the site visit conducted by Jane Perks on 18th January 2022

Connected Voice Advocacy's services include IMCA, IMHA, ICAA, RPR, Health & Social Care Advocacy, Hate Crime Advocacy, Families Through Crisis advocacy, Child Protection advocacy, Personal Injury advocacy and Refugee and Asylum Seekers' advocacy. At the time

of visiting Connected Voice Advocacy (CVA) there were 12.4 whole time equivalent advocates providing these services.

1.3 Areas of Good Practice

- Throughout the assessment process from desktop to interview it has been apparent that CVA are a highly values led organisation; with a passionate, skilled and knowledgeable team, underpinned by strong leadership and robust systems and policies.
- CVA was consistently seen as responsive, dedicated and highly person centred.
- There is a robust approach to funding and understanding the needs of the area CVA serve with a highly motivated management team.
- There is a strong commitment to the involvement of people who have accessed advocacy, as seen on their website, and within the Board of Trustees structure.
- Robust systemic advocacy is evident, both from external stakeholders and from examples provided from advocates.
- There is a commitment to provide advocacy to meet the full demographic of the areas served and as such a strong approach to Equity and Diversity.

1.4 Areas for Improvement

- At desktop stage we suggested some minor changes to a few polices. These have been updated to a good standard and meet QPM standards in all instances.
- At desktop stage we highlighted the need for staff to undergo case recording refresher training; this would ensure that the case records truly reflect the excellent work that the advocates are providing, we understand this is in hand.
- During our discussion with advocates there was contrary information gained regarding how often supervision is held; we recommend that this is reviewed for each member of the advocacy team.

1.5 Assessor's Recommendations

We are pleased to confirm that Connect Voice Advocacy will be re-awarded the advocacy QPM for a period of 3 years from February 2022.

1.6 Connected Voice's response to the Assessment Report

The last two years have been a challenge for the advocacy sector due to the Covid 19 pandemic. Connected Voice Advocacy is proud to have continued delivery throughout such turbulent times, which have included an internal restructure, changes in leadership, introducing new advocates to the service, as well as a crisis in the health and social care sector.

Having our services audited at this time was so rewarding and we are delighted to receive such a strong endorsement of our services. It gave us the chance to take stock of our delivery methods and reflect on our achievements. Maintaining quality is our primary focus at Connected Voice and the QPM is the ultimate sign of recognition for us. It was great to work with such an experienced assessor who understood the challenges we have faced and adapted to the restraints of remote working and put everyone at ease. She was able to give an objective view on where we were excelling and what tweaks we can make to improvements within the new team. We know that building team in the current working environment presents challenges and the assessment has helped us to plan improvements which will help the smooth running across the service.

As the Service Manager it was a pleasure to read that the systems are effective, our service is recognised for the values it upholds, the satisfaction the team get from being advocates here and most importantly the feedback from people who use our services. I was so proud to read that the assessor found the team to be so clear on their role and adherence to the advocacy principles. The credit goes to all who work (paid and unpaid) within the Connected Voice team to ensure quality standards are maintained and that disadvantage and discrimination is challenged at every level.

Jane Kingston

Manager Connected Voice Advocacy

08/03/22



Summary of Assessment

2.1 About Connected Voice Advocacy

Connected Voice Advocacy (CVA) sits within the Connected Voice family of services, which is a registered charity. Previously known as Advocacy Centre North it has been established as a provider for 25 years. Grounded in grass roots advocacy with Citizen advocacy imbedded at its core, CVA has changed as the sector has, providing statutory independent advocacy. Connected Voice was rebranded in 2019 to provide a more cohesive set of four services including Support and Development, Advocacy, HAREF and Business Services. Connected

Voice Advocacy provides services across the North East but primarily in Newcastle and Gateshead.

2.2 The Assessment Team

For over 25 years, Jane has worked with and for young people with experience of the social care system. A qualified trainer of adults and young people with experience of co-production and participation of children and young people in training and facilitation. Jane has a passion for enabling and empowering both those accessing advocacy as well as advocates themselves through the delivery of the National Advocacy Qualification.

Jane is currently working as an Assessor and Internal Quality Assurer for the Advocacy Qualification as well as providing external supervision and reflective practice sessions for advocacy providers. Jane joined NDTi as an Associate Assessor in November 2019 for the Advocacy QPM.

2.3 Approach to QPM Assessment

Jane Perks carried out both the casefile and IMCA report review and site visit for Connected Voice Advocacy. Including the review of:

- 5 anonymised case files
- 5 IMCA reports

Together with the following documents:

- Referral Procedure
- Mental Capacity Act Policy
- Equity Diversity and Inclusion Policy
- Community / Statutory Advocacy Referral Forms
- Engagement Protocols
- Confidentiality Policy
- Working with Interpreters Policy
- Safeguarding Adults Policy and Procedures
- Safeguarding Children and Young People Policy and Procedure
- Website

During the site visit, the assessor undertook a series of interviews with the following people:

- The Advocacy Manager
- The CEO
- Senior Advocacy Co-ordinator
- 3 Board members
- 1 Information and Communication Officer
- 4 external stakeholders

- 3 people who have used the advocacy service
- 4 advocates who, between them, delivered all types of advocacy support offered by the organisation



Summary of Findings

This section provides a summary of some of the findings against each of the themes that are set out in the Advocacy Charter and form the structure for the Quality Performance Mark. It does not seek to comment on each individual quality indicator that sits beneath each standard.

3.1 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.



All staff were exceptionally clear about their role and remit. We had no doubt about their ability to uphold advocacy principles within their advocacy roles. Advocates described the importance of ending the advocacy relationship well. We discussed case recording as an area for improvement within the desktop assessment and the senior advocate has been working with the team around improving case recording.

We were impressed to see that those who have accessed the service were involved in interviewing new candidates and the delivery of training.

A person who had accessed the service spoke of:

'When we met she was really nice and explained her role, explained what she could do and how she could help me – spoke to me about confidentiality – I had been stitched up by social workers, so don't trust people and it took me a while to trust her – she was really good, she built that trust and helped me with an issue with Social care – it helped me to build my confidence and it was good'.

An external stakeholder proudly spoke of the service delivered by CVA; *'We take the team the most trickiest clients we have – they are happy to feel the minority of one – they are not adversary. The clinical professional group think that can go against the advocate. Feels the process of involving advocacy has taught the stake holder a lot – being able to oversee the bigger picture and CVA are just excellent at that.'*

Advocates knew their roles well, the nuances and depth of the advocacy streams was explained competently, providing case examples throughout; recognising the importance of clarity of the role for those they are working with.

3.2 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.



We were particularly impressed with the tenacity of the management team to find ways that funding could fit advocacy; they stated ‘there is a plethora of ways to do advocacy, so we always look at how it fits the charter’.

CVA protects its independence as it is separately managed from that of the rest of Connected Voice. They have their own business and action plans. The advocacy sub-group ensures the Board incorporates the views of advocacy staff and those who access the service to influence decision making processes.

The website has a clear statement of CVA’s independence, and this is also integral in their contracts.

A person who had accessed the service described being in charge: *‘I felt I was in charge and just having her there helped my confidence – I knew she would let me be the interviewee’.*

Another person who had accessed the service described the advocacy support as: *‘– felt overwhelmed by everything and felt couldn’t cope on my own – so she supported me to report and complain about it. She was able to explain it for me as I struggled. Because they are free it is very important. They are really good and helped me a lot’.*


One advocate spoke passionately about the *‘complexity of care needs for a person, ensure staff understand we have a rights-based approach, that we are independent, we will ascertain whether the person can instruct unless proven otherwise’.*

3.3 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. 

All evidence throughout the assessment demonstrates CVA's strong commitment to confidentiality, since the last QPM assessment they have changed their office practice and now blend work approaches as advocates work from home, outreach and shared office.

There has been no breach in confidentiality that would lead to informing the ICO. We were pleased to hear of an example when the ICO were involved due to a person's relative wanting access to records which had been refused because advocacy withheld right to privacy and consent, the ICO decision was upheld in CVA's favour.

A person who had accessed the advocacy service spoke of confidentiality; *'Spoke to me about confidentiality that it stayed with us and if she needed share — she asked me how I wanted to, she gave that power there for me, to help me. She respected my confidentiality and was very sensitive to my issues'*.

One advocate spoke of the importance of confidentiality for their role working in the community; not only for those they work with but also professionals who often feel advocates should be working for them.

During the desktop review we queried advocates' understanding of confidentiality and withholding information however it was apparent in discussion with staff that they were exceptionally clear of their role to be transparent and request a best interest process if information is being withheld from the person accessing advocacy.

3.4 Person Led and Empowerment



Person led - *The Advocacy Provider and Advocates will put the people they advocate for first, ensuring that they are directed by their wishes and interests. Advocates will be nonjudgmental and respectful of people's needs, views, culture and experiences.*

Empowerment - *The Advocacy Provider will support people to self-advocate as far as possible, creating and supporting opportunities for self-advocacy, empowerment and enablement. Advocates support people to access information to exercise choice and control in their lives and the decisions affecting them.*

People will choose their own level of involvement and the style of advocacy support they want. Where people lack capacity to influence the service, the Advocacy Provider will ensure the advocacy remains person led and enable those with an



interest in the welfare of the person to be involved. People receiving advocacy will be involved in the wider activities of the organisation up to and including the Board.

There are clear operational links in the communities served by CVA; the use of Connected Voice's wider services enables the advocacy team to access local networks. There has been a real recognition of the impact Covid-19 has had on the wider advocacy service user group and CVA is changing the way that those who have accessed the service are meaningfully engaged in its development. They now meet in smaller groups; choosing to be involved in areas that they want to, enabling full engagement and genuine involvement; part of this process is the restocking and retraining of volunteers once restrictions allow as many were lost during the pandemic. CVA have made engagement a priority.

CVA sit on the Safeguarding Adults Board as well as local hate crime and tensions groups, via SAB, Hate Crime & Tensions Group & Victim and Witness Service Improvement Board working with them as to how they can give victims better support, looking again at another opportunity to provide advocacy.

Advocates spoke passionately about the importance of 'self-advocacy and supporting the person to do it for themselves'. Although this empowerment was not transparent within all case recordings again the senior advocate is refreshing training with advocates to ensure that records are a true representation of work completed.

One advocate used a lovely example of telling those accessing advocacy that *'they work like a robot – you programme me and tell me what to say and what to ask for'*; an empowering process for the person.

A person who had accessed the advocacy service spoke of the difference having an advocate made: *'... a lovely lady and very understanding and believed in what I was saying, and she wrote a report and she gave me a lot of confidence and freedom telling me the rights that I have. Really empowered me – to know my rights and gave me the courage to ask; and follow it up'* and ended the conversation by telling me *'I was hopeless and blaming myself but she was fantastic'*.

CVA have developed the DIY Advocate App, a truly empowering app for those to develop self-advocacy skills. An innovative tool and one that could lead to income generation.

3.5 Equality, diversity and accessibility



The Advocacy Provider will have an up to date Equality and Diversity Policy that recognises the need to be pro-active in tackling all forms of inequality, discrimination and social exclusion so that all people are treated fairly. Advocates time will be allocated equitably.

Advocates make reasonable adjustments to ensure people have appropriate opportunity to engage, direct and benefit from the advocacy activity.

Advocacy will be provided free of charge to eligible people. The Advocacy Provider will ensure that its premises (where appropriate), policies, procedures and publicity materials promote full access for the population that it serves. Advocates will provide information and use language that is easy to understand and accessible to the person.



CVA see one of their biggest strengths as being able to research and highlight gaps in provision through the demographic data collected and were proud to inform us that they were one of the early regions to have an advocacy service (2005) for Black and Minority Ethnic groups; these have over the years now expanded to incorporate LGBT and hate crime advocacy.

Collaborative relationships are seen as key to developing knowledge and skills and CVA have worked with local VCSE organisations to create referral pathways for older people, refugee and asylum seekers. CVA delivers some services in partnership with local VCSE e.g., North East Law Centre, and now with universities specifically researching hate crime and its nuances, thus better informed to provide the advocacy role. CVA has been part of the local infrastructure for 25 years and has strong links with local client groups/user-led organisations e.g. Recovery College Collective (ReCoCo) which includes Launchpad (Mental Health service user led organisation), NTW Service User and Carer Network, HAREF, City Wide Asylum Network, Migrant Group, CCG Forum, Fulfilling Lives, and the North East Law Centre.

Although Covid has meant a reduction of face to face outreach opportunities, CVA are dedicated to advocacy awareness sessions. Previously they would attend local events, with stalls; making the most of mental health awareness day etc; CVA would have been visible on mental health wards via local networks and sitting on local partnership style boards. Covid-19 has enabled CVA to think creatively and increase their online presence.

CVA also have access to the large network across delivery areas via Connected Voice's membership and paper newsletter, which is sent to small and large local groups.

CVA recognised the need to increase awareness in certain areas i.e., refugees and asylum seekers; older people and those from the LGBTQ+ community and as stated above look for specific funding for these areas to enable them to fill gaps with advocacy where appropriate.

Connected Voice recently developed a new Equity Diversity and Inclusion framework and have an action plan to improve areas i.e., 'are we representative of the services we are serving'; it was noted that disability needs were not being met and as such changes are being made in terms of recruitment processes.

The recent framework also notes that the Board of Trustees was very diverse – apart from representing communities in the North East there is a real focus on inequality and meeting those needs.

CVA are passionate about inclusivity and are working towards making all information about advocacy accessible recognising digital exclusion as a major barrier which was highlighted through the pandemic; funding is key to providing digital support and CVA have a determination to make this happen. They are very conscious at making advocacy accessible from the beginning, with examples of simple language and checking how people wish to be communicated with.

CVA informed that there are 42 languages spoken in their area and although they have 2 Farsi speaking advocates they use Google Translate as well as interpreters where necessary.

The advocacy team is a diverse team, covering age, gender, disability, sexuality and race.

CVA encourages staff to apply for the Access to Work scheme to ensure there are no barriers to work.

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3.6 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.



The strategic view was clear throughout the assessment; although funding is important there is a robust approach to finding funding that maximises the expertise within CVA, with a clear rationale as to which funding to go for rather than ‘chasing any funding’.

Since the pandemic of Covid-19 there has been a change in CEO and board members, the advocacy manager also holds a small but complex case load which she strongly believes enables her to understand better the issues on the ground.

The Board for Connected Voice has sub committees, one of which is advocacy. There are central policies and procedures which are reviewed separately for advocacy to see if they

are fit for purpose, this recognition of advocacy difference also demonstrates CVA's commitment to advocacy's independence.

There is a robust allocation process in place, referrals are triaged before being added to the data base and allocated based on issue; advocates' capacity, their area of expertise.

There is a strong process for collecting data throughout the advocacy relationship, not only meeting contractual requirements but also enables CVA to ascertain the trends and issues and how they have been able to prevent further safeguarding harm for the individual.

CVA are proud to keep a log of the strategic advocacy they do, monitoring systemic practices via team meetings for example an issue arose within a mental health unit whereby all safeguarding alerts were being raised internally in the hospital only, this was soon changed with CVA's involvement.

Advocacy satisfaction and complaints are recorded and CVA have learnt the need to ensure they explain the limits of advocacy as complaints were in the majority from those who had a mental health condition and felt advocacy did not make the difference they wanted.

An external stakeholder spoke of the high quality of reports received, that there is provision of quantitative, demographic and qualitative data; describing their flexibility and pleased with the depth of feedback received from those who have accessed the service.

3.7 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.



The advocacy manager sits on the safeguarding adults boards covering both Newcastle and Gateshead and gave examples of challenging board members on their outdated use of the MCA05 rather than CA14, in particular the need to involve the person in the process, rather than have it done to them.

Connected Voice as a whole partnership have developed relevant safeguarding training for the local community infrastructure, enabling access to a safer culture in the Northeast. The manager delivers regular training on advocacy and safeguarding to improve referral pathways.

All advocates were knowledgeable about the safeguarding process and there was no fear from them in raising safeguarding alerts; we were impressed with the level of empowerment that was important for advocates, bringing the ethos of the Care Act into everyday delivery, ensuring the person consented and was in charge of the process where possible.

Where the contract allows in Gateshead, safeguarding alerts are monitored and tracked and if the threshold is met a Care Act referral is expected.

3.8 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.



All staff have or are completing the IAQ, with multi specialisms covering IMCA, IMHA and Care Act.

The senior advocate manages 9 advocates across the community team, health and social care project. Also, advocacy for parents of children going through a child protection process on a spot purchase basis.

Some staff spoke of Supervision being held 6 weekly with bi monthly team meetings, others spoke openly of being able to contact management support at any time. Cases are reviewed before the supervision meeting enabling management oversight. Supervision reviews annual targets from annual appraisals as well as daily tasks such as case recording; health and safety; especially monitoring staff welfare and mental health as working from home during the Covid-19 has been difficult for some. Reflective practice is central to supervision, with the recognition that advocacy can be challenging.

There is also a 24 hour support system contracted outside of the CVA environment for staff to access.

There is a system in place to provide a peer drop-in service, when a senior advocate is available to talk through case issues. Another support system to be put in place to help advocates.

Recently the EHRC visited the team and provided training on best ways to challenge Social Care issues. Advocates also described using the Mental Capacity Act 2005 and the Human Rights Act 1998 often in their work, again demonstrating a robust understanding of legislation.

CVA provide online training quarterly – ‘What is Advocacy’ for all who are interested across their contracts, both professionals and members of the public.



Further information

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

Should you wish to discuss this report in further detail, please contact the QPM Support Team or Awards Manager at:

support@qualityadvocacy.org.uk



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The [National Development Team for Inclusion \(NDTi\)](#) is a not for profit organisation working to enable people at risk of exclusion, due to age or disability, to live the life they choose. We inspire and support policymakers, services and communities to make change happen - change that leads to better lives.