



Recognising quality  
in independent advocacy

# Assessment Workbook

*3rd Edition*

*“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.*

*Advocates and advocacy schemes work in partnership with the people they support and take their side.*

*Advocacy promotes social inclusion, equality and social justice.”*

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*The Advocacy Charter - Action for Advocacy (2002)*

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# 1. Introduction

Independent advocacy is recognised as a means of enabling people to have more choice and control over their own lives, making care provision more personalised and safeguarding the rights and dignity of people deemed to be 'vulnerable' or 'at risk'. Understandably, this has led to an increase in scrutiny of the independent advocacy sector. Such vital work **must** be done effectively, reliably and to a high standard. However, prior to 2008, there was no robust national test of the quality of advocacy provision. This is why Action for Advocacy developed the Quality Performance Mark (QPM).

Independent advocacy is underpinned by the following principles:

- Independent advocacy supports a person's dignity
- Everyone who comes to an advocacy service should receive high quality advocacy.
- High quality advocacy should be freely accessible
- Such access will only be reliably provided by sustainable organisations that know how to put the principles of independent advocacy into practice
- Service users and commissioners must have the means to enable them to recognise that advocacy providers are delivering high-quality, outcome-focused advocacy

The QPM sets out the language of quality for independent advocacy. The quality indicators that are used in the assessment phase of the QPM are clearly set out within this workbook. The Assessment Workbook provides a framework for advocacy providers to use to assess and improve the quality of their services.

The overall QPM process provides a reliable, robust and thorough means of quality assurance for independent advocacy organisations. The QPM is also of value to commissioners and funders of advocacy services as the Award recognises a quality, independently assessed organisation.

## 2. Development of the QPM

The QPM was originally developed by Action for Advocacy and built upon The Advocacy Charter, Quality Standards for Advocacy Schemes and the Advocacy Code of Practice.

The QPM itself was launched in 2008, with a second edition being released in 2010. Since this date, over 80 providers of independent advocacy have been awarded the QPM.

The QPM was delivered by Action for Advocacy until 2013 when, unfortunately, the organisation closed. The National Development Team for Inclusion was commissioned by the Department of Health and the former Trustees of Action for Advocacy to review and re-launch the QPM.

The review involved a number of key activities:

- four workshops with advocacy providers to gather feedback on the existing and future content, as well as the value of the QPM itself
- online surveys for those unable to attend the workshops
- engagement with key stakeholders including policy leads at the Department of Health and Care Quality Commission
- working in partnership with ex-Action for Advocacy staff and trustees (who have contributed to the revised content)
- working with commissioners of advocacy to gather their views.
- updating the Advocacy Code of Practice
- developing a revised Assessment Process to ensure that the QPM retains and further develops its reputation as a robust and reliable indicator of quality

### 3. What's new in the 3rd Edition?

The changes made to the 3rd Edition were based on two main factors; feedback from the advocacy sector and wider partners and the learning from Winterbourne View and other cases involving neglect or abuse.

Feedback from advocacy providers highlighted:

- the need for greater clarity around certain indicators
- updating the QPM in light of legislative changes
- placing a greater emphasis on demonstrating outcomes for advocacy clients

Some sections required significant change including the final section that covers Independent Mental Capacity Advocacy (IMCA).

Winterbourne View highlighted the importance of effective advocacy as a tool to help identify, prevent and tackle the abuse of people deemed to be 'vulnerable'. The Department of Health paper 'Transforming Care: A National Response to Winterbourne View' contains a key commitment to strengthen the QPM in relation to safeguarding. In response, a new safeguarding section has been added to the workbook. Advocacy providers who wish to obtain the award must demonstrate a strong understanding of safeguarding issues *at all levels of the organisation* and robust organisational processes and policies that support this.

## 4. The eight quality areas

To reflect the fact that the QPM focuses on how principles and procedures turn into practice and performance, the QPM is arranged not by the principles of the Advocacy Charter, but by the following eight areas, which form the Quality Indicators (Appendix 1).

### 1. Independence

The QPM framework is designed for use by providers of independent advocacy. It is the independence of advocacy that allows services to be led by and responsible to the client. Research<sup>1</sup> shows that independence is one of the key attributes that people coming to advocacy services are looking for.

### 2. Clarity of Purpose

It is essential that everyone knows what they can expect from an advocacy service. Providing clarity helps; clients evaluate the support they receive, advocates to be clear about their role and boundaries, make it easier for appropriate referrals to be made, and ensure that money that is intended for independent advocacy is used to provide independent advocacy.

### 3. Confidentiality

Confidentiality is a cornerstone of independent advocacy. Confidentiality establishes a relationship of trust that enables clients to tell their stories and explore the options available to them. However, confidentiality should not be a barrier to the supervision and support of advocates.

It is essential that services have a clear confidentiality policy which is regularly reviewed. It is equally important that people who come to the advocacy service are given clear information about what confidentiality means and the circumstances under which it will not be possible to keep things confidential.

### 4. Safeguarding

An additional set of indicators relating to safeguarding has been added to this edition of the QPM. This is necessary following the abuse and neglect at Winterbourne View and Mid-Staffordshire to ensure that advocacy providers and advocates are suitably knowledgeable and experienced in identifying safeguarding issues.

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<sup>1</sup> For example: With Us in Mind; Service-user recommendations for advocacy Standards in England, Danny Solle, Mind (2006)

## **5. Empowerment and Putting People First**

Advocacy services need to be focussed on the person they are working with. One way of achieving this is to ensure that people who do or may use the advocacy service have meaningful influence over the direction of that service.

As advocacy is about increasing the amount of control that people have over their own lives, advocacy services need to ensure that they are not working in a way that fosters dependence. It is important to create a culture that promotes individual empowerment and to develop methods to determine outcomes with clients and measure the effectiveness of the advocacy relationship.

## **6. Equality, Accessibility and Diversity**

As well as complying with equalities legislation (Equality Act 2010 in particular), it is expected that advocacy services take proactive steps to ensure equitable and easy access advocacy services. Having equal opportunities policies is only part of the process; proactive efforts must be made to implement them, remove barriers and deliver accessible and equitable services.

## **7. Accountability and Complaints**

Advocacy services must be able to be held accountable for the work they do and the way they use the money they receive. Different stakeholders can hold advocacy services to account in different ways. Funders should be able to see that money is being spent well by the effectiveness of the advocacy service. The advocacy service should be accountable for meeting the needs of its local community, its legal responsibilities and adhering to agreed advocacy principles. Just as importantly, individuals should be able to expect a high quality service and should have a clear and accessible route to complain if they are unhappy with the service provided. This must include the facility for providing independent support to complainants.

## **8. Supporting Advocates**

Policies, procedures and organisational structure count for nothing if the people delivering advocacy are not adequately trained or supported. Providing training for advocates and ensuring adequate and appropriate supervision is essential if services are to retain skilled advocates and ensure high quality advocacy for people who need it.

## 5. The four stages of the Assessment Process

The QPM Assessment Process takes place in four stages: Online Registration, Policy and Process Confirmation; Desktop Assessment and finally, a Site Assessment. Each of the eight quality areas (outlined in section 4) is divided into a list of **quality indicators** that state what is required to attain the QPM.

Indicators are split into those assessed by **Desktop Assessment**, those assessed at **Site Assessment** and those assessed through a **File Review** which takes place at the Site Assessment stage. Some indicators are assessed in more than one way.

Some indicators relate specifically to policies and documents and their implementation within the organisation. These are often listed as being assessed at both Desktop and Site Visit stages. This is because while non-IMCA organisations will no longer have to submit a portfolio of evidence it is important that how these policies and procedures are actively implemented is demonstrated at both the Desktop and Site Visit stages.

### Stage 1 Online Registration

Organisations register their interest in applying for the QPM Award through the QPM website. Following this, organisations are invited to complete the next stage.

### Stage 2 Policy and Process Confirmation

Organisations are required to confirm that they have the relevant policies, procedures and systems in place to manage and deliver an effective advocacy service.

For organisations that are not applying for the IMCA Specific Review (ISR), a spot-check of selected policies will be undertaken during the site visit. Organisations are no longer required to submit a detailed portfolio of evidence (i.e. copies of their policies, procedures, minutes etc.).

Organisations that are applying for the ISR are required to submit a portfolio of evidence, which is described in the final section of the Assessment Workbook.

Once this confirmation has been submitted and received, a QPM Assessor is assigned to the organisation. Both parties must make a declaration of any potential conflict of interests that exist between them.

If an organisation satisfactorily confirms that it has the necessary policies and processes in place, the Assessor will give the go-ahead to proceed to Desktop Assessment. It is at this point 50% of the total fee will become due for payment.

### Stage 3 Desktop Assessment

The third stage of the QPM process is Desktop Assessment.

Organisations applying for the QPM Award should go through the Assessment Workbook, identifying indicators they already meet and those which may require action or development in order to meet the requirements.

Information and evidence on how the organisation meets the different standards should also be noted within the Assessment Workbook.

This stage gives organisations an opportunity to see how their operational procedures and practices relate to the indicators. After completing the Workbook, organisations should be in a good position to decide the most appropriate course of action. For most organisations, this exercise will confirm that it is an appropriate time for the organisation to embark on the process of external assessment. Other organisations may wish to review their policies, procedures, governing documents or training provision before continuing with the QPM Assessment Process. That in itself is a positive decision. Being awarded the QPM depends on the quality of your service, not how quickly you go through the process.

The completed workbook is submitted, and the second part of this stage is review by the QPM Assessor (along with the portfolio of evidence requested, in the case of organisations applying for the ISR). The Assessor will review the workbook against the quality standards and produce a report stating how well the advocacy service meets the indicators.

The report will include a recommendation regarding the next stage of the assessment:

- to apply for the QPM Site Assessment
- where areas of development are required, an organisation will be discouraged from applying for the Site Assessment until relevant action is taken
- where an organisation has not reached the required standard and significant areas of development are required, the Site Assessment would not be recommended. In such cases organisations may be required to repeat the Desktop Assessment stage

The Desktop Assessment Report will include notification of the indicators that were not met and suggestions of how these areas could be addressed.

If the organisation is in a position to apply for the QPM Site Assessment the remaining 50% of the full fee will be invoiced. Payment must be received before the Site Assessment can be scheduled.

## **Stage 4 Site Assessment**

Site Assessment involves (i) interviews with board members, the advocacy manager, advocates and people who use the advocacy service, (ii) an inspection of a selection of advocacy files, which must be reviewed without compromising confidentiality, And for larger organisations, we may need to (iii) interview a different range of people. Advocacy schemes with multiple services and sites will require multiple site assessments.

The Assessor will compile a report, collating evidence against the quality indicators. This report will then be reviewed by the QPM Project Manager, for quality assurance purposes. Following this, a detailed report will be sent to the advocacy organisation. Those organisations that are successful will be awarded the QPM Award for a period of 3 years.

# The QPM Assessment Process

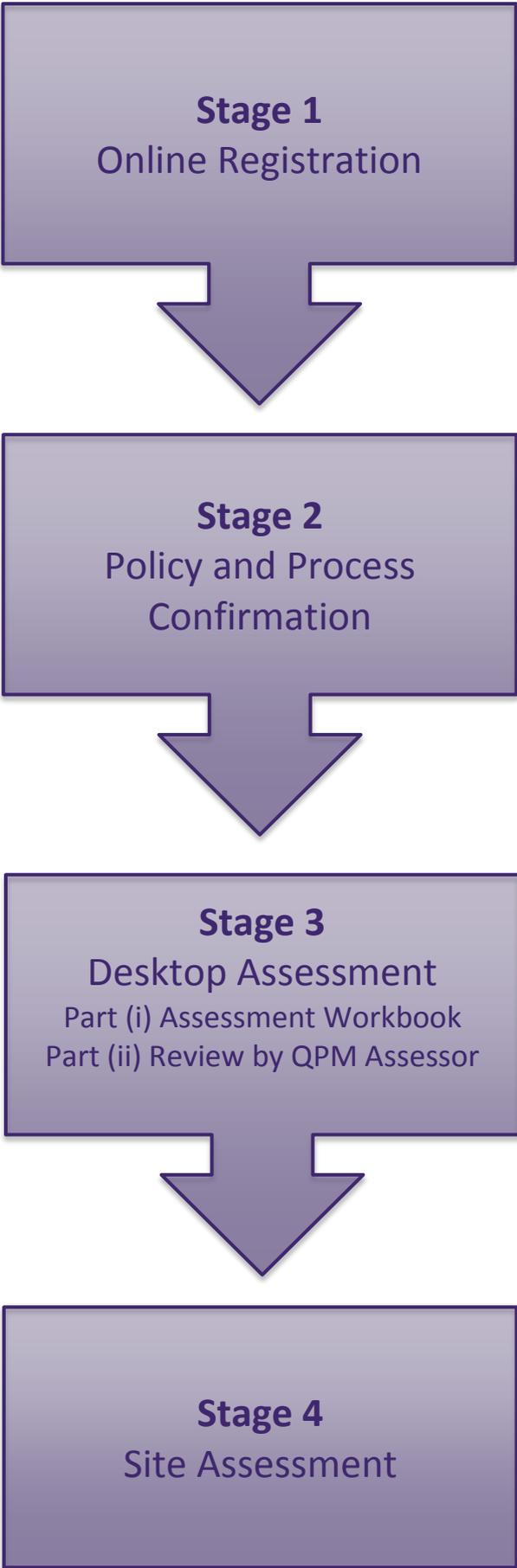


Fig. 1 Assessment Process

## 6. Guidance for Site Assessment

A Site Assessment must take place within 4 months (and under no circumstances will it take longer than 6 months) of a Desktop Assessment Report being published. There are two types of assessment, single site and multi-site

A standard single Site Assessment will involve an Assessor visiting the organisation for 1 day. The Assessor will interview

- a Board Member
- the Service Manager/ Director
- an Operations/ Project Manager (if appropriate)
- two service users
- three advocates, including a recent starter and experienced advocate.

Site Assessments can differ slightly, based on how the organisation is structured and the nature of the work it undertakes. We will discuss the needs of your organisation at the commencement of the Assessment Process.

All organisations undertaking a Site Assessment will be asked to sign a Site Agreement.

### **The date of the Site Assessment**

Following receipt of the Desktop Assessment Report, a mutually convenient date will be arranged for the site visit. Ideally, four weeks notice will be needed to arrange the details of the site visit.

### **The QPM Assessor**

Following allocation of an Assessor, the Assessor and the advocacy organisation will need to declare any potential conflict of interests that exist between them.

### **The schedule**

You will be sent a draft schedule outlining how long we'd like to speak to people and we ask that you complete this, providing names and a running order. The completed schedule will need to be returned to us two weeks before the agreed Site Assessment date.

### **File review**

Some of the indicators require the QPM Assessor to examine files. We will confirm how many files we will need to see when setting up the site schedule. These files *must* be anonymised.

## 7. IMCA Specific Review (ISR)

The ISR has been updated to keep pace with recent changes in legislation, policy and practice. The ISR can only be undertaken by IMCA providers and must be taken alongside the wider QPM. This is to ensure that a full, detailed assessment of the organisation can take place.

In addition to the standard requirements of the QPM, organisations who provide Independent Mental Capacity Advocacy currently can undertake an additional review specifically focussing on the quality of their IMCA service.

The following additional evidence will need to be provided at the beginning of QPM Assessment

- Your distribution list for publicity materials
- Referral/instruction policy
- Referral form
- A statement explaining how the service will be provided during periods of extended sick leave and during holiday periods
- Template case recording materials
- Template report / guidance on report writing
- Name and contact details of 5 recent referrers

We will review a number of IMCA case files as part of this process.

There are 8 key areas of IMCA provision that will be assessed;

1. Accessible Service
2. Speed of Response and Prioritisation Criteria
3. IMCA Role Clarity
4. Casework Practice and Policies
5. Quality of IMCA Report
6. Engagement with External Stakeholders
7. Training and Supervision of IMCAs
8. Safeguarding

# The Quality Indicators

## 1. Independence

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence / Action Describe here how your organisation meets this indicator</b>
1.1	The advocacy service is constituted as an independent organisation.	Desktop		
1.2	The organisation's governing document promotes and protects independence.	Desktop		
1.3	There is evidence that representatives of funding bodies and/or care providers can only attend Board meetings at the invitation of the organisation and do not have voting rights.	Desktop and Site		
1.4	The organisation has a clear written policy on receiving gifts and corporate hospitality.	Desktop		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g. Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
1.5	There is a written Conflict of Interests policy and register for trustees and advocates.	Desktop		
1.6	The targets set in funding agreements do not conflict with the organisation's stated aims and objectives.	Desktop		
1.7	The organisation actively seeks funding from more than one source.	Desktop		
1.8	Funders are not involved in any matters of staff deployment or discipline.	Desktop and Site		
1.9	All publicity material explicitly states that this is an independent organisation.	Desktop		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
1.10	There is an engagement protocol with service providers which governs the organisation's interaction with those agencies. This should include or refer to a code of practice /statement of principles and must include a procedure for local dispute resolution between agencies.	Desktop		
1.11	Board members receive training on the aims and objectives of the organisation, the need for this organisation to be independent from local and national government, and are made aware of the need to preserve its independence.	Site		

## 2. Clarity of Purpose

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
2.1	The organisation's aims and planned activities are within the objects set out in its governing document.	Desktop and Site		
2.2	The organisation has clear decision making processes which are regularly reviewed by the Board.	Desktop and Site		
2.3	The Board meets regularly and decisions are minuted.	Desktop and Site		
2.4	The activities listed in the organisation's annual report tally with the description of the service.	Desktop and Site		
2.5	The organisation gives clear information about the advocacy role in the format that is most suitable to the client.	Desktop and Site		
2.6	Advocates work to either the Advocacy Code of Practice or another recognised code of advocacy, principles and practice that defines the advocacy role.	Desktop and Site		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
2.7	The advocacy scheme displays information in a variety of accessible formats which sets out what people should expect from advocacy	Site		
2.8	Other service providers / organisations are given clear information about the role of an advocate and how to make a referral.	Desktop		
2.9	There is i) a procedure for referring clients to other agencies and ii) an up to date list of potential services to refer people on to if the service is unable to help.	Site		
2.10	The organisation records any demands for advocacy that cannot be met. Where appropriate, funders are informed of any shortfall in service.	Desktop and Site		

### 3. Confidentiality

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
3.1	There is a written confidentiality policy which is available, reviewed regularly and implemented.	Desktop and Site		
3.2	The confidentiality policy clearly states what information will and will not be shared with other agencies.	Desktop and Site		
3.3	The organisation complies with the DPA and other relevant legislation.	Desktop and Site		
3.4	The policy contains a clear rationale and procedure for breaching confidentiality, including where such a breach must be recorded.	Desktop		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
3.5	Any such breaches are reported to senior managers or Board members in line with the organisation's policies and procedures at the earliest opportunity.	Desktop		
3.6	Training for all staff includes confidentiality and this is monitored in supervision and appraisals.	Desktop and Site		
3.7	All client records, either written or electronic, are stored securely, according to the Data Protection Act	Site		
3.8	Clients know that they have the right to see their own records and are supported to have access to them if requested.	Site		
3.9	Confidentiality is explained clearly when using any third party to help with communication with the clients (e.g. a community language interpreter, sign language interpreter or family member). Consent is sought and recorded.	Desktop and Site		

## 4. Safeguarding

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
4.1	The organisation has clear, up to date, adult and child protection/safeguarding policies in place.	Desktop		
4.2	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.	Desktop and Site		
4.3	The organisation has whistleblowing mechanisms in place, including the ability to raise concerns anonymously.	Desktop and Site		
4.4	Systems are in place to identify, record, track and monitor outcomes of safeguarding issues.	Desktop		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
4.5	The organisation can demonstrate appropriate links to relevant safeguarding organisations and boards.	Desktop and Site		
4.6	Training is provided to advocates on safeguarding, how to recognise different forms of abuse/neglect/poor practice and how to take appropriate action.	Desktop and Site		
4.7	Advocates can demonstrate knowledge and training relating to the MCA and DOLs.	Site		
4.8	Safeguarding forms a regular part of supervision and appraisals.	Desktop and Site		
4.9	Advocates can support clients to voice their concerns and support them to consider their options.	Site		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
4.10	Advocates know in what circumstances they can contact statutory services without the client's consent.	Site		
4.11	Advocates can access additional emotional support when involved in complex/ emotive cases.	Site		

## 5. Empowerment and Putting People First

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
5.1	The client's views and wants are determined, recorded and acted upon. The personal strengths and abilities of clients are explored in the advocacy relationship.	Desktop, File Review and Site		
5.2	Appropriate and accessible language is used, both verbally and in all written information.	File Review and Site		
5.3	Enquiries about advocacy are responded to promptly and within the scheme's target time.	Desktop		
5.4	Copies of all correspondence relating to the clients should be shared with the person and explained to them unless there is specific guidance which prevents this being possible. Other professionals will know that this is the case.	Site		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
5.5	The organisation has systems for reviewing the advocacy relationships being supported regularly (at least every four months).	Desktop		
5.6	The organisation has clear procedures for closing cases.	Desktop, File Review and Site		
5.7	There is a process for obtaining clients satisfaction level with the service and appropriate follow on action is taken where necessary.	Desktop and Site		
5.8	Clients are involved meaningfully in the advocacy scheme's management and culture.	Desktop and Site		
5.9	The organisation has operational links with local clients, a self-advocacy group or other user-led organisations.	Desktop and Site		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
5.10	The organisation records the starting point for the client and the barriers faced in having their voice heard.	File review and Site		
5.11	The impact the issue(s) are having on the client are recorded and reviewed.	File review and Site		
5.12	There is a means of recording the changes the individual (and others) has noticed as a result of the advocacy process.	File Review and Site		
5.13	The cultural and spiritual requirements of the client are understood and met by the advocate.	File Review and Site		
5.14	Repeat referrals from clients with the same issues are recorded and acted upon to determine the reason(s).	Desktop		

## 6. Equality, Disability and Diversity

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
6.1	A robust Equal Opportunities policy is available that demonstrates proactive steps are taken to ensure the service provides an accessible service for all equality groups.	Desktop and Site		
6.2	Board member and advocate recruitment procedures promote diversity and equality of opportunity.	Desktop and Site		
6.3	Equal opportunities and diversity training is provided to all advocates. Understanding and outcomes will be monitored in supervision and appraisals.	Desktop and Site		
6.4	Procedures are in place to ensure that issues or complaints regarding equality and diversity are resolved effectively and in a timely fashion.	Desktop		
6.5	There is a range of accessible publicity materials, including an accessible website, appropriate to all potential clients.	Desktop and Site		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
6.6	The advocacy scheme 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.	Desktop and Site		
6.7	The advocacy scheme can evidence that the clients they work with are representative of local demographics. Steps are taken to address gaps in provision for particular groups.	Desktop		
6.8	The scheme has accessible outreach processes and systems to identify potential new clients to ensure a balance between reactive and proactive advocacy work.	Desktop and Site		
6.9	The scheme has processes in place to reach people who cannot request advocacy for themselves.	Desktop		
6.10	The scheme is situated in accessible premises or can use accessible meeting spaces.	Desktop and Site		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
6.11	The scheme operates at hours that are accessible to the people who want to use or refer to the service. For statutory advocacy, there is a contingency plan to ensure service provision during periods of staff illness or holiday.	Desktop		
6.12	The advocacy scheme makes all reasonable efforts to ensure that clients can receive support including meeting people at venues that are accessible and convenient.	Desktop and Site		
6.13	Advocacy schemes should not make a charge to clients for their services where they are funded directly to provide this service	Desktop		

## 7. Accountability and Complaints

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
7.1	A summary of work done each year is published by the advocacy scheme, for example in the form of an Annual Review of activities.	Desktop and Site		
7.2	The organisation produces annual accounts that are compliant with the requirement of their registering body.	Desktop and Site		
7.3	The funding bodies are provided with relevant written monitoring information.	Desktop and Site		
7.4	The advocacy scheme produces an annual budget linked to the aims and objectives of the scheme, which is agreed by the Board.	Desktop and Site		
7.5	The organisation regularly records and analyses the number of people supported, their age, gender, ethnic origin, disability, sexuality and postcode.	Desktop		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
7.6	The organisation records and analyses the nature of advocacy issues, duration of advocacy relationships, amount of time spent on each, client outcomes and client feedback regularly.	Desktop and Site		
7.7	All clients accepted for referral have a named advocate who they can contact, for the duration of their involvement with the organisation.	Desktop		
7.8	There is a written complaints policy and all clients are told of their right to make a complaint and how to do this	Desktop and Site		
7.9	The advocacy scheme offers the option of independent support to complainants and has a strategy for making this available if required.	Desktop		
7.10	The Board and funding bodies receive reports of complaints and action taken and there is evidence of organisational learning from comments and complaints.	Desktop and Site		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
7.11	The advocacy scheme has both employers and public liability insurance.	Desktop and Site		
7.12	There is a written health and safety policy which is freely available and reviewed regularly.	Desktop		

## 8. Supporting Advocates

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
8.1	All advocates are subject to enhanced DBS checks and must provide two professional, written references which are checked. Must be updated every 3 years.	Desktop and Site		
8.2	All staff (paid or voluntary) have job / role descriptions.	Desktop and Site		
8.3	All new advocates receive a comprehensive induction programme within their first month, covering the key components of the QPM as a minimum.	Desktop and Site		
8.4	Advocates receive group or one-to-one supervision/support at regular agreed intervals. All paid advocates receive one-to-one supervision at regular intervals.	Site		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
8.5	Supervisors are suitably knowledgeable and experienced in advocacy, and they themselves receive supervision.	Site		
8.6	All advocates are given access to relevant ongoing training and personal development opportunities, including training to meet any statutory requirement.	Site		
8.7	There is a dedicated training budget and an organisational training plan.	Desktop and Site		
8.8	The organisation regularly reviews individual performance against targets and key objectives. Disciplinary issues are identified and outcomes recorded.	Desktop and Site		
8.9	The organisation has policies for dealing with people who are unsuitable to continue to work as advocates.	Desktop and Site		

	<b>Indicator</b>	<b>Tested at</b>	<b>Self-assessment: E.g. Met / In development / Not met</b>	<b>Evidence/ Action Describe here how your organisation meets this indicator</b>
8.10	The advocacy scheme holds regular team meetings/volunteer meetings.	Site		
8.11	There is a policy covering risk assessment and for lone working arrangements	Desktop and Site		

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# **Behaviours of a Quality IMCA Service**

## Revised IMCA Specific Review

### 1. Accessible Service

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
1.1	The instruction process is clear to potential referrers.	Desktop		
1.2	Information about the service is found easily on relevant websites.	Desktop		
1.3	Information about the service includes specific information on all decision types (SMT, Accommodation, Care Reviews, Safeguarding & DoLS).	Desktop		
1.4	There is an appropriate range of ways of instructing (phone, fax, email).	Desktop		
1.5	An allocated person answers the phone in office hours Monday-Friday or calls are diverted to an allocated person. An answerphone is available outside those times or if the phone is busy.	Desktop		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
1.6	Messages are responded to within one working day.	Desktop		
1.7	Instruction forms support referrers to make appropriate instructions.	Desktop		
1.8	Referrers describe an accessible service.	Desktop and Site		
1.9	Information about the service is available in an accessible format for clients.	Desktop		

## 2. Speed of response and prioritisation criteria

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
2.1	There is a prioritisation policy that sets out the process for identifying and responding to specific decisions including those of an urgent nature.	Desktop and Site		
2.2	There is a policy/procedure that sets out target timescales for commencing the case work on receipt of an IMCA instruction, including instructions for 39a DoLS IMCA.	Desktop		
2.3	Instructions received are acknowledged within 1 working day.	Desktop		
2.4	Commencement of IMCA casework following instruction is not delayed due to lack of a written capacity assessment.	Desktop and Site		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
2.5	Each instruction is allocated to an IMCA in accordance with the organisation's prioritisation policy.	Desktop		
2.6	The IMCA service can ensure that it operates during times of staff illness or holiday.	Desktop		
2.7	Confirmation of instruction and name of IMCA are sent to all who instruct.	Desktop		

### 3. IMCA role clarity

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
3.1	IMCAs can describe their role clearly to external stakeholders.	Site		
3.2	Managers and advocates can describe the difference between different advocacy roles (IMCA/IMHA/IMCA DoLS/Non-statutory advocacy).	Site		
3.3	Staff across the organisation are aware of the Mental Capacity Act and the IMCA's role within the Act including IMCA DoLS.	Desktop and Site		
3.4	IMCAs can describe the scope and boundaries of the IMCA role.	Site		
3.5	IMCAs can describe the difference between the 39a, 39c, 39d IMCA DoLS roles.	Site		

#### 4. Casework practice and policies

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
4.1	IMCAs aim to meet the client in every case. If this has not been possible, reasons why are stated in the case notes.	Desktop, Site & File Review		
4.2	Case records clearly show how the client has been supported to be involved in the decision-making process.	File Review		
4.3	The client's preferred communication methods are recorded in the case records.	File Review		
4.4	A supervisor regularly reviews case records.	Desktop & File Review		
4.5	Case records are kept up to date and contain sufficient details to allow continuous service in the case of staff absence.	File Review		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
4.6	Case records clearly evidence the outcome of the IMCA's involvement.	File Review		
4.7	A record of people consulted and documents viewed is in the case records.	File Review		
4.8	There is a standard format for recording IMCA case progress.	Site & File Review		
4.9	Cases are closed clearly when the decision has been made and a letter/email confirming such is sent to the decision maker.	Desktop, Site & File Review		
4.10	The organisation's confidentiality policy includes information on the sharing of client information under the MCA and the Data Protection Act.	Desktop		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
4.11	There is a Non Instructed Advocacy policy.	Desktop		
4.12	Decisions are challenged appropriately and there is a policy/procedure to support this.	Desktop & Site		
4.13	Practice is reviewed and changes made appropriately in response to feedback, good practice guidance, and changes in legislation or emerging case law.	Desktop & Site		
4.14	IMCAs can describe the function and purpose of the Court of Protection and know how to seek permission to take a case to the court including the role of a Litigation Friend.	Site		
4.15	IMCAs take cases to the Court of Protection when appropriate and necessary.	Desktop & Site		

## 5. Quality of IMCA reports

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
5.1	Reports are well written and conform to the IMCA provider's report template and any best practice guidance issued.	Desktop & Site		
5.2	Reports are person-centred and identify the client's wishes, feelings, beliefs and values. If that has not been possible, the reason is stated.	Desktop & Site		
5.3	Reports are evidence-based and balanced. The IMCA has looked at the pros and cons of each decision and included opinions from all those involved.	Desktop & Site		
5.4	Reports include a conclusion that provides an analysis of best interests using the evidence gathered.	Desktop & Site		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
5.5	Reports include information about the client that may give insight into the uniqueness of that person.	Desktop & Site		
5.6	A report is provided appropriately for every IMCA instruction received.	Desktop		
5.7	The actions the IMCA took are clearly stated in the report.	Desktop & Site		
5.8	Reports are sent to decision makers without unnecessary delay.	Desktop		
5.9	Reports are adapted to include relevant information for each decision type (SMT, accommodation care review, safeguarding and DoLS).	Desktop		
5.10	The IMCA's manager regularly monitors reports.	Desktop		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
5.11	Reports include relevant case law, including DoLS.	Desktop		
5.12	Concerns not directly related to MCA compliance are also raised within reports regularly.	Desktop		

## 6. Engagement with external stakeholders

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
6.1	There is an engagement protocol that supports effective IMCA work.	Desktop		
6.2	The service provides feedback forms to gather feedback and uses these to evaluate the service and make necessary changes.	Desktop		
6.3	There are links between the IMCA service and the Local Acute Trusts.	Desktop		
6.4	Issues regarding the integration of MCA policy and practice are raised regularly with appropriate agencies.	Desktop & Site		
6.5	Records of compliments or complaints are kept and reported on in reports to commissioners.	Desktop		

	<b>Indicator</b>	<b>Tested at</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
6.6	Clients are referred regularly on to other advocacy services where appropriate and there is a procedure in place to support this.	Desktop		
6.7	There is an established relationship with the safeguarding lead/team.	Desktop		
6.8	Presentations about the service are targeted at those organisations/teams who rarely/do not instruct.	Desktop		
6.9	Common themes/issues affecting clients are regularly highlighted to commissioners.	Desktop & Site		

## 7. Training and supervision of IMCAs

	<b>Indicator</b>	<b>Tested at</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
7.1	IMCAs undergo a planned induction on appointment.	Desktop		
7.2	IMCAs have completed (or be working towards it if a new IMCA) unit 305 and also unit 310 if undertaking the DoLS role.	Desktop		
7.3	IMCAs have attended adult and child safeguarding training, intermediate and higher level and attend regular/specialist updates.	Desktop & Site		
7.4	IMCA have attended non-instructed advocacy training.	Desktop & Site		
7.5	IMCAs receive formal casework supervision at least once every 6 weeks.	Desktop & Site		

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
7.6	IMCAs attend at least 4 team meetings a year to review IMCA practice and update their knowledge.	Desktop & Site		
7.7	IMCAs receive updates regularly on case law relevant to their clients and IMCAs' practice.	Desktop		
7.8	IMCAs undertake relevant training and update their skills and knowledge regularly.	Desktop & Site		
7.9	The service reports accurate and timely statistics to the national Department of Health IMCA database.	Desktop		

## 8. Safeguarding

	<b>Indicator</b>	<b>Assessment method</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
8.1	IMCAs have attended adult and child safeguarding training, intermediate and higher levels, and attend regular/specialist updates.	Desktop & Site		
8.2	The IMCA service has strong links with the local Adult Safeguarding lead/team.	Desktop & Site		
8.3	IMCAs are aware of the organisation's adult and children's safeguarding policies and can easily access them.	Desktop & Site		
8.4	IMCAs are aware of the organisation's whistleblowing policy and can easily access it.	Desktop & Site		
8.5	IMCAs can describe the procedure to be used when they have reasons to believe that abuse may have occurred or a person is at risk.	Desktop & Site		

	<b>Indicator</b>	<b>Tested at</b>	<b>Self-assessment</b> E.g.: Met / In development / Not met	<b>Evidence/ Action</b> Describe here how your organisation meets this indicator
8.6	IMCAs are aware of the local safeguarding adults policies and procedures and can access them easily.	Desktop & Site		
8.7	The IMCA service either has a representative on the local Safeguarding Adults Board or has a way of feeding in relevant issues to the Board.	Desktop		

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## Further Information

For further information about the QPM and access to a range of resources, visit our website at:

[www.qualityadvocay.org.uk](http://www.qualityadvocay.org.uk)

Or contact:

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