



Assessment Report
Quality Performance Mark
Vocal 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 **Vocal Advocacy** following completion of all stages of the QPM assessment process, culminating in the site visits conducted by **Kath Parson** on **Wednesday 6th October via Zoom and telephone.**

The Assessor reviewed delivery of ICAA, RPR and generic advocacy covering south and west Devon. At the time of interviewing there were 1.4 full time equivalent advocates delivering these services and 0.1 of a Volunteer Advocate. This equates to three paid part time advocates and one volunteer.

1.3 Areas of good practice

- During the past few years Vocal Advocacy trustees have worked hard to become sustainable, building just over three months operating costs in their reserves. They have not only weathered the effects of the pandemic but working closely with staff and members to put in place online systems and mechanisms to ensure members continue to receive the services they expect.
- Vocal Advocacy has a very strong committed, proactive, if small, board of trustees. Membership includes people with significant experience of working with people with a learning disability.
- Vocal Advocacy operates an open, non-hierarchical approach and highly inclusive values based approach to leadership, with a trusting management style ensuring everyone is kept aware of and consulted upon organisational changes and developments, values, aims, objectives and achievements.
- Vocal Advocacy enjoys good working relations including mutually beneficial formal partnerships with local external stakeholders, for example the Devon Advocacy Consortium and informal relationships with several local networks.
- All staff are regularly supervised on a six weekly basis with annual appraisals held. There is clear evidence of a good monitoring relationship between appraisals and supervision in order to track performance. Team meetings are held monthly. In addition advocates were clear that they are able to approach senior staff at any time should they need extra support.
- The advocates interviewed appeared to be very enthusiastic, committed to and open to continuous improvement of service delivery. All advocates interviewed were very clear on the person centred approach used; the members interviewed also evidenced this.
- The people interviewed who use Vocal Advocacy services were very complimentary about the advocacy service; stressing the fact that advocacy ensured their individual voices were heard. They were very appreciative of the support they receive.

- One external local authority stakeholder was keen to stress the quality of the service, collaborative working relationship, the privacy and autonomy in relationships with members, their streamlined and timely accountability around safeguarding issues and the way they keep track of each members progress.
- Another external stakeholder was also very complimentary about the working relationships developed, stating that Vocal Advocacy is a very well respected local provider and a proactive partner within the Devon Advocacy Consortium. This stakeholder also stressed the fact that Vocal Advocacy gives excellent value for money.
- The Chief Officer supplies timely, informative, contract management reports supported with case studies.
- All advocates reported feeling very well supported, and enjoyed access to training as and when needed and felt they had developed a close and supportive advocacy team.
- The senior advocate is fully qualified as is one other advocate whilst the third advocate is currently undergoing training in Care Act advocacy.
- Vocal Advocacy has developed an excellent web site, which provides information in a variety of formats, including mixed media. The use of video, photographs and alternative communication strategies within the advocacy relationship is excellent and means each person gets a truly person centred service

1.4 Areas for improvement

There is only one area of improvement identified through my interview with the local authority stakeholder. Whilst this stakeholder was very complimentary recognising that Vocal Advocacy deliver a very effective service for members, he suggested that in the interests of continuous improvement he would welcome a professional whole organisation approach to raising any issues or concerns. It may be useful for the Chief Officer to follow this up.

1.5 Assessor's recommendations

We are pleased to recommend that Vocal Advocacy be awarded the Advocacy QPM for a period of three years from October 2021.

1.6 Vocal Advocacy's response to the Assessment Report

As an organisation we welcome opportunities to review and update our practice, we strive to evolve and continuously improve our service delivery.

In completing the QPM assessment process we have ensured that the quality of what we do is maintained and improved upon. It has given us an opportunity to reflect on our work, highlight areas of good practice and share learning.

All of the people involved in the assessment process were keen to take part. Either in contributing to the desktop study or taking part in the site visit. Our members were very keen to share their experience of Vocal with the assessor. The advocates are proud to share their work.

It is incredibly beneficial for the members, staff, volunteers and trustees to have the quality of our work, the support we offer and the relationships we hold validated in this way.

With regard to the area of improvement identified; we will continue to work with the Local Authority to ensure the continued improvement in service delivery. Our current experience is that the LA respond well when issues of concern are highlighted, whether these be relating to individual staff, procedural issues, or regarding service deficiencies within LA commissioned services. Where patterns or trends are noted, these are reported via the Devon Advocacy Consortium directly to commissioners and service leads for action. The chief officer has made arrangements to work with the LA stakeholder with regard to progressing this further.

Catherine Mundy

Chief Officer



Summary of Assessment

2.1 About Vocal Advocacy

Vocal Advocacy is a small independent advocacy organisation operating in South and West Devon that helps adults with communication difficulties to understand and exercise their rights, make informed choices and speak up for themselves. Whilst we specialise in supporting people who have a learning disability, we are also able to support people from other client groups such as people with autism, people with brain injuries, physical disabilities or mental health issues, older people and those with dementia.

Vocal Advocacy has a contract with the Devon Advocacy Consortium (DAC) to provide statutory advocacy as detailed in The Care Act, and to fulfil the role of Paid Representative for people who have a DoLS in place. Vocal Advocacy also provide Issue based advocacy for people who have a learning disability or communication difficulty, primarily in South and West Devon, including supporting parents who have a learning disability with child protection procedures.

Vocal Advocacy also provide advocacy for people who do not meet the eligibility criteria set by the Devon Advocacy Consortium. This is funded either through reserves, by fundraising, charitable donations or by Grants. The organisational structure was recently reviewed in the light of increasing responsibilities, the result of which lead to the creation of a new post Chief Officer and a review of board roles and responsibilities - with greater delegated decision-making responsibilities to the Chief Officer.

2.2 The Assessment Team

Kath Parson is a qualified nurse, advocate, lecturer and City & Guilds Advocacy and Investor in People qualified trainer and assessor in addition to her role as NDTi QPM Assessor.

Kath has held a number of chief executive roles throughout her career culminating in her role as chief executive of the Older People's Advocacy Alliance (UK), a position she held for twelve years and retired from in June 2018.

Kath sat on a variety of national bodies advising on research projects, policy development, funding and grant giving, training and independent advocacy.

Kath was a member of the Social Investment Business Advisory Panel from 2017 to 2020.

Kath has been a Judge on the National Advocacy Awards Panel for three years.

Kath is an avid volunteering champion and has held a number of volunteer roles including being a school governor for twenty years.

2.3 Approach to QPM Assessment

Kath Parson carried out both the desktop assessment and site visit for Vocal Advocacy. The desktop assessment included review of:

- The completed Assessment Workbook
- 5 anonymised case files and supporting documentation
- Prioritisation Policy
- Equality and Diversity Policy
- Equal Opportunities form
- Referrals forms for general advocacy and Care Act advocacy
- Engagement Protocols
- Safeguarding Adults Policy
- Safeguarding children and Young People Policy

Following completion of an action plan the assessor reviewed the policies listed below.

- Whistleblowing Policy

- Non-instructed Policy
- Confidentiality Policy

The Assessor also reviewed the Vocal Advocacy web site and documents listed below: -

1. Devon Advocacy Consortium Q1 monitoring Report and case study.
2. Torbay Parents Contract monitoring Report

During the site visit on 6th October the assessor conducted a series of zoom and telephone interviews with those listed below: -

- The Chief Officer
- The Chair of the Trustee Board
- The Treasurer of the Trustee Board
- 2 External stakeholders
- 8 people who have accessed the service
- Three Advocates



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.



Both the Chair and Treasurer of the board of trustees were able to describe well the roles

and responsibilities of trustees, in particular in ensuring that other stakeholders received clear information about the advocates role and the boundaries in which they work. It is clear that being person centred is central to all the work of Vocal Advocacy.

Senior staff, people who have accessed the service, advocates and external stakeholders interviewed all demonstrated a clear understanding of the purpose and principles of advocacy, the role of advocates and the boundaries within which advocates work.

One person with a learning disability who used Vocal Advocacy service interviewed told me:

“The advocates listen to us and help us to make sure our voices get heard, they help us with forms which are very hard. My advocate helped me to communicate kindly and helped me stay focused and keep calm.”

Vocal Advocacy has an excellent website which provides information in a variety of formats, including mixed media. The use of video, photographs and alternative communication strategies within the advocacy relationship is excellent and means each person gets a truly person centred service.

Advocates work really hard to ensure that people have as much choice and control as possible. They also have robust approaches to working with people who don't use words to express themselves and advocates were able to articulate the principles of Non-Instructional Advocacy.

Advocates were clear that they work to the principles set out in the advocacy charter, and were able to offer some examples of how some of these principles work in practice.

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.



It was clear that Vocal Advocacy value their independence highly, with staff, trustees and members working hard to protect it.

Vocal Advocacy have developed a clear framework of policies in consultation with all staff, members and trustees to provide a governance and management structure to enable the provision of advocacy services to flourish.

The Chief Officer gave me two excellent examples of how independence is protected. The first example included walking away from a contract when it became clear that the

commissioner wished to have a more controlling influence on the advocacy service dictating what could and could not be done within the contract.

The second example took place during the contract negotiating stage with a local provider for a contract to deliver advocacy support to up to 40 learning disabled staff who were due to be made redundant. The commissioners wished to dictate the content of a final report to include details of named individuals outcomes. This was successfully resisted by Vocal Advocacy who were still awarded the contract and delivered a report that included general outcomes for all those supported through the redundancy process.

Independence is a well-understood principle protected by all staff, trustees, external stakeholders and members interviewed.

The Chair and CO both reported that conflicts of interest are well managed at board level with declarations made and recorded during board meetings.

All staff are required to complete conflict of interest declaration and to inform line managers if a conflict of interest arises during their work. The conflict of interest principle is well understood by the advocacy team. Advocates were able to give me some very good examples of how this works in practice.

The Advocates also gave clear examples of where they have successfully challenged other service providers when they have encountered poor practice.

All advocates interviewed reported an on going concern re the lack of understanding of the advocacy role amongst many of their professional colleagues, particularly around the independent nature of the advocacy roles.

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. 

Vocal Advocacy has a very good confidentiality policy with an excellent easy read version for members.

All advocates were familiar with these policies and how they are implemented to inform good practice, they gave clear examples in their work.

The more experienced advocates were able to give me examples of when confidentiality is breached resulting in safeguarding alerts and also when it may be appropriate to withhold information from people accessing the service.

One gentleman with a learning disability who uses the advocacy service explained eloquently the meaning of confidentiality for me, he said: -

“Confidentiality is all about keeping things private my information and things about me.”

Confidentiality is an important part of the advocates work in both statutory and non-statutory advocacy and is clearly explained to all everyone who has an advocate at the start of their advocacy journey.

Vocal Advocacy has excellent safeguarding policies for both adults and children and young people a very good separate whistleblowing policy. The policy is easy to read, logical and very useful for either new or inexperienced advocates.

Several advocates were able to both explain and give good examples of when confidentiality was breached and were able to describe how the safeguarding procedures were implemented.

3.4 Person led and Empowerment



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 non judgmental 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.



Throughout the assessment procedure it was evident that the principles of empowerment and being person led are at the heart of Vocal Advocacy’s Services. It was very impressive that everyone interviewed during the site visit highlighted how the principles of empowerment and putting people first runs throughout the organisation like the lead through a pencil.

Members are involved at all areas of the organisation and there is a real sense of true co-production and shared ownership of Vocal Advocacy as an organisation.

The Chief Officer offered a very good example of co-production, this concerned the delivery of awareness raising sessions in a local hospital in order to explain to hospital staff some of

the difficulties faced by people with learning difficulties when attending hospitals. This had taken place at the suggestion of a member.

These sessions were delivered by a volunteer and a person with a learning disability and have been very well received. I spoke with the member concerned who confirmed these examples and expressed great pride in being able to influence hospital staff.

Another example included staff working alongside several members in their regular weekly meetings to produce easy read documents, including for organisational policies.

Vocal Advocacy actively seek feedback from people who use the service and everyone who uses the service is invited to become a member and attend weekly members zoom meetings.

Informal support and formal supervision are other routes to ensuring advocates continue to think about how to empower people to make and communicate their own decisions and staff were able to explain this clearly in discussion.

Amongst the advocacy staff there are some highly skilled and experienced advocates. These advocates were able to provide several examples of casework, illustrating how they support people in a person centred way to achieve desirable outcomes.

One advocate told me: -

“I felt I empowered a member to speak out in a review process. There were barriers to this members’ confidence that we removed. We did this by the introduction of communications aids, photos and pictures to help this member gain control over decision-making. Together we achieved a very positive outcome for this member.”

Another advocate described a recent walk and talk session with a member in his late 20’s, living at home and under the control of a loving very protective mother. She ensured this member became aware of his rights. The member told the advocate *“It’s my life, my right to chose.”*

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.



Vocal Advocacy has an up to date robust Equality and Diversity Policy. Vocal Advocacy is not

a wholly diverse organisation across all equality strands however, the area served by Vocal Advocacy is not diverse in terms of ethnicity being mostly white British. The staff team, trustees and members do reflect the local demographic of the population they serve.

Vocal Advocacy work as part of the Devon Advocacy Consortium and report their equality figures back for central monitoring and reporting. The Devon Advocacy Consortium stakeholder I spoke with was very complimentary about the quality, content and timeliness of reports received from Vocal Advocacy. The consortium approach also means that there is a broader pool of advocates for Vocal Advocacy to draw on, if they needed to in order to respond to the needs of a particular individual.

One advocate told me: -

“I worked with a Russian gentleman in a review of his care and support and was able to easily access a Russian interpreter. This enabled this gentleman to achieve a positive outcome.”

Vocal Advocacy has experience of accessing appropriate interpreters when needed including those with BSL skills. The Chief Officer was able to offer examples of supporting a Polish lady with interpreters. In addition staff are competent in using Makaton when appropriate.

In my group interviews with several members I witnessed effective staff support given to individuals within the group when they wished to speak with me.

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.



Vocal Advocacy is a very small organisation with four trustees that meet very regularly, at least eight times per year.

Trustees are long serving people with a range of professional backgrounds associated with providing support to people with learning disabilities. These are very hands on proactive trustees, described by the Chief Officer as an amazing asset, some of whom also volunteer within Vocal Advocacy. The Chair directly supervises the Chief Office describing herself as a critical friend.

Trustees in acknowledging the challenging nature of the trustee role, have introduced a system whereby potential new trustees are required to shadow existing trustee for a year prior to taking on the commitment of trusteeship.

Vocal Advocacy staff and trustees work very hard to be accountable to all their stakeholders, in particular their members. Indeed I witnessed this first hand when speaking with a group of members one of whom successfully challenged a member of staff. This member was very vocal in complaining that she had not yet received her copy of the September newsletter. The member of staff immediately apologised, offering a good explanation why the September newsletter was a little late. The member was very insistent that she be assured she would receive her copy soon and that there would also be a copy of the October newsletter on time. This reassurance was freely given.

Vocal Advocacy have good a tried and tested database and systems in place for the effective recording, monitoring and evaluation of their work. I was able to review two good monitoring reports, one for the Devon Advocacy consortium along with a case study, and one for Torbay local authority.

The Senior Social Worker for Adults with Disabilities I spoke to told me: -

“Vocal Advocacy are a very proactive organisation, one I have known for over twenty years. Many of the people I refer need advocacy support to manage their personal relationships. They are streamlined, meet timescales and share information and respond collaboratively to issues. They are excellent at keeping track of their members’ progress. They do meet the needs of members as they take time to get to know them, to build a rapport and identify and respond to individual communication needs.”

Reports are produced in a variety of formats and are inclusive of members. Board members have a very clear understanding of the needs of the people accessing the service. This is well governed and managed organisation with trustees holding reserves of at least three months operational costs.

Following the desktop review Vocal Advocacy now has a full set of policies and procedures in place providing an effective framework for the effective delivery of both statutory and non-statutory advocacy. The Chief Officer offered an excellent example of how their Zero Tolerance policy was developed in response to incidences of verbal aggression which were reported by 2 staff members during their individual case supervision. The trend was noticed and discussed at the team meeting. This was taken seriously and led to the recognition that a new zero tolerance policy was needed. This was developed in full consultation with staff, members and trustees.

They are able to capture and use outcomes data to inform service development. Advocates interviewed were able to explain clearly the process for capturing data, monitoring activity, identifying outcomes and evaluating their work.

The Contract co-ordinator from the Devon Advocacy Consortium told me: -

“Vocal Advocacy deliver advocacy support to people with a learning disability with very complex needs. They are very clear as to their boundaries and excellent partners to work with. We enjoy a very positive working relationship often doing training together for

example; we recently did some suicide prevention training together. They offer good value for money, take their time working in a wholly person centred way to support people, are very good at consulting with their members on all issues affecting service delivery and the development of the organisation. The Chief Officer provides informative and timely monitoring reports that are always supported with case studies. In short they are a very well respected provider within the consortium.”

People who used advocacy services told me they are able to provide feedback on the support they receive through a range of different mechanisms including regular weekly zoom sessions, the AGM and with their advocates.

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.



Vocal Advocacy has good safeguarding and whistleblowing policies in place for both adults and children and young people. It was clear in conversations with staff and trustees that there is a good awareness of child and adult protection issues and the advocate’s roles and responsibilities within these. This was particularly evident when talking about the advocacy provided to parents with a learning disability with children going through care proceedings.

This is an area where all advocates are very well informed, and the processes to be used when raising safeguarding alerts.


Safeguarding and confidentiality are covered in all staff induction training, with refresher training on a regular basis. All people accessing the advocacy service are told of the confidentiality policy at the outset of their support journey and this is explained in some detail using appropriate communication aids, in particular the circumstances when this policy may be breached.

Advocates were able to provide a wide range of very good examples of safeguarding issues and in particular where they had challenged poor practice across a variety of settings.

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. 

At the time of this assessment Vocal Advocacy have 3 paid part time advocates and one volunteer advocate delivering both statutory and non-statutory advocacy services.

Vocal Advocacy is a small organisation with all staff working part time. Despite this, the Chief Officer, senior staff and advocates are well supported through formal and informal means.

There are regular Team Meetings and supportive group reflective sessions as well as supervision and appraisal systems. The organisation uses person centred planning tools, as its way of drawing up development plans. This again reflects the ethos of person centred practice within the organisation.

Staff and trustees know each other well and are able to call on each other for support if needed. The Chief Officer operates a very egalitarian approach to leadership acknowledging that everyone's voice and opinions are valid. The Chief Officer has an open door policy and it's clear that supervision is not the only route to discuss issues or concerns.

There is ongoing access to a range of training courses available through the consortium, a local voluntary agency network and their local CVS. Advocates described how they currently do a lot of training online with staff accessing Kate Mercer's Black Belt advocacy courses.

I was impressed with the staff interviewed, experienced advocates appeared confident in their work, supportive of one another and in particular the new staff.

Staff felt safe in their work, able to approach managers whenever they had concerns and were united in their praise of the open and trusting environment in which they work.

All staff has 6 weekly formal supervision, monthly team meetings and an annual appraisal.

Advocates were able to offer a good account of the supervision and appraisal processes and how they relate to one another.

Vocal Advocacy provides funding for all advocates to undertake the National Advocacy Qualification and when case loads permit time to study for this qualification.

The Senior Advocate told me: -

"We have regular training in safeguarding, adult protection, health and safety and equalities and diversity."

Team meetings are held monthly when staff are able to discuss referrals, review difficult cases, workforce developments; training needs and work life balance.

In addition to having regular access to training opportunities advocates are able to keep up to date with changes and developments across the advocacy sector using information provided by the consortiums regular updates, Kate Mercer training, access to a range of networks, staff briefings, SCIE updates, and access to a local legal team.

Advocates were knowledgeable about the principles contained in the advocacy charter using these to inform their work on a day-to-day basis and were able to offer good practice examples in several areas including independence and empowerment.

The advocates confirmed that both colleagues and senior staff make themselves available to advocates at any time they feel the need for support/advice.

I found those advocates interviewed to be wholly committed to the people they serve, enthusiastic and supportive of the organisational changes recently introduced to combat the pandemic and ensure members continued to receive the support they need.

Vocal Advocacy has close-knit and very supportive advocacy teams, willing to continue to learn from best practice and able to help each other with the day-to-day business of providing good advocacy services to the people they serve.



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:

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