



Assessment Report
Quality Performance Mark

Vital Projects

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 [Vital Projects](#) following completion of all stages of the QPM assessment process, culminating in the site visit conducted by [Dave Atkinson](#) on [July 15th 2019](#).

The Assessor reviewed delivery of NHS Complaints Advocacy (ICAT), statutory advocacy under the Mental Health Act and generic (community) advocacy services. At the time of the site visit, the service was coming to the end of a corporate restructure exercise, with 5 advocates being actively involved in providing these services. Additionally, the service Director occasionally undertakes advocacy work.

1.3 Areas of good practice

Vital Projects is a small advocacy provider with firm roots in the communities it serves. The staff team are cohesive, mutually supportive and well led. Advocates are knowledgeable, well informed and passionate about ensuring the voices of those they serve are heard.

The service's real strength comes from the fact that it is a strongly user-led organisation. As well as providing advocacy services, there is a strong commitment to supporting and developing self-advocacy skills in those they serve.

Vital Projects has a long history of actively engaging in mental health campaigning activities both locally and nationally and in supporting those who use services to hold them to account.

1.4 Assessor's recommendations

Based on the desktop review of evidence submitted and the site assessment, I believe that **Vital Projects** provide a high-quality service based on the principles of independent advocacy and am pleased to recommend the award of the Quality Performance Mark for a duration of 3 years, commencing July 2019.

1.5 Vital Projects' response to the Assessment Report

None provided



Summary of Assessment

2.1 About Vital Projects

Previously known as Bradford and Airedale Mental Health Advocacy Group (BAMHAG), **Vital Projects** is a user led mental health organisation, established in 1989. The service has operated as a registered charity since the mid-1990s and was rebranded as **Vital Projects** in 2018. Historically **Vital Projects** employed in excess of 20 staff and delivered a wide array of advocacy services. Following a Local Authority decision to award the contract for statutory advocacy provision to another organisation however, a significant reorganisation has been required. The service will continue to provide an advocacy service, albeit reduced in scale. Additionally, **Vital Projects** will continue to support user led health and wellbeing initiatives, and self-advocacy projects.

Operationally, **Vital Projects** is currently led by a service director. The service continues to provide support to people facing mental ill health or who feel vulnerable due to other factors including old age, trauma and illness. It aims to reduce judgmental attitudes, discrimination and social isolation through raising awareness and understanding of mental health; and ensuring that people have a voice within the health and social care framework.

There are 7 staff including admin and advocacy workers. They continue to provide ICAT services, community advocacy services to people with mental health needs and a small amount of Mental Health Act Advocacy within a local NHS low secure setting. **Vital Projects** operates across the Bradford and Airedale area; and continues, despite challenging times, to access multiple sources of funding.

2.2 The Assessment Team

The assessment was undertaken by Dave Atkinson. Dave has a background working as a consultant in the development of learning disability and mental health services across both statutory and third sectors. He has also worked with various national agencies including the Department of Health, NHS Improvement and NHS England, on a number of areas of national policy and has keen interests in supporting services to measure and demonstrate outcomes and impact; as well as promoting human rights based approaches to the support of marginalised populations.

Dave has been a QPM assessor since 2015.

2.3 Approach to QPM Assessment

The assessor carried out both the desktop assessment and site visit for **Vital Projects**. The desktop assessment included review of 5 anonymised case files, together with the following documents:

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- The assessment workbook
- Casework Management Guidance / prioritisation protocol
- Non-instructed advocacy policy and procedures
- Equality and diversity policy and procedures
- The Advocacy Protocol
- Confidentiality policy and procedures
- Safeguarding policy and procedures
- Board reports and annual accounts (via Charity Commission website)
- The Vital Projects website

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

- The chair of the board of trustees
- An additional long standing trustee
- The service director
- 4 advocates who, between them, delivered all types of advocacy support offered by the organisation
- 2 people who has used the advocacy service
- One external stakeholder



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.



Vital Projects is a registered charity. It was clear that all organisational activities are in accordance with the organisational objectives, mission, vision and values; and these in turn are consistent with the advocacy charter. This was also readily apparent within annual reports.

All **Vital Projects** staff described clearly the organisation's aim of supporting people who use mental health services, not just through the provision of advocacy but also by promoting the development of enhanced self-advocacy skills. A number of examples of this spectrum approach to advocacy were described and further evidence of the success of the approach as apparent from the fact that a number of Trustees and staff have a history of using advocacy services.

The trustees and service director were alert to the need to avoid conflicts of interest. The board, which meets on a monthly basis, currently has 5 trustees, though is looking to recruit additional members with additional areas of expertise.

Publicity materials and information were reviewed and clearly indicated the nature and remit of advocacy services. It was evident that clients are helped to understand the advocacy role from the outset. Advocacy clients were able to explain how they had been helped to understand the nature of the advocacy relationship and the service more widely.

The small but well appointed Board considers all aspects of strategy, policy and service delivery within board meetings. **Vital Projects** is currently participating in a PILOTLIGHT initiative which brings business leaders together with charities, in order to develop effective and sustainable business models, through targeted coaching.

Vital Projects has extensive connections to the community it serves; and has wide representation on local groups and links with other voluntary sector groups.

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.



Vital Projects' corporate reports demonstrate a keen recognition of the need to preserve its independence from statutory agencies. This is clearly stated both on the website and on the various service information leaflets. A number of policies also draw attention to the independent nature of the advocacy service. Decision making processes at Board level also seek to preserve organisational independence.

There are a variety of funding sources including contracts with the local authority; as well as grants from charitable trusts / foundations. The trustees pay close attention to sourcing varied funding streams and as the recent restructure concludes, the board's current 3-year strategy includes attention on exploring new funding opportunities.

The provider's submission and discussions with the service director demonstrated that funders cannot influence operational aspects of service delivery; and that contracts do not impinge on **Vital Projects'** independence. There are robust policies on engaging with other agencies.

Advocates promote awareness of their independent function; and were able to illustrate challenging others freely, through illustrative case examples. The user led ethos of the entire service, including its governance, ensures that client issues are always paramount.

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.



There are up to date data protection and confidentiality policies that have been updated in line with GDPR requirements. From the site visit, it was clear that sensitive information, both electronic and paper based, is appropriately stored.

Members of the team were able to discuss and describe situations where, in accordance with local policies, exceptionally, confidentiality may need to be breached and confirmed that this was explained to clients.

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 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.



People with lived experience of using services sit on the board of Trustees and are in paid employment for **Vital Projects**. The assessor felt that the service was one of the most truly user led advocacy providers he had encountered. People with lived experience of using mental health services help shape strategy and organisational priorities.

The clients who was interviewed both spoke positively about their experiences of using the service and the difference it had made and were clear that they would strongly recommend it to friends and family.

Advocates were said to have been flexible with regard to where they met people and to have clearly explained the nature of the services they provided. Clients' desired outcomes are clearly identified and recorded early in the relationship. These provide a focus within supervision and progress against them is detailed in case records. Case notes and the local database both demonstrate that referrals are responded to in a timely fashion; and are subject to appropriate prioritisation.

Case working and closure procedures appear to be transparent and are discussed with clients from the outset. Thematic analysis of referral issues and trends is undertaken using information within the case working database. Issues of concern are highlighted in meeting with commissioners. Examples were cited where this had led to service improvement.

Vital Projects is clearly well connected to other local community and voluntary sector, user led organisations; they also have links to other small local advocacy providers. The provider's submission described arrangements for agreeing goals and issues with clients. There is a strong commitment to enabling clients to self-advocate wherever possible, with support being available to raise concerns or make complaints where.


There are regular supervision sessions with the advocacy managers where all cases are reviewed.

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. 

The Equality and Diversity policy and procedures appears fit for purpose. The provider's premises were noted to be welcoming and accessible; and all services are free of charge to the service user. The service has also been recognised by the Department of Work and Pensions as a 'disability confident' employer.

Services are commissioned to be provided during office hours only, however staff work flexibly on a case by case basis, in accordance with client's needs and circumstances.

Referral systems appeared to be easy to use and accessible, with support being available to clients with additional needs

Staff actively promote increased awareness of the. Workers are allocated on the basis of client need and preferences.

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 provider publishes annual reports and accounts each year (and a number of these have been reviewed). All relevant corporate insurances are held.

Current contract compliance by the Local Authority is somewhat 'light touch' however the service director monitors activity and service trends; and meets with commissioners to alert them to issues of concern as well as escalating them to various council committees.


The service operates according to a clearly articulated prioritisation protocols. Service user feedback is gathered through a range of approaches throughout the advocacy process; as well as from other stakeholders.

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. 

Safeguarding policies were reviewed and found to be fit for purpose. There are good links with the local authority safeguarding leads and those within local NHS Trusts. A safeguarding register is maintained so that progress on safeguarding referrals can be tracked.


All staff have received appropriate training and updates regarding safeguarding issues.

Discussion of anonymised case studies with advocates identified showed a good level of awareness of safeguarding issues. Advocates had clearly been well supported by senior staff when addressing safeguarding issues.

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. 

The organisation has appropriate workforce policies and related materials. There is evidence of robust supervision arrangements and appraisals; and there are monthly team meetings which are well attended. Additionally there are quarterly Practice Development groups where advocates explore agreed priority themes relating to their practice (examples included dealing with conflict and lone working).

The value of supervision was illustrated through exploration of a number of anonymised case studies. In addition to scheduled supervision, the service director provides ad hoc supervision in response to emerging challenges or concerns. It was very clear that the whole team are experienced and mutually supportive.

All staff have appropriate IAQ training for their roles, and compliance with other organisational training required is good.

Advocates are updated about emerging case-law through briefings from law firms, access to on-line resources and webinars. Issues are shared, discussed and reflected upon, more widely across the team.



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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