

### 12.3

**How will you ensure that the practice of advocates is appropriate, safe and supervised when undertaking non-instructed advocacy work? Please provide supporting evidence that includes a case study to support your answer. (550 words, not including additional evidence requested)**

High quality practice starts with selecting excellent individuals with the right skill set to become IMCAs. This is covered in more detail in question 12.8.

We ensure our non-instructed advocacy (NIA) practice is appropriate, safe, and well supervised by:

- An expert understanding of the principles and practice of NIA, supported by on-going reading and learning
- Strong organisational leadership.
- Practice grounded in the Advocacy Charter and Code of Practice
- Strong safeguarding policies, procedures, and guidance,
- Close and regular case-work discussion and review (both formal and informal)
- Observed practice (from the Service Manager, and on occasion the CEO)
- Review of written reports
- Seeking out and acting on feedback from key stakeholders

All our IMCAs are trained in NIA approaches delivered both externally and in-house. Within the organisation IMCA, IMCA DoLS and Paid Representative best practice is championed by Kristian Tizzard, who is also the Regional Director responsible for Cambridgeshire. Kristian ensures effective, leading edge and consistent practice across all of our IMCA services throughout the country most recently by focusing on the quality, clarity and impartiality of IMCA reporting.

VoiceAbility operate according to the Advocacy Charter and the Action 4 Advocacy Code of Practice, which provide the framework for safe and appropriate practice and contain specific guidelines on the provision of non-instructed advocacy. We have a full range of policies and procedures that describe our expectations of advocacy practice including

- Safeguarding,
- Risk Management (including a service user risk assessment which is undertaken to ensure that the safety of both partners and staff is assured),
- Confidentiality,
- Conflict of Interest,
- Quality Practice and Excellence and
- Data Protection.

VoiceAbility IMCAs have supervisions at least once every six weeks with the Service Manager. This provides an opportunity for discussion of practice, reviews of case work and updating of the IMCA's personal development plan.

Where non-instructed advocacy is being practiced it is particularly crucial that advocates document their research and carefully record the basis for their conclusions, so the service

manager also audits the IMCA's paperwork, reviews their reports and conducts observations of IMCA practice to ensure that quality is maintained.

Team meetings and case work reviews are also held regularly to allow advocates to share good practice and support each other's development. These also feed into the six-monthly continuous improvement cycle, which is designed to highlight and disseminate excellent practice and act upon areas for improvement.

Any feedback received from partners, carers, friends and family or professionals is logged on MAAVIS along with actions which are allocated to individuals with a timescale for completion. This enables any concerns with practice to be identified and addressed early.

For example, we changed our approach to the paid Relevant Person's Representative (RPR) role in response to feedback that our service was not engaging enough with the managing authority. We needed to balance our engagement with key people with ensuring our focus on the partner. We developed guidelines and a reporting framework informed by our experience, code of practice, and the Department of Health. This was circulated to the Best Interests Assessors for their input, thus providing a consistent and constructive approach in terms of how we engage with people in a way that enables the RPR to better involve the partner in the process.