



# Scottish National Standards for Information and Advice Providers Self Assessment Guidance

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## Introduction

This guidance and the tools for self assessment should be used in conjunction with the Scottish National Standards for Information and Advice Providers (SNSIAP): A Quality Assurance Framework 2009, which can be accessed via the Scottish Government's [website](#). The Framework includes Good Practice Guidance in Section 3, which was accurate at the time of publication in 2009 but you should now refer to **this Guidance** to help you to prepare for audit and peer review.

The Organisational Standards in the 2009 Framework remain unchanged. The [Section 2 Competences for Advisers has been updated](#) to ensure the competences reflect current legislation.

Accreditation will be awarded on the basis of compliance with the Standards and in relation to the remit of the advice service. The key indicators have been updated and incorporated into the self assessment form and the following guidance.

We appreciate that advice providers of different sizes and types will demonstrate their compliance with the Standards in different ways.

This guidance provides examples of evidence that advice providers could use to demonstrate compliance with the Organisational Standards, but is not prescriptive. Advice providers should provide evidence that best demonstrates their compliance with each Standard and how this influences their current practice.

The self assessment is designed to support advice providers to review, consolidate and improve their practice and identify when they are ready for accreditation, whether that includes peer review and audit (for Type II/III agencies) or just audit (for Type I agencies). Reflecting on actions taken does not mean that further change is necessarily required, but ensures a policy, procedure or practice that worked six months ago is still fit for purpose.

The aim is to reach a position whereby the advice service can evidence how they meet each Standard and the procedures they have in place to monitor and review this on a regular basis.

The advice provider will be expected to;

- summarise how the advice service meets the Standard
- explain why the evidence provided is appropriate and proportionate for the advice service
- reflect on the actions taken and progress and improvements made by the advice service

- outline the systems in place to monitor and review compliance

The self assessment should focus on the advice service delivery/function of the organisation only. As a starting point for completing the self assessment advice providers should consider the remit of their advice service, including;

- The Type and topic (for example Type II housing) and sub-topic (for example eviction) of advice provided, as defined in the SNSIAP
- The background, context and overall purpose of the advice service

The information collected and collated in the self assessment will form the basis of the application for accreditation. Documents will not be expected to be sent with the application for accreditation or hyperlinks inserted. Auditors will ask for access to some of these later, for example by uploading to a cloud file hosting service, by email or via the advice provider's website.

## **What to expect from the audit**

The auditors will take a supportive approach to help advice providers demonstrate compliance with the Standards. They do not set out to find fault when they perform an audit, but instead aim to confirm that an organisation is meeting or exceeding the requirements of the Standards. Auditors will take in to account what they have been told about the remit and structure of the advice service to help gauge whether evidence is appropriate and proportionate and will request additional supporting audit documents to be completed if required.

Where 'gaps' are identified in the process i.e. the procedure document is not being followed or the organisation has not identified that there should be a policy or procedure in place, the auditor will work with the advice provider to find cost effective ways of addressing those issues.

For Standards 5.2 and 5.3 the auditor will randomly select between 3 and 5 staff members and ask for evidence of inductions, appraisals, One to One meetings/supervision and training plans (including evidence to support) that have been undertaken.

The audits will follow a structured approach, which follows professional audit standards designed to keep the advice provider informed of what they plan to do, what they have done and finally what they find.

The auditor will examine records and files, looking for confirmation that a framework is in place to support accreditation and that systems are operating in accordance with the Standards. When all information has been received by the Auditor from the organisation, to conclude the Audit the auditor will, normally within two weeks of the completion of their review, issue a draft audit report.

The advice provider will be asked to provide (if required) a written response to the points, setting out the actions that they will be taking, the person who will be responsible for the action and a date by which the action will be completed. The auditor will be happy to discuss the report and responses provided.

The audits will be carried out in line with the Public Sector Internal Audit Standards (Applying the IIA International Standards to the UK Public Sector).

## Self assessment form

The self assessment form reflects the Organisational Standards in the SNSIAP framework. The Organisational Standards are divided into six categories:

1. **General Management Standards**
2. **Standards for Planning**
3. **Standards for Accessibility and Customer Care**
4. **Standards for Providing the Service**
5. **Standards Around Competence**
6. **Resourcing Standards**

The evidence provided can be succinct; using bullet points, ***not long descriptions***. The evidence will be documented, but you may also wish to provide a brief description of actions taken or planned.

It is anticipated that for most advice providers starting to implement the Standards there will be some further action required to meet all the Standards. The form has been designed to help advice providers track their progress;

- carrying out an initial assessment of compliance with the Standards
- implementing new procedures and/or collating up to date evidence about practice
- concluding that the advice service can evidence achievement across all Standards

The self assessment therefore uses the following RAG (Red, Amber, Green) scoring definitions:

**Red** not yet confident that this Standard has been achieved or could be evidenced (both in terms of policies and procedures, and also in terms of impact and knowledge of staff/volunteers)

**Amber** some action undertaken to meet this Standard but further work required

**Green** we can evidence how we meet this Standard and have procedures in place to monitor and review this on a regular basis

The Organisational Standards under each category are numbered and colour coded and incorporate key indicators related to the key indicators in the SNSIAP framework.

## Identifying your starting point - self assessment summary

This [document](#) provides an “at a glance” summary of the Standards and how the advice service has self assessed as either red, amber or green against each Standard after an initial review of current practices and procedures. The self assessment summary should highlight actions that need prioritised or may take longer to implement.

Advice providers should carry out an initial assessment based on their best understanding of how their advice service currently operates.

## Completing the self assessment form

### Advice provider information and remit

- Provide contacts details for the advice service
- Define the remit of the advice service in relation to the Types and topics of advice provided (for example Type II in Welfare Benefits), including sub-topics as defined in the SNSIAP (for example Means-Tested benefits)
- Give an overview of the scale, structure and remit of the advice service.

### Current position

- For each key indicator insert the date and note the current position within the advice service, for example any relevant policies and procedures in place or current practice or procedures and briefly explain why they have been chosen as evidence. Assess the advice service as either red, amber or green in relation to each key indicator.
- Please ensure that any documentary evidence that is to be provided to support your application has the Standard Reference number annotated thereon ie “1.1 – Organisational Chart” for ease of reference.

### Action(s) required/Progress log

- Note the task(s) that need to be completed in order to move towards green and include any actions already taken. Use this column to note progress made in completing the tasks.

### **Target completion date**

- This is not essential, but if preferred a target completion date for any action required can be inserted.

### **Standard ready for review**

- Complete this section once the Standard has been assessed as green (“we can evidence how we meet this Standard and have procedures in place to monitor and review this on a regular basis”);
  - summarise how the advice service meets this Standard
  - explain why the evidence provided is appropriate and proportionate for the advice service
  - reflect on the actions taken and progress and improvements made by the advice service
  - outline the systems in place to monitor and review your compliance

### **Monitoring and reviewing compliance**

- If preferred this section can be used to outline the systems in place to monitor and review compliance as an alternative to providing this information for each individual Standard in the “Standard ready to review” box.

## Guidance on evidence

The following examples are to be used as a guide as to what could be presented as evidence to show compliance with the Standards. The lists are not exhaustive and you may have other documents that are more relevant. As stated previously the evidence provided should be succinct; using bullet points, *not long descriptions*. Please ensure that your evidence for each section relates directly to the relevant Standard requirement.

### 1. General Management Standards

<b>1.1 All service providers have clear management structures that identify the roles and responsibilities of all post holders involved in the planning, management and delivery of the service.</b>	
<b>Key Indicator</b>	<b>1. A document or online resource outlining the management structure of the advice service</b>
	<p>Indicate where information on all those involved in the planning, management and delivery of the service can be found, for example in;</p> <ul style="list-style-type: none"> <li>• staff structure plan and/or</li> <li>• organisational chart, and/or</li> <li>• management plan and/or</li> <li>• advice service delivery plan and/or</li> <li>• business plan and/or</li> <li>• strategy document</li> </ul>
<b>Key Indicator</b>	<b>2. Staff and volunteers are able to describe the scope of their role and, where appropriate, identify to whom, when and how they could refer matters for decision</b>
	<p>Indicate how this information is made available to staff and how it is checked, for example in;</p> <ul style="list-style-type: none"> <li>• job descriptions and/or</li> <li>• case management procedures and/or</li> <li>• advice service delivery plan and/or</li> <li>• case records and/or</li> <li>• supervision records and/or</li> <li>• appraisal records and/or</li> </ul>

	<ul style="list-style-type: none"> <li>• induction plans and/or</li> <li>• staff manuals and/or</li> <li>• employee manual</li> </ul>
<b>Standard 1.1 ready for review</b>	<p>Complete this section once the Standard has been assessed as green (we can evidence how we meet this Standard and have procedures in place to monitor and review this on a regular basis);</p> <ul style="list-style-type: none"> <li>• summarise how the advice service meets this Standard</li> <li>• explain why the evidence provided is appropriate and proportionate for the advice service</li> <li>• reflect on the actions taken and progress and improvements made by the advice service</li> <li>• outline the systems in place to monitor and review your compliance</li> </ul>
<b>1.2 All standard office procedures must be documented</b>	
<b>Key Indicator</b>	<b>1. A manual or online resource of all policies and procedures.</b>
	<p>Evidence where these policies and procedures can be found, for example;</p> <ul style="list-style-type: none"> <li>• website</li> <li>• intranet</li> <li>• staff handbook/office manual</li> <li>• shared drive</li> </ul>
<b>Key indicator</b>	<b>2. All staff and volunteers are aware of, and have access to, the policies and procedures relevant to their role</b>
	<p>Demonstrate how awareness is raised, for example;</p> <ul style="list-style-type: none"> <li>• as part of staff induction</li> <li>• communicated at team meetings</li> <li>• via the intranet</li> <li>• employee handbook</li> </ul>
<b>1.3 All service providers must have robust systems for financial management</b>	
<b>Key indicator</b>	<b>1. The service has a clear financial strategy and financial management processes</b>



	<p>Demonstrate where information on how responsibility for financial management is exercised can be found, for example in;</p> <ul style="list-style-type: none"> <li>• business plan</li> <li>• management plan</li> <li>• board papers</li> <li>• finance accounts/reports</li> </ul>
<b>1.4 There must be clear lines of internal communication</b>	
<b>Key Indicator</b>	<b>1. The advice service has an internal communication strategy, approaches and channels that meet people's needs</b>
	<p>Demonstrate the different ways you communicate in your organisation, for example;</p> <ul style="list-style-type: none"> <li>• team meetings – agendas and minutes</li> <li>• email updates</li> <li>• intranet/website</li> <li>• newsletter</li> <li>• internal communications plan</li> <li>• one to ones</li> <li>• inductions</li> <li>• appraisal reviews</li> </ul>
<b>1.5 Each service provider must be able to demonstrate that it is complying with all relevant general legislation</b>	
<b>Key Indicator</b>	<b>1. Knowledge of the legislation relevant to the agency &amp; its role as a service provider &amp; employer</b>
	<p>To comply with this Standard, service providers will need to demonstrate:</p> <ul style="list-style-type: none"> <li>• knowledge of the legislation relevant to the service (for example, Company Law, Charity law) and its role as a service provider (for example, Public Liability Act) and as an employer (for example, Health and Safety law)</li> <li>• completion of relevant training</li> </ul>
<b>Key indicator</b>	<b>2. Evidence that current insurance provides the necessary protection</b>

	<p>To comply with this Standard, service providers will need to demonstrate they have the necessary protection, for example;</p> <ul style="list-style-type: none"> <li>• public liability</li> <li>• employer liability insurance certificates</li> <li>• FCA license</li> <li>• Insurance protection provided by the Scottish Government</li> </ul>
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## 2. Standards for Planning

<b>2.1 All service providers must be clear about the remit of their service and the boundaries of their service</b>	
<b>Key Indicator</b>	<b>1. The strategic aims and objectives of the advice service are clearly identified</b>
	<p>Why the service is provided; who the service is for; and the type of service to be provided should be clearly identified, for example in;</p> <ul style="list-style-type: none"> <li>• advice service delivery plan</li> <li>• management plan</li> <li>• business plan</li> <li>• induction manual</li> <li>• vision/mission statement</li> <li>• annual report</li> <li>• website</li> <li>• publicity materials</li> </ul>
<b>2.2 All services must undertake a regular exercise to determine the profile of their local community and any special needs that may exist.</b>	
<b>Key Indicator</b>	<b>1. The service maintains a deprivation indices of the local community</b>
	<p>Demonstrate how your organisations gathers information on;</p> <ul style="list-style-type: none"> <li>• income deprivation</li> <li>• work deprivation</li> <li>• housing deprivation</li> </ul> <p>For example by;</p> <ul style="list-style-type: none"> <li>• assessing trends in service use via a case management system</li> </ul>

	<ul style="list-style-type: none"> <li>relying on information collected by other agencies</li> <li>accessing statistics on debt and crime levels in the local community</li> <li>knowledge of the circumstances in the local community</li> </ul>
<b>Key Indicator</b>	<b>2. The service identifies the specific advice needs of the local community</b>
	<p>Demonstrate that the information is used to inform the delivery of information and advice, for example in;</p> <ul style="list-style-type: none"> <li>advice service delivery plan</li> <li>management plan</li> <li>annual report</li> <li>annual updates</li> <li>newsletters</li> </ul>
<p><b>2.3 All service providers must develop long-term plans that cover a period of three to five years.</b></p>	
<b>Key Indicator</b>	<b>1. A business plan for the advice services that anticipates future demand, availability of resources and advice patterns</b>
	<p>Evidence where this information can be found, for example;</p> <ul style="list-style-type: none"> <li>business plan</li> <li>management plan</li> <li>advice service delivery plan</li> <li>funding plan</li> <li>outline what the advice service is hoping to achieve, this may be thoughts rather than documents, for example a plan to recruit more staff or install a new computer system</li> </ul>
<p><b>2.4 All services must produce an annual service plan that seeks to ensure the best match between the needs of the service users and the resources available to provide the service</b></p>	
<b>Key Indicator</b>	<b>1. An annual service plan that identifies the service that will be provided and how the demand for advice will be met within current resources</b>
	<p>The following information should be identifiable;</p> <ul style="list-style-type: none"> <li>current resources</li> <li>location, method of delivery and opening hours</li> </ul>

	<ul style="list-style-type: none"> <li>relationship with other local service providers</li> </ul> <p>This could be evidenced in for example;</p> <ul style="list-style-type: none"> <li>advice service delivery plan</li> <li>management plan</li> <li>case management procedures</li> <li>management committee minutes</li> <li>partnership agreements</li> <li>service level agreements</li> <li>community partnerships</li> <li>informal agreements with other advice providers</li> </ul>
<b>2.5 All services must regularly review their work against the aims and objectives for their service and make the results of these reviews available in a publicly accessible format at least once a year</b>	
<b>Key indicator</b>	<b>1. Documentary evidence of collation of service statistics, analysis and consideration by those responsible for advice service planning</b>
	<p>Document where this information can be found, for example in;</p> <ul style="list-style-type: none"> <li>annual report</li> <li>board reports</li> <li>monthly, quarterly or annual advice team reports</li> <li>funding reports</li> </ul>
<b>Key Indicator</b>	<b>2. The evidence is available to the public</b>
	<p>Demonstrate how this information is made publicly accessible, for example;</p> <ul style="list-style-type: none"> <li>website</li> <li>annual report</li> <li>publicity materials</li> <li>service review report</li> <li>tenancy handbooks</li> <li>reports from regulators</li> <li>forums</li> </ul>
<b>2.6 All services must be subject to regular independent review and evaluation</b>	

<b>Key Indicator</b>	<b>1. An independent review and evaluation is undertaken at least once every 3 years</b>
	<p>Evidence when and how this last took place, for example;</p> <ul style="list-style-type: none"> <li>• evaluation report</li> <li>• inspection reports (eg housing regulator)</li> <li>• internal audits</li> <li>• external audits</li> </ul>

### 3. Standards of Accessibility and Customer Care

#### 3.1 All service providers must be committed to providing equity of access to services for all.

<b>Key Indicator</b>	<b>1. A clear statement explaining how the advice service meets the needs of the whole community, including those with protected characteristics defined in the Equality Act 2010, and how this is measured (except when the advice service is for a defined sector of the population)</b>
	<p>All service providers should have a clear statement of intent, explaining how the service intends to implement the policy and measure its effectiveness in meeting the policy.</p> <p>This could be evidenced in for example;</p> <ul style="list-style-type: none"> <li>• equal opportunities policy</li> <li>• equality and diversity policy</li> <li>• advice service delivery plan</li> <li>• management plan</li> <li>• business plan</li> <li>• diversity training</li> <li>• examples of actions taken or adjustments made eg installation of induction loop, ramped access</li> </ul>

#### 3.2 All service providers must have a clear commitment to treat service users with respect and be clear about any expectations of behaviour they have of service users

<b>Key Indicator</b>	<b>1. A customer care policy which covers all staff involved in delivery of the service, which is published</b>
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	<p>Evidence how this policy is made available and staff awareness of this commitment is raised, for example;</p> <ul style="list-style-type: none"> <li>• on your website</li> <li>• information leaflets</li> <li>• posters</li> <li>• induction manual</li> <li>• customer charter</li> <li>• customer satisfaction survey reports</li> <li>• customer care training</li> <li>• telephone skills training</li> <li>• diversity training</li> </ul>
<b>Key Indicator</b>	<b>2. A policy clearly defining expectations in relation to service user behaviour</b>
	<p>Evidence how this policy is made available and staff awareness of this commitment is raised, for example;</p> <ul style="list-style-type: none"> <li>• on your website</li> <li>• information leaflets</li> <li>• posters</li> <li>• staff training</li> <li>• induction manual</li> <li>• customer charter</li> <li>• customer care training</li> <li>• telephone skills training</li> </ul>
<b>3.3 All service providers must have procedures to review their premises at least once every three years</b>	
<b>Key Indicator</b>	<b>1. There are procedures to review the advice providers' premises and how these meet service users' needs, at least once every 3 years.</b>
	<p>The review should consider for example;</p> <ul style="list-style-type: none"> <li>• physical accessibility</li> <li>• location</li> <li>• need for confidentiality</li> </ul> <p>Demonstrate when and how these procedures have been put in place and actioned, for example;</p>

	<ul style="list-style-type: none"> <li>• advice delivery service plan</li> <li>• access audit</li> <li>• action plan</li> <li>• statement from Health and Safety Officer</li> <li>• results of client surveys</li> <li>• review of policies and communications to staff</li> </ul>
<b>3.4 All service providers must regularly review the methods of delivery for their service to ensure both accessibility and the effective use of resources</b>	
<b>Key Indicator</b>	<b>1. There is a process in place for reviewing the effectiveness of each method of delivery of advice, at least once every 2 years, and this information is used to make improvements</b>
	<p>Demonstrate when and how a review has taken place, or is planned, and actioned, for example:</p> <ul style="list-style-type: none"> <li>• evaluation reports</li> <li>• advice service delivery plans</li> <li>• advice service delivery reviews</li> <li>• action plans</li> <li>• client surveys</li> <li>• informal review at quarterly team meetings</li> <li>• managers meeting</li> </ul>
<b>3.5 All service providers must regularly review their hours of service to ensure that these meet the needs of their current and potential service users</b>	
<b>Key Indicator</b>	<b>1. There is a process in place for reviewing the opening hours of the advice service, at least once every 2 years</b>
	<p>Demonstrate when and how a review has taken place, or is planned, and actioned, for example:</p> <ul style="list-style-type: none"> <li>• evaluation reports</li> <li>• advice service delivery plans</li> <li>• advice service delivery reviews</li> <li>• action plans</li> <li>• client surveys</li> </ul>
<b>3.6 All service providers must ensure that potential service users are aware of the service that is provided</b>	

<b>Key Indicator</b>	<b>1. There is a plan in place to promote/market the advice service in ways that meet the needs and preferences of potential service users</b>
	<p>Demonstrate when and how the advice service is promoted and marketed, for example;</p> <ul style="list-style-type: none"> <li>• promotional material</li> <li>• marketing/Communications plan</li> <li>• attendance at events/networking</li> <li>• advice service delivery plan</li> <li>• websites</li> <li>• adverts</li> <li>• meetings/forums</li> </ul>
<b>3.7 All service providers must be able to provide information in a range of formats that are appropriate to the needs of disabled people and the local community.</b>	
<b>Key Indicator</b>	<b>1. A policy relating to the provision of information in alternative formats</b>
	<p>Evidence how this policy is made available and staff awareness of this commitment is raised, for example;</p> <ul style="list-style-type: none"> <li>• written policy or procedure</li> <li>• statement on publicity materials/website</li> <li>• advice service delivery plan</li> <li>• staff training</li> <li>• induction manual</li> <li>• customer charter</li> </ul>
<b>3.8 Services must not disadvantage those users whose first language is not English. All type II and III services must have access to interpreters in appropriate languages and clear procedures for the use of interpreters.</b>	
<b>Key Indicator</b>	<b>1. The service has a policy and procedures in place in relation to the use of interpreters</b>
	<p>Evidence how the policy and procedures are made available and actioned by staff, for example;</p> <ul style="list-style-type: none"> <li>• written policy or procedure</li> </ul>



	<ul style="list-style-type: none"> <li>• statement on publicity materials/website</li> <li>• knowledge of how to access interpretation services eg referral to language line/happy to translate</li> <li>• contract/service level agreement</li> <li>• staff training</li> <li>•</li> </ul>
<b>3.9 All service providers must have effective and appropriate policies on confidentiality and access to information</b>	
<b>Key Indicator</b>	<b>1. The service has policies and procedures in place relating to the holding of client information and access to this information, confidentiality and forms of authority.</b>
	<p>Evidence how the policy and procedures are made available and actioned by staff, for example;</p> <ul style="list-style-type: none"> <li>• data protection policy</li> <li>• confidentiality policy</li> <li>• advice service delivery plan</li> <li>• induction manual</li> <li>• case management procedures</li> <li>• staff training</li> </ul>
<b>3.10 Service providers must have procedures for the safe maintenance of files and for file destruction.</b>	
<b>Key Indicator</b>	<b>1. The service has a policy in place relating to storage and destruction of files</b>
	<p>Evidence how the policy is made available and actioned by staff, for example;</p> <ul style="list-style-type: none"> <li>• data protection policy</li> <li>• case management procedures</li> <li>• advice service delivery plan</li> <li>• induction manual</li> <li>• staff training</li> </ul>
<b>3.11 Service providers must have an effective complaints procedure and adequate insurance to provide rights of redress</b>	
<b>Key Indicator</b>	

	<b>1. The service has an easy to use complaints procedure which is publicised</b>
	Evidence how the procedure is made available and actioned by staff, for example; <ul style="list-style-type: none"> <li>• copy of complaints procedure</li> <li>• publicity materials</li> <li>• website</li> <li>• advice service delivery plan</li> <li>• customer satisfaction survey results</li> <li>• record of complaints</li> </ul>
<b>Key Indicator</b>	<b>2. The service has Professional Indemnity Insurance</b>
	<ul style="list-style-type: none"> <li>• copy of professional indemnity insurance certificate</li> <li>• corporate services statement</li> </ul>
<b>3.12 All service providers must have procedures that actively encourage feedback from service users</b>	
<b>Key Indicator</b>	<b>1. The service has procedures in place that enable service users to provide feedback on the quality of service they have received and uses this to inform its service planning</b>
	Demonstrate when and how these procedures have been put in place and actioned, for example; <ul style="list-style-type: none"> <li>• evaluation</li> <li>• client /customer satisfaction surveys</li> <li>• questionnaires</li> <li>• customer comments, compliments and suggestion system</li> <li>• advice service delivery plan</li> <li>• informal review at quarterly team meetings</li> <li>• managers meeting</li> </ul>

#### 4. Standards for Providing the Service

**4.1 All service providers must provide an independent service that can represent the interests of their service users.**

<b>Key Indicator</b>	<b>1. A written policy and staff training that demonstrates the service places the interests of service users before their own or a third party's interests.</b>
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	<p>Evidence how the policy is made available and the awareness of staff raised, for example;</p> <ul style="list-style-type: none"> <li>• case management procedures and/or</li> <li>• advice service delivery plan and/or</li> <li>• referral policy and/or</li> <li>• confidentiality policy and/or</li> <li>• conflict of interest procedures and/or</li> <li>• induction documents and/or</li> <li>• staff training and/or</li> <li>• initial contact/induction with client and/or</li> <li>• consent forms</li> </ul>
<p><b>4.2 All services must have arrangements to ensure that their service has up to date reference materials and appropriate journals</b></p>	
<p><b>Key Indicator</b></p>	<p><b>1. The service has up-to-date reference materials and journals (paper and/or online) relevant to the service they provide</b></p>
	<p>Provide evidence of the materials you have, for example;</p> <ul style="list-style-type: none"> <li>• library catalogue</li> <li>• subscriptions – via website or email updates</li> <li>• advice service delivery plan</li> </ul>
<p><b>4.3 All service providers must maintain regular contact and liaison with other providers in the locality. Referral agreements must be established between agencies to ensure that service users receive a consistent and seamless service</b></p>	
<p><b>Key Indicator</b></p>	<p><b>1. The service provider can demonstrate a good knowledge of other relevant service providers in their locality</b></p>
	<p>Demonstrate how this knowledge is gathered and made available to staff, for example;</p> <ul style="list-style-type: none"> <li>• membership of agency forums</li> <li>• staff training</li> <li>• procedures/methods for accessing information on other service providers</li> <li>• directory of local agencies</li> <li>• networking</li> <li>• partnerships</li> </ul>

<b>Key Indicator</b>	<b>2. The advice service has a referral policy and procedures in place</b>
	<p>Evidence how the policy and procedures are made available and actioned by staff, for example;</p> <ul style="list-style-type: none"> <li>• referrals policy and procedures</li> <li>• service level agreements</li> <li>• informal agreements/working arrangements with other service provider</li> </ul>
<b>4.4 Type II &amp; III services must have systems that ensure that service user information and case files are well organised.</b>	
<b>Key Indicator</b>	<b>1.The service provider has an effective and efficient case management system</b>
	<p>Details of current case management system (s), that:</p> <ul style="list-style-type: none"> <li>• can identify and trace all documents and correspondence relating to a case</li> <li>• identifies any conflict of interest</li> <li>• records centrally any key dates in a case</li> <li>• ensures that casework is stored in a way that the records are clear to another caseworker</li> <li>• records the advice given, to ensure that the status of a file and any action taken can be easily verified</li> <li>• ensures that there is proper authorisation and monitoring of actions taken</li> <li>• can generate data that allows for monitoring the number of cases, time spent and type of case undertaken by each adviser</li> </ul>
<b>4.5 Type II &amp; III services must have a casework procedure that can be applied consistently to all service users.</b>	
<b>Key Indicator</b>	<b>1. The service has casework procedures, covering the outset of the case, progressing and closing the case, that are consistently applied by advisers</b>
	<p>At the outset of a case procedures should identify:</p> <ul style="list-style-type: none"> <li>• the requirements of the client</li> <li>• what action is to be take</li> <li>• if someone is to be responsible for the case who this will be</li> <li>• key dates in the matter</li> </ul>

	<ul style="list-style-type: none"> <li>any expectations of the service provider on the user of service (for example, any fees that may be charged including disbursements and commissions)</li> <li>management information relevant to the service (for example, housing tenure).</li> </ul> <p>and will ensure, in progressing casework, that:</p> <ul style="list-style-type: none"> <li>if appropriate a case plan is prepared</li> <li>information on progress is passed to the user of service at appropriate intervals</li> <li>information on any changes is communicated promptly to the user of service</li> </ul> <p>and ensure at the end of a case the following actions are completed:</p> <ul style="list-style-type: none"> <li>report and if appropriate confirm in writing to the service user on the outcome and explain any action the user of service should now take</li> <li>return to the user of service any original documentation except where the user of service has agreed that the agency should maintain this information. In this case, the user of service should be informed of storage arrangements and how they can access this information.</li> </ul>
<p><b>4.6 Type II &amp; III services must ensure that the casework files of individual advisers are subject to suitably qualified, independent review.</b></p>	
<p><b>Key Indicator</b></p>	<p><b>1. Service providers should have arrangements for case files to be reviewed by a supervisor, or other adviser under the control of the supervisor, who has not been involved in the day to day conduct of the case.</b></p>
	<p>Demonstrate the arrangements in place, for example;</p> <ul style="list-style-type: none"> <li>responsibility for undertaking file reviews</li> <li>frequency of reviews</li> <li>a record of the outcomes of reviews</li> <li>a record of any corrective action taken</li> <li>agreements with other advice providers to provide supervision/peer review</li> </ul>
<p><b>4.7 All service providers must have robust means of recording service-wide activity and service use.</b></p>	
	<p><b>1. The service gathers the relevant client data</b></p>

Key Indicator	<p>Demonstrate what data is gathered, for example;</p> <ul style="list-style-type: none"> <li>• information on protected characteristics under the Equality Act 2010 – age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.</li> <li>• location of the service user's home</li> <li>• household status</li> <li>• employment type</li> <li>• housing tenure</li> <li>• income</li> <li>• for agencies providing a money advice service, the amount of debt dealt with, split by priority and non-priority</li> <li>• for agencies providing a money advice service, the debt strategy chosen by the client</li> </ul> <p>Demonstrate how it is gathered, for example;</p> <ul style="list-style-type: none"> <li>• case records</li> <li>• case management system</li> <li>• paper files</li> <li>• statistical reports</li> </ul>
Key Indicator	<p><b>2. The service gathers data on the number of cases by type and topic</b></p>
	<p>Evidence how you gather data on <b>Type I, Type II</b> and <b>Type III</b> interventions by topic, for example;</p> <ul style="list-style-type: none"> <li>• database reports</li> <li>• advice team statistical reports</li> <li>• funding reports</li> <li>• annual report</li> </ul>

## 5. Standards Around Competence

### 5.1 All service providers must have a clear commitment to equal opportunities in employment practice

Key Indicator	<p><b>1. The service has an equal opportunities policy which is effectively applied to its employment practises</b></p>

	<p>Demonstrate that the equal opportunities policy is operational and precludes discrimination in the selection, recruitment, and treatment of staff and volunteers. For example;</p> <ul style="list-style-type: none"> <li>• an open recruitment process (whether internal or external) that evaluates the skill, knowledge and experience of those applying for posts against the job description and person specification</li> </ul> <p>How staff are made aware of the policy, for example;</p> <ul style="list-style-type: none"> <li>• equal opportunities policy</li> <li>• job adverts</li> <li>• training records</li> <li>• induction manual</li> <li>• equality and diversity training</li> </ul>
<p><b>5.2 All service providers must ensure that they have systems to identify the skills and knowledge required to meet users' needs and the procedures to match these requirements with staff and volunteers delivering the service</b></p>	
<p><b>Key Indicator</b></p>	<p><b>1. There are systems, procedures and processes in place that ensure staff have the relevant skills and knowledge to meet users' needs</b></p>
	<p>Evidence the systems, procedures and processes in place, for example;</p> <ul style="list-style-type: none"> <li>• person Specifications for each job role</li> <li>• job Descriptions</li> <li>• induction programme</li> <li>• one to one's/supervision</li> <li>• reviews/appraisals</li> <li>• training plans</li> <li>• case management procedures</li> <li>• team meeting agendas</li> <li>• advice team electronic folders</li> </ul>
<p><b>5.3 All service providers must ensure that those delivering the service are provided with adequate training and development</b></p>	
<p><b>Key Indicator</b></p>	<p><b>1. The service has induction procedures, an appraisal system, and training and development plans and procedures in place.</b></p>
	<p>Evidence the systems, procedures and plans in place; for example;</p>

	<ul style="list-style-type: none"> <li>• Induction programme</li> <li>• Appraisal system</li> <li>• Training plans</li> </ul>
<b>Key Indicator</b>	<b>2. All advisers with less than 5 years of experience undertake no less than 35 hours of training per year. All advisers with more than 5 years of experience undertake no less than 20 hours of training per year;</b>
	<p>Demonstrate how you have met or plan to meet this target, for example in;</p> <ul style="list-style-type: none"> <li>• training records</li> <li>• staff records – i.e. personal record of eLearning, self learning, webinars, etc.</li> <li>• training budget</li> <li>• induction manual</li> <li>• induction training</li> <li>• staff handbook</li> <li>• one to one documents</li> </ul>
<b>5.4 All service providers must ensure that all staff involved in delivering the service have core competences before they advise the public</b>	
<b>Key Indicator</b>	<b>1. The service ensures that those delivering the service have the skills and knowledge to provide advice to the public, including the relevant core competences listed in the SNSIAP.</b>
	<p>Demonstrate that those delivering the service meet the Generic Competences set out in ' <a href="#">Section 2: Competences for Advisers</a>' of the Standards:</p> <ol style="list-style-type: none"> <li>1.1 Effective Interviewing</li> <li>1.2 Recording and Managing Casework</li> <li>1.3 Time Management</li> <li>1.4 Legal Research and Feedback</li> <li>1.5 Form Completion</li> <li>1.6 Effective and Appropriate Referrals</li> <li>1.7 Negotiation/Advocacy</li> <li>1.8 Representation and Litigation</li> <li>1.9 Information Technology</li> <li>1.10 General Benefits Checking, Income Maximisation &amp; Information Gathering</li> </ol> <p>This could be evidenced in for example;</p> <ul style="list-style-type: none"> <li>• induction training</li> </ul>



	<ul style="list-style-type: none"> <li>• adviser training programme</li> <li>• Peer Review Moderation Committee decision letter</li> <li>• actions planned in response to recommendations in the peer review report(s) and Moderation Committee decision letter</li> </ul> <p>Demonstrate that those delivering the service have appropriate knowledge of the subject area as set out in 'Section 2: Competences for Advisers' of the Standards.</p> <p>This could be evidenced in for example;</p> <ul style="list-style-type: none"> <li>• Peer Review Moderation Committee decision letter</li> <li>• actions planned in response to recommendations in the peer review report(s) and Moderation Committee decision letter</li> <li>• adviser training records. (Forms will be provided by the auditor who will check a sample of advisers training records.)</li> </ul> <p>Demonstrate that those delivering the service are able to effectively operate within the service's case recording system. For example;</p> <ul style="list-style-type: none"> <li>• procedure manual</li> <li>• Peer Review Moderation Committee decision letter</li> <li>• actions planned in response to recommendations in the peer review report(s) and Moderation Committee decision letter</li> </ul>
<b>5.5 All service providers must ensure that all cases are dealt with by an adviser competent in that topic</b>	
<b>Key Indicator</b>	<b>1.The service can demonstrate that advisers meet the requirements of Section 2 of the Standards for the relevant area of law</b>
	<p>The auditor will check evidence provided to demonstrate compliance with Standards 5.3 and 5.4 and the Peer Review Moderation Committee decision letter.</p>
<b>Key Indicator</b>	<b>2.The service can demonstrate that the adviser, whether paid or unpaid, undertakes advice work of no less than 3 hours per week (Type I), no less than six hours per week (Type II) or no less than twelve hours per week (Type III)</b>
	<p>Demonstrate how you have met or plan to meet this target, for example in;</p> <ul style="list-style-type: none"> <li>• contracts of employment</li> <li>• job descriptions</li> </ul>

	<ul style="list-style-type: none"> <li>• case records</li> <li>• volunteer agreements</li> </ul>
<b>Key Indicator</b>	<b>3. Supervision arrangements are in place to oversee the work of the adviser in their topics in line with the requirements of Standards 5.6.</b>
	<p>Demonstrate the supervision arrangements in place, for example;</p> <ul style="list-style-type: none"> <li>• case management procedures</li> <li>• peer check forms</li> <li>• supervision records</li> <li>• line manager support (job description)</li> <li>• feedback from mentor or colleague, for example as part of induction ,shadowing or mentoring process</li> </ul>
<b>5.6 All service providers must ensure that all information and advice work is supervised by a suitably qualified individual either from within or outwith the service</b>	
<b>Key Indicator</b>	<b>1. The service can demonstrate that the supervising adviser meets the requirements in Section 2 of the Standards, for the relevant areas of law</b>
	<p>Demonstrate how and when this is assessed, for example;</p> <ul style="list-style-type: none"> <li>• procedure for manager review of case reviews</li> </ul> <p>The auditor will check evidence provided for 5.2, 5.3 and 5.4 to demonstrate compliance with this Standard.</p>
<b>Key indicator</b>	<b>2. The service can demonstrate that the supervising adviser, for Type I whether paid or unpaid, undertakes information and advice related work no less than six hours per week and for Type II and Type III no less than twelve hours per week.</b>
	<p>Demonstrate how you have met or plan to meet this target, for example in;</p> <ul style="list-style-type: none"> <li>• contracts of employment</li> <li>• job descriptions</li> <li>• case records</li> <li>• volunteer agreements</li> </ul>
<b>5.7 All service providers must ensure that they understand the work of other relevant agencies in their localities</b>	

<b>Key Indicator</b>	<b>1. There are adequate mechanisms in place for sharing experience and knowledge with other agencies operating in similar fields</b>
	<p>Evidence the mechanisms in place, for example;</p> <ul style="list-style-type: none"> <li>• membership of networks/forums</li> <li>• local liaison group membership</li> <li>• membership of umbrella organisations</li> <li>• attendance at conferences and seminars</li> </ul>

## 6 Resourcing Standards

<b>6.1 All service providers must have premises that ensure that the service is accessible to all members of the community and meets the need of service users</b>	
<b>Key Indicator</b>	<b>1. The service provider can demonstrate that they have taken action to ensure premises are accessible and meet the needs of service users</b>
	<p>Evidence actions that have been taken, for example;</p> <ul style="list-style-type: none"> <li>• access audit</li> <li>• community consultation/engagement</li> <li>• customer satisfaction surveys</li> <li>• evaluations</li> <li>• advice service delivery plan</li> <li>• case management procedures</li> </ul>
<b>Key indicator</b>	<b>2. Service providers should consult with service users and potential service users, including disability groups, about the adequacy of their premises at least once every three years</b>
	<p>Evidence actions that have been taken, for example;</p> <ul style="list-style-type: none"> <li>• community consultation/engagement – face to face or leaflets</li> <li>• customer satisfaction survey</li> <li>• tenant liaison groups</li> </ul>
<b>6.2 Service providers must pay sufficient attention to human resource planning to maintain service outputs and inform future planning</b>	
<b>Key Indicator</b>	<b>1. The service has adequate staff to deliver the service now and monitors demands on staff time to inform future planning</b>

	<p>Demonstrate how human resource planning is carried out, for example;</p> <ul style="list-style-type: none"> <li>• time management procedures</li> <li>• sick/absence policy</li> <li>• advice service delivery plan</li> <li>• case Management Procedures</li> <li>• training plans</li> <li>• succession planning</li> <li>• contingency planning</li> </ul>
<p><b>6.3 All services must be able to demonstrate that their annual budget is sufficient to resource the requirements of these Standards and sufficient to resource the commitments established in the service plan</b></p>	
<p><b>Key Indicator</b></p>	<p><b>1. Each element of the service plan and the plan to meet these standards is costed, identified as a one-off or ongoing requirement and included with the service's annual budget</b></p>
	<p>Demonstrate where this information is documented, for example;</p> <ul style="list-style-type: none"> <li>• finance report/budget</li> <li>• business plan</li> <li>• funding applications</li> </ul>