



Scottish National Standards for Information and Advice Providers Self Assessment Guidance for Citizens Advice Bureaux

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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.

Citizens Advice Bureaux (CABx) are expected to demonstrate compliance with the Organisational Standards relating to case work and referral only. The most recent audit report from Citizens Advice Scotland must be submitted as part of CABx application for accreditation to demonstrate compliance with all the Organisational Standards in the SNSIAP 2009 Framework.

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.

This guidance provides examples of evidence that CABx 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 CABx to review, consolidate and improve their practice and identify when they are ready for peer review and audit. 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 CABx 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

Along with the CAS audit report, 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 carry out a desktop review of the application and CAS audit report, 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 findings paper.

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 that relate to casework and referral, which can be found in the following sections of the Organisational Standards;

- 4. Standards for Providing the Service**
- 5. Standards Around Competence**

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 CABx track their progress;

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

4. Standards for Providing the Service

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

Key Indicator	1. The service provider can demonstrate a good knowledge of other relevant service providers in their locality
	<p>Demonstrate how this knowledge is gathered and made available to staff, for example;</p> <ul style="list-style-type: none"> • membership of agency forums • staff training • procedures/methods for accessing information on other service providers • directory of local agencies • networking • partnerships <p>Alternatively, note if there are no other relevant service providers in the locality.</p>
Key Indicator	2. The advice service has a referral policy and procedures in place
	<p>Evidence how the policy and procedures are made available and actioned by staff, for example;</p> <ul style="list-style-type: none"> • referrals policy and procedures • service level agreements • informal agreements/working arrangements with other service provider

	Alternatively, note if there are no other relevant service providers in the locality.
4.4 Type II & III services must have systems that ensure that service user information and case files are well organised.	
Key Indicator	1. The service provider has an effective and efficient case management system
	<p>Details of current case management system (s), that:</p> <ul style="list-style-type: none"> • can identify and trace all documents and correspondence relating to a case • identifies any conflict of interest • records centrally any key dates in a case • ensures that casework is stored in a way that the records are clear to another caseworker • records the advice given, to ensure that the status of a file and any action taken can be easily verified • ensures that there is proper authorisation and monitoring of actions taken • can generate data that allows for monitoring the number of cases, time spent and type of case undertaken by each adviser
4.5 Type II & III services must have a casework procedure that can be applied consistently to all service users.	
Key Indicator	1. The service has casework procedures, covering the outset of the case, progressing and closing the case, that are consistently applied by advisers
	<p>At the outset of a case procedures should identify:</p> <ul style="list-style-type: none"> • the requirements of the client • what action is to be take • if someone is to be responsible for the case who this will be • key dates in the matter • any expectations of the service provider on the user of service (for example, any fees that may be charged including disbursements and commissions) • management information relevant to the service <p>and will ensure, in progressing casework, that:</p> <ul style="list-style-type: none"> • if appropriate a case plan is prepared • information on progress is passed to the user of service at appropriate intervals

	<ul style="list-style-type: none"> information on any changes is communicated promptly to the user of service <p>and ensure at the end of a case the following actions are completed:</p> <ul style="list-style-type: none"> 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 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.
4.6 Type II & III services must ensure that the casework files of individual advisers are subject to suitably qualified, independent review.	
Key Indicator	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.
	<p>Demonstrate the arrangements in place, for example;</p> <ul style="list-style-type: none"> responsibility for undertaking file reviews frequency of reviews a record of the outcomes of reviews a record of any corrective action taken agreements with other advice providers to provide supervision/peer review

5. Standards Around Competence

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	
Key Indicator	1. There are systems, procedures and processes in place that ensure staff have the relevant skills and knowledge to meet users' needs

	<p>Evidence the systems, procedures and processes in place, for example;</p> <ul style="list-style-type: none"> • person Specifications for each job role • job Descriptions • induction programme • one to one's/supervision • reviews/appraisals • training plans • case management procedures • team meeting agendas • advice team folders on a shared drive
5.3 All service providers must ensure that those delivering the service are provided with adequate training and development	
Key Indicator	1. The service has induction procedures, an appraisal system, and training and development plans and procedures in place.
	<p>Evidence the systems, procedures and plans in place; for example;</p> <ul style="list-style-type: none"> • Induction programme • Appraisal system • Training plans
Key Indicator	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;
	<p>Demonstrate how you have met or plan to meet this target, for example in;</p> <ul style="list-style-type: none"> • training records • training budget • induction manual • induction training • staff handbook • joint progress review documents • appraisal
5.4 All service providers must ensure that all staff involved in delivering the service have core competences before they advise the public	

Key Indicator	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.
	<p>Demonstrate that those delivering the service meet the Generic Competences set out in ' Section 2: Competences for Advisers' of the Standards:</p> <ol style="list-style-type: none"> 1.1 Effective Interviewing 1.2 Recording and Managing Casework 1.3 Time Management 1.4 Legal Research and Feedback 1.5 Form Completion 1.6 Effective and Appropriate Referrals 1.7 Negotiation/Advocacy 1.8 Representation and Litigation 1.9 Information Technology 1.10 General Benefits Checking, Income Maximisation & Information Gathering <p>This could be evidenced in for example;</p> <ul style="list-style-type: none"> • induction training • adviser training programme • Peer Review Moderation Committee decision letter • actions planned in response to recommendations in the peer review report(s) and Moderation Committee decision letter <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"> • Peer Review Moderation Committee decision letter • actions planned in response to recommendations in the peer review report(s) and Moderation Committee decision letter • adviser training records. (Forms will be provided by the auditor who will check a sample of advisers training records.) <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"> • procedure manual • Peer Review Moderation Committee decision letter • actions planned in response to recommendations in the peer review report(s) and Moderation Committee decision letter

5.5 All service providers must ensure that all cases are dealt with by an adviser competent in that topic	
Key Indicator	1.The service can demonstrate that advisers meet the requirements of Section 2 of the Standards for the relevant area of law
	The auditor will check evidence provided to demonstrate compliance with Standards 5.3 and 5.4 and the Peer Review Moderation Committee decision letter.
Key Indicator	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)
	Demonstrate how you have met or plan to meet this target, for example in; <ul style="list-style-type: none"> • contracts of employment • job descriptions • case records • volunteer agreements
Key Indicator	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.
	Demonstrate the supervision arrangements in place, for example; <ul style="list-style-type: none"> • case management procedures • peer check forms • supervision records • line manager support (job description) • feedback from mentor or colleague, for example as part of induction ,shadowing or mentoring process
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	
Key Indicator	1. The service can demonstrate that the supervising adviser meets the requirements in Section 2 of the Standards, for the relevant areas of law

	<p>Demonstrate how and when this is assessed, for example;</p> <ul style="list-style-type: none"> • procedure for manager review of case reviews <p>The auditor will check evidence provided for 5.2, 5.3 and 5.4 to demonstrate compliance with this Standard.</p>
Key indicator	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.
	<p>Demonstrate how you have met or plan to meet this target, for example in;</p> <ul style="list-style-type: none"> • contracts of employment • job descriptions • case records • volunteer agreements
5.7 All service providers must ensure that they understand the work of other relevant agencies in their localities	
Key Indicator	1. There are adequate mechanisms in place for sharing experience and knowledge with other agencies operating in similar fields
	<p>Evidence the mechanisms in place, for example;</p> <ul style="list-style-type: none"> • membership of networks/forums • local liaison group membership • membership of umbrella organisations • attendance at conferences and seminars