

Complying with the Scottish National Standards for Information and Advice Providers

A Practical Toolkit



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Introduction

INTRODUCTION

This toolkit has been prepared to help agencies to understand and evidence how the advice service they provide complies with the Scottish National Standard for Information and Advice Providers (the Standards). It has been drawn together from the experience of the MBARC auditors and the wide range of agencies which have been audited for accreditation. A full list of accredited agencies can be seen here - <http://www.scotland.gov.uk/Topics/Built-Environment/Housing/access/nationalstandards/accreditation>.

We know from talking to agencies that many feel daunted at the start of the process and view the Self Assessment Checklist with trepidation. But when the process is stripped down you can see that there are only five foundation questions to answer. Use the descriptions in the Standards Manual to help you to answer:

1. What is the remit and boundaries of your information and advice service? For example:
 - What Topics do you advise on and what Type of Service do you provide for each Topic: advice and information; casework including diagnostic interviews and laying out options for people; representation at court or tribunal level
 - Who do you give advice to: is it a general advice service or for a specific client groups and
 - How you have identified a need for that provision of service (e.g. link to records of users, gaps in provision etc.).
2. Have you got support mechanisms in place for staff to ensure their knowledge and expertise remains current? For example:
 - Training
 - Resources and reference materials
 - Clear delineated areas of responsibilities and reporting lines.
3. Do you network appropriately with other providers to ensure that clients can be referred for assistance to another agency when you do not have the resources or knowledge to deal with an enquiry? For example:
 - Knowledge is shared about other local providers of advice on housing and/or money and welfare benefits
 - Referral arrangements, protocols and agreements are in place with other service providers.
4. Are there established user feedback techniques? For example:
 - User feedback forms
 - User surveys
 - Users forums
 - Public AGMs

and do these feed into the planning of the service provided?

 - Feedback recorded and analysed
 - Documented reviews of service informed by the feedback.
5. Do you record and analyse service-wide activity? For example:
 - Documented review of service remit informed by the analysis of service use.
 - Documented reviews of accessibility of the service informed by analysis of service use.

Once you have answered all of these questions you can start to complete the Self Assessment Checklist. See Guidance note 1 working towards compliance with the Standards.

SUPPORT TO ORGANISATIONS TO IMPLEMENT THE SCOTTISH NATIONAL STANDARDS FOR INFORMATION AND ADVICE PROVIDERS

The Information and Advice Standards Unit (IASU) is the unit within the Scottish Government that works with organisations to improve the quality and accessibility of information and advice across Scotland. One of the ways we do this is through the promotion of The Scottish National Standards for Information and Advice Providers (the Standards).

As a service that has decided to implement the Standards you may be wondering what support is available and how to access it. IASU plays a key role in this, and this note is intended to tell you how to use our services to help you in the most productive way.

IASU Support

There is a team that can provide support to your organisation.

If you are aiming to implement the Standards in your service, IASU can provide:

- ▶ Assistance in interpreting the Standards
- ▶ Advice in planning implementation for your service
- ▶ Input to briefings or seminars you may plan for your service on the Standards
- ▶ A seminar programme that brings together services involved in implementation
- ▶ Materials that support implementation and publications to assist you
- ▶ Support for networking between services to ensure learning from and sharing of best practice
- ▶ A route in to the Standards Training Programme for Housing Advisers for members of your team.

For CABx, support is provided by Citizens Advice Scotland.

Direct support to services

The sort of support that is appropriate will vary from service to service. However a typical programme of support may be something like this:

- ▶ **Initial contact** should be made with IASU. At that point we can check our database to see whether there is anyone else in your organisation that has been in touch with us already, or who is working on other related projects, for example the development of an information and advice strategy in your area, or the development of a Housing Options Guide. If you do not already have a copy of the Standards Manual, we can send it to you or you can download the manual at <http://www.scotland.gov.uk/Publications/2009/10/05112820/o>.
- ▶ The manual includes Good Practice Guidance to help you think of ways that your service might approach implementation and a self-assessment checklist to allow you to plan the process.
- ▶ **Where to start?** - We can have an initial discussion with you about what you are aiming to do and we will normally suggest arranging a time for a meeting to talk through where you should start from. This is to allow you to talk through any issues/problems you might foresee in the process, and to hear from us about lessons learnt from other services. We will also help you to look at how you can best use the Standards Manual and the checklist, as well as other resources designed to support the implementation process.
- ▶ **Ongoing help and advice** - You can use us in an ongoing way for help and advice on specific issues. We work with a whole range of services that are actively implementing the Standards. We are therefore aware of different ways of interpreting the Standards in different settings. That is not to say we will always have the solution for you but we should be able to point you in the right direction.
- ▶ **Training** - We can link you in to the Standards Training Programme for Housing Advisers. The programme is accessible to services that are actively implementing the Standards. Please see the enclosed information about the pre-training requirements. The training has been developed as a support to implementation, particularly related to the requirements around the competence of advisers.
- ▶ **Information about accreditation** – we can help you through to the point at which you would seek accreditation to confirm your service's achievement in implementing the Standards. We can also help if your audit finds that some areas require further work to achieve accreditation.

Guidance Notes

Guidance Note 1: Working towards compliance with the Scottish National Standards for Information and Advice Providers

Introduction

The ultimate proof that your service meets the quality level required by the Standards is accreditation after an audit by the Scottish Government's appointed audit service. But audit, if you choose to go for it, is the end of a process. You start by undertaking an assessment of your agency's current compliance with the Standards using the Self Assessment Checklist provided by Scottish Government. Keep in mind the five elements of compliance with the Standards which are outlined in the Introduction, these are essentially what you are being asked about in the Self Assessment Checklist. From the assessment you will be able to identify any areas where you do not meet the Standards. You can then create an action plan and timetable towards full compliance.

Whatever the size of your organisation this is not a one person job but there does need to be one person (the co-ordinator) to take control and co-ordinate the completion of the action plan. It is essential that the co-ordinator is given the time to devote to the work and the task should be included in their own workplan/key tasks list.

Step 1 Confirming the remit

The first step towards meeting the Standards is to be absolutely clear about the advice service you deliver. This may sound obvious but experience has shown that there are individuals within an organisation who will often have different perceptions about the range of Topics and the Type of service being provided.

The agency is responsible for ensuring that: clients know what they can expect from the advice service; workers are clear about the extent of the agency's advice service and have the knowledge and skills to deliver the advice.

It is a good idea to involve everyone in an exercise to confirm the remit of the service. One way which has been very successful in getting participation from all is to have a staff training session using the Training Exercise provided [LINK TO PAGE 23](#)

In the exercise everyone completes a template describing who the service is provided for, how it is provided and, crucially, the Topics and Type of service. There have been interesting examples in the past of wide variations in description of service.

The training exercise must be facilitated carefully and any variances should be discussed and decisions made on the final remit. While it is beneficial to get agreement from everyone ultimately the responsibility for confirming the remit lies with management.

Step 2 Assessing your agency against the Standards

The next step is to complete the correct Self Assessment Checklist (SAC). There are two different SACs, it is important to use the appropriate SAC and to complete it correctly. If you provide advice purely at Type I for however many Topics then you complete a condensed SAC, identifying how you will evidence your compliance with 15 Standards. However if you provide even one Topic at Type II or Type III then you need to complete the full SAC. In each case the questions in the SAC refer to the advice service described in the remit. To access the Self Assessment Checklist for Type I click <http://www.scotland.gov.uk/Topics/Built-Environment/Housing/access/nationalstandards/SAtype1> and for Type II/III <http://www.scotland.gov.uk/Topics/Built-Environment/Housing/access/nationalstandards/Type2-3>

This task is best to be done by the co-ordinator initially and they must remember to use the manual when they are completing the SAC. The manual contains a wealth of explanation for each Standard which helps to interpret how each applies in each agency.

The SAC lists each Standard and performance indicators which will evidence you meet the Standard. It is important to remember that these are Indicators, not rules. The performance indicators are there to help, don't be put off if you don't have some of them in place. If you have additional evidence that you are confident shows your agency meets the Standard flag it up. However it is fair to say that the indicators are fairly comprehensive so give them full consideration.

The first read through of the SAC should be done quickly, answering yes or no to each question, then it should be gone through again filling in where you can show there is concrete evidence that the agency meets the Standard. After the second completion the co-ordinator should circulate the draft SAC to other relevant people in the agency for comments and to fill in any gaps. That gives everyone a chance to share their knowledge and experience of how the agency works.

The co-ordinator should then compile the comments into the draft SAC and start to identify the gaps and weaknesses in complying with the Standards. It is a good idea to flag up the gaps and how you intend to address them on the SAC in red Type. You then have a graphic image of how much work is required.

Step 3 working towards compliance

3.1 Preparing your Action Plan

The number and range of gaps and weaknesses that need to be addressed will vary from agency to agency. However in each case it is likely that the work can be shared around the team, department or organisation that is going to apply for accreditation. The co-ordinator should list all of the work required in an action plan, identifying who is responsible for completing and with realistic timescales for each area of work. The co-ordinator is responsible for ensuring everyone keeps to time. This way the co-ordinator retains overall responsibility for the work towards compliance with the Standards but is not responsible for doing it all.

3.2 Evidencing compliance

The SAC requires you to identify the evidence you will present to show your compliance with the Standards. As you fill in this information you should create a portfolio to collate all of the evidence you will present. The portfolio can be electronic or paper or a mix of both, and should be cross referenced to the relevant standard. That way when you apply for audit you have easy access to all of the information that the auditor will need when they are on-site.

3.3 Using the Standards Community

The Standards Community is a generic term for the range of agencies which have prepared for audit and been accredited for meeting the Standards. The range of agencies is wide and you will almost certainly find an agency providing a similar service to your own. Each is a source of support to you; colleagues in these agencies are encouraged to share their experience with others. So don't hesitate to get in touch with them at any point in the process, there is nothing to beat peer experience for helping you to avoid blind alleys.

Step 4 Confirming you are Ready for Audit

When you can read through the Self Assessment Checklist and be satisfied that you can evidence compliance with each Standard you are ready to apply for audit. It is possible to have an objective pre-audit visit where an auditor will review your preparation and evidence and advise you whether you should proceed to audit. You then submit completed SAC and application form to the Scottish Government audit contractors.

Guidance Note 2: Preparing for the on-site audit Type I service

Introduction

This note is to help you prepare for audit by the Standards Accreditation Service, developed to enable organisations to demonstrate compliance with the Scottish National Standards for Information and Advice (The Standards). Michael Bell Associates Research & Consultancy (MBARC) are the contractors and it is our auditors who will come to see you. The aim of the audit is to give agencies credit for the quality of the service they provide to clients and to provide a useful management tool for continuous improvement. The auditors can only do this on the basis of evidence available to them so your preparation for audit is really important.

1. On receipt of application

We conduct a desk top audit of the documents provided with your application as evidence that you comply with the required Standards for Type I Agencies. If there are any problems the auditor will get in touch with you to clarify any queries and help you update your application if necessary.

2. On-site audit

The on-site audit is conducted by one auditor who will be on-site for one day. The Standards for which you are required to provide evidence are listed in the Self Assessment Checklist, the Standards manual details the performance indicators that will evidence compliance of the management procedures and clearly defines the topic specific competence for both advisers and agencies which will be tested through the audit visit.

The Auditor will:

- **Talk** with members of staff involved in the delivery of the information about how they respond to some probable enquiries.
- **Interview** members of staff responsible for managing, delivering or providing administrative support to the advice service. The interviews which typically last up to 45 minutes are used to test their understanding of: the agency's advice function; the topics on which they give advice; the agency's policies and procedures including general policies such as confidentiality, complaints and equalities as well as specific procedures, such as use of information resources.
- **A Feedback Session** will be held at the end of the visit with the co-ordinator/manager of the agency to go over initial observations from the audit. This cannot give you the final outcome of the audit.

3. During the visit

The auditor will need

- Somewhere to work – a desk or table, preferably somewhere relatively quiet.
- Access to all the normal office facilities – somewhere to get or make a drink, etc.
- The agreed interviewees to be available – and briefed about the audit by yourselves.
- Yourself or a nominated colleague to be on-site and available to assist with finding people, records, and deal with the numerous queries which can arise.

4. Audit Report

The auditor will prepare a draft report covering both the desk top and on-site elements of the audit. The report will contain their findings, conclusions and recommendations. This draft report is passed to the Quality Manager for review and is then sent to you in draft. We aim to have the draft with you in within four weeks of completing the process audit visit.

We will ask you to check the report for any factual errors and discuss these or any other issues with the Quality Manager and aim to have the report agreed within two weeks of the draft being issued. You will receive final copies of the report, your report, together with a summary, is then sent to the Scottish Government. The summary reports will be publicly available.

5. Outcomes

The findings of the audit will that you are:

Accredited. You have met all the Standards for management procedures and for adviser and agency competencies for advice topics. It is possible for you to be accredited in some topics and not others. A certificate will be issued showing the topics for which you are accredited. The accreditation date will be the date of the agreement of the final report (i.e. a maximum of eight weeks from the on-site audit). Your accreditation stands for four years.

Not Accredited. You have not met all the Standards. The report will give you clear recommendations for action you need to take to achieve the Standard when and if you re-apply.

Not Yet Fully Compliant. You have not fully met all the Standards but the deficiencies should be able to be remedied within a short period and certainly within a maximum of six months. This allows a limited amount of scope for agencies who fully comply with almost all the Standards to achieve compliance without having to start from the beginning. A further audit process will be devised specifically to cover the Standards which were not met. This may involve a further visit.

6. Complaints, Appeals and Feedback

Your right to make a complaint about any aspect of the audit process is contained within our complaints procedure which will be sent to you separately.

If your agency is not happy with the auditor's findings and this cannot be resolved to your satisfaction, you have the right to appeal; further details will be provided upon delivery of your final report.

We always strive to keep our processes under review so that where improvements can be identified they are implemented. If you would like to offer us any views about your experience of the audit, we would like to hear from you. Please do not hesitate to contact us by telephone or email.

Confidentiality Note: It is necessary for auditors to review confidential documents such as staff supervision and training records. All MBARC's auditors are bound by our confidentiality procedures. The auditor will be happy to sign your own confidentiality statement in addition if you require that.

Guidance Note 3: Preparing for the on-site audit Type II and Type III Services

Introduction

This note is to help you prepare for audit by the Standards Accreditation Service, developed to enable organisations to demonstrate compliance with the Scottish National Standards for Information and Advice (The Standards). Michael Bell Associates Research & Consultancy (MBARC) are the contractors and it is our auditors who will come to see you. The aim of the audit is to give agencies credit for the quality of the service they provide to clients and to provide a useful management tool for continuous improvement. The auditors can only do this on the basis of evidence available to them so your preparation for audit is really important. For example the auditors will need to examine casework in the topics for which you want to be accredited so you need to take some time before the audit to identify relevant case records from which the auditors can draw a sample.

1. On receipt of application

We conduct a short desk top audit to ensure the paperwork is sufficiently complete to allow an audit to go ahead. If there are any problems the auditor will get in touch with you to clarify any queries and help you update your application if necessary.

2. On-site audit

The on-site audit is in two parts, Quality of Advice and Process. The audit team which will be on site normally for two days will consist of one process auditor and up to three quality of advice auditors. Where appropriate there will be some crossover of roles.

The quality of advice auditors will check casework and will interview selected members of staff. The process auditor will examine the systems and processes that are operated to support the advice/information function within the agency.

The Standards manual details the performance indicators that will evidence compliance of the management procedures and clearly defines the competence for both advisers and agencies which will be tested through the casework check.

Auditors will:

- **Examine** some or all of the documents listed in your application e.g. all written policies and procedures, so you need to ensure they are all available. We strongly suggest that unless it is already contained in an office manual you put all the material you rely on as evidence of compliance with the Standards in a loose leaf folder and index it, including indexing electronically held material. This is particularly important for large agencies which may have policies at several levels (corporate, departmental, service, team, etc.)
- **Interview** members of staff responsible for managing, delivering or providing administrative support to the advice service. The interviews which typically last up to 45 minutes are used to test their understanding of: the agency's advice function; the topics on which they give advice; the agency's policies and procedures including general policies such as confidentiality, complaints and equalities as well as specific procedures such as case recording, case management and use of information resources.
- **Undertake Case Checks** applicable on a sample of your agency's files which reflect both the volume of cases that have been undertaken over the last year and the areas of law in which your agency has applied for accreditation under the Standards. We require a representative sample of your cases so the auditors will be in touch with you about the sample before the visit. In addition, the auditors will also select a random sample of cases from files during the visit itself.
- **A Feedback Session** will be held at the end of the visit with the co-ordinator/manager of the agency to go over initial observations from the audit. This cannot give you the final outcome of the audit.

3. During the visits

Auditors will need

- Somewhere to work – a desk or table ideally for each, preferably somewhere relatively quiet.
- Access to all the normal office facilities – somewhere to get or make a drink, etc.
- The agreed interviewees to be available – and briefed about the audit by yourselves.
- Yourself or a nominated colleague to be on-site and available to assist with finding people, records, and deal with the numerous queries which can arise. The auditors aim to deal with queries as they arise rather than saving them for the feedback session at the close of the audit.

4. Audit Report

The audit team will prepare a draft report covering both the quality of advice and process elements of the audit. The report will contain their findings, conclusions and recommendations. This draft report is passed to the Quality Manager for review and is then sent to you in draft. We aim to have the draft with you within four weeks of completing the process audit visit.

We will ask you to check the report for any factual errors and discuss these or any other issues with the Quality Manager and aim to have the report agreed within two weeks of the draft being issued. You will receive final copies of the report and your report, together with a summary, is sent to the Scottish Government. The summary reports will be publicly available.

5. Outcomes

The findings of the audit will that you are:

Accredited. You have met all the Standards for management procedures and for adviser and agency competencies for advice topics. It is possible for you to be accredited in some topics and not others. A certificate will be issued showing the topics for which you are accredited. The accreditation date will be the date of the agreement of the final report (i.e. a maximum of eight weeks from the on-site audit). Your accreditation stands for four years.

Not Accredited. You have not met the all the Standards. The report will give you clear recommendations for action you need to take to achieve the Standard when and if you re-apply.

Not Yet Fully Compliant. You have not fully met all the Standards but the deficiencies should be able to be remedied within a short period and certainly within a maximum of six months. This allows a limited amount of scope for agencies who fully comply with almost all the Standards to achieve compliance without have to start from the beginning. A further audit process will be devised specifically to cover the Standards which were not met. This may involve a further visit.

6. Complaints, Appeals and Feedback

Your right to make a complaint about any aspect of the audit process is contained within our complaints procedure which will be sent to you separately.

If your agency is not happy with the auditors' findings and this cannot be resolved to your satisfaction, you have the right to appeal; further details will be provided upon delivery of your final report.

We always strive to keep our processes under review so that where improvements can be identified they are implemented. If you would like to offer us any views about your experience of the audit, we would like to hear from you. Please do not hesitate to contact us by telephone or email.

Confidentiality Note: It is necessary for auditors to review confidential documents such as case papers and staff supervision and training records. All MBARC's auditors are bound by our confidentiality procedures. Auditors will be happy to sign your own confidentiality statement in addition if you require that. Some agencies build consent for files to be audited into their case files and generally clients welcome this.

Guidance Note 4: Preparing for the on-site audit CABx Type II and III

Introduction

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1. On receipt of application

We conduct a short desk top audit to ensure the paperwork is sufficiently complete to allow an audit to go ahead. If there are any problems the auditor will get in touch with you to clarify any queries and help you update your application if necessary.

In any case the lead auditor will contact you a minimum of four weeks before the on-site visit to discuss the audit with you. This is your opportunity to highlight any specific circumstances or ways of working in your bureau that you need the auditor to be aware of.

2. On-site audit

The audit team will be on-site normally for two days and will consist of up to three auditors. These auditors will have competencies relevant to the range of topics for which the bureau is applying for accreditation. The auditors will check the casework presented to them and may also check other cases from your filing system. They will also interview selected members of staff. The lead auditor will examine the systems and processes in place to support the quality of advice function within the agency.

The Standards manual details the performance indicators that will evidence compliance of the management procedures and clearly defines the competence for both advisers and agencies which will be tested through the casework check.

Auditors will:

- **Examine** some or all of the documents listed in your application e.g. all written policies and procedures, so you need to ensure they are all available. We strongly suggest that unless it is already contained in an office manual you put all the material you rely on as evidence of compliance with the Standards in a loose leaf folder and index it, including indexing electronically held material.
- **Interview** members of staff responsible for managing, delivering or providing administrative support to the advice service. The interviews which typically last up to 45 minutes are used to test their understanding of: the topics on which they give advice; the agency's policies and procedures such as case recording, case management and use of information resources.
- **Undertake Case Checks** on a sample of your agency's files; these files will reflect both the volume of cases that have been undertaken over the last year and the areas of law in which your agency has applied for accreditation under the Standards. We require a representative sample of your cases and the lead auditor will be in touch with you before the visit to let you know how many of each kind of cases the team want presented to them. In addition, the auditors will also select a random sample of cases from files during the visit itself.
- **A Feedback Session** will be held at the end of the visit with the co-ordinator/manager of the agency to go over initial observations from the audit. This cannot give you the final outcome of the audit.

3. During the visits

Auditors will need

- Somewhere to work – a desk or table ideally for each, preferably somewhere relatively quiet.
- Access to all the normal office facilities, i.e. somewhere to get or make a drink, etc.
- The agreed interviewees to be available – and briefed about the audit by yourselves.
- You or a nominated colleague to be on-site and available to assist with finding people, records, and deal with the numerous queries which can arise. The auditors aim to deal with queries as they arise rather than saving them for the feedback session at the close of the audit.

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We will ask you to check the report for any factual errors and discuss these or any other issues with the Quality Manager and aim to have the report agreed within two weeks of the draft being issued. You will receive final copies of the report and your report, together with a summary, is sent to the Scottish Government. The summary reports will be publicly available.

5. Outcomes

The findings of the audit will be that you are either:

Accredited. You have met all the Standards for management procedures and for adviser and agency competencies for advice topics. It is possible for you to be accredited in some topics and not others. A certificate will be issued showing the topics for which you are accredited. The accreditation date will be the date of the agreement of the final report (i.e. a maximum of eight weeks from the on-site audit). Your accreditation stands for four years.

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Not Yet Fully Compliant. You have not fully met all the Standards but the deficiencies should be able to be remedied within a short period and certainly within a maximum of six months. This allows a limited amount of scope for agencies who fully comply with almost all the Standards to achieve compliance without having to start from the beginning. A further audit process will be devised specifically to cover the Standards which were not met. This may involve a further visit.

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Your right to make a complaint about any aspect of the audit process is contained within our complaints procedure which will be sent to you separately.

If your agency is not happy with the auditors' findings and this cannot be resolved to your satisfaction, you have the right to appeal; further details will be provided upon delivery of your final report.

We always strive to keep our processes under review so that where improvements can be identified they are implemented. If you would like to offer us any views about your experience of the audit, we would like to hear from you. Please do not hesitate to contact us by telephone or email.

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User Briefing Notes

IASU collated this series of Briefing Notes in response to feedback and queries from organisations seeking to interpret and implement the Standards. They further clarify individual Standards and, in particular, why the Standard exists, when and how to implement it and reviewing the process. They also make explicit the links to other Standards and give examples of how to apply the Standard in practice.

The Notes address the experience of both the statutory and voluntary sector and should answer some of the questions that are frequently raised by organisations.

If any organisation would like a User Briefing Note on another individual Standard that is not covered in this section please contact Judi Reid (0131-244-5523) or e-mail judi.reid@scotland.gsi.gov.uk

Briefing Note 1 - User Feedback Techniques

Standard 3.12: All service providers must have procedures that actively encourage feedback from service users.

Why do we have this Standard?

You cannot provide a service if you do not know who is using it or how they respond to it. Feedback from users helps make both service provider and user aware that the user's views matter. It is important to show users that their views lead to real outcomes, giving them confidence in you and in the advice process. To be accessible, responsive and accountable to users' needs you must give users some ownership of the process.

When do we apply it?

When should you conduct feedback exercises? What you are trying to achieve will determine when to engage users in the feedback process and which users you want to contact. You also need to decide whether it is necessary to consult every user, a representative sample, or a cross-section of the whole community.

How do we apply it?

Feedback research takes two forms: quantitative (how many) and qualitative (why/how). Questions should not reflect the bias of the people asking the questions; be sure you ask what you need to know, not what you want to know.

Quantitative research can be statistically analysed and compared, but the questions are determined by the interviewer. They are also subject to time and cost restrictions. Qualitative research includes more open-ended questions that encourage user feedback. A mixture of both types may be best. Whichever you choose, remember to reflect the social and physical diversity of users, to provide questions in different formats and languages if necessary, to use clear language everyone can understand, and to respect the need for confidentiality in replying.

Questionnaires are a simple feedback method and can be done as exit surveys or postal surveys with pre-paid envelopes to encourage response. Try to ensure you include the hardest-to-reach sections of the community such as people with a physical or mental disability, unemployed people, lone parents and young people. Attach a note to the questionnaire to explain why you are carrying out the research, what you hope to achieve, the groups you are consulting and the outcomes you expect. Also indicate any constraints you anticipate to the outputs of the research. Advisers may also approach users directly with a questionnaire, explaining that it is designed to obtain their views and not to assess the quality of advice given by an individual adviser. Remember to include space for additional comments. The user must always have the right to withhold consent. Questionnaires must avoid sexist, racist, and homophobic language or any language that could cause offence.

If you give advice over the telephone, you might ask the client to agree to respond to a short postal or telephone survey. However, remember to consider the cost implications!

If you provide information in leaflets or other publications think about including a simple feedback form for users to return to you with their comments.

Focus groups and citizens' panels give participants the chance to take part informally in discussions and feedback. This method gives participants a chance to exchange ideas. However, some members of groups may dominate talk, and certain sections of the community may not be represented. It may also be difficult to recruit participants or to get people to speak honestly without skilled facilitation.

The way in which you collect feedback will depend on cost and time resources. But remember to maintain records showing feedback results, together with how and when it was carried out and resulting decisions.

Reviewing the process

Once you have all your feedback information you will need to analyse it and make decisions based on results. Take care you are interpreting results correctly and that you are accountable and clear in reporting your findings. Send out a summary of results to everyone who participated and invite them for further feedback on the evaluation of those results. You might include these results in your annual report or post them in a public area.

User feedback is a continuous process and you will want to review its findings constantly to ensure your service is meeting user needs. Be sure you have procedures in place that direct user feedback into your service plan. Any decisions agreed as a direct result of the feedback should be made public and you should record progress on these decisions.

You may also find it instructive to obtain the views of people who do not use your service. Why do they not use your service? Are they aware of your remit? Does it fit the needs of the community? What is their impression of your organisation? Local and community groups may provide places to contact these people. Their feedback will assist in planning future service.

Summary of key principles

User feedback increases your knowledge base, helps monitor service quality, and gives users confidence in your service. Feedback is a two-way process and if carried out responsibly builds trust and recognition between the service provider and the community. Keep the process appropriate, stimulating, informative and respectful so all groups within the community have the chance to take part.

Links to other Standards

Standard 2.1 – All service providers must be clear about the remit of their service and the boundaries of their service

Standard 2.2 – All services must undertake a regular exercise to determine the profile of their local community and any special needs that may exist.

Standard 3.12 – All service providers must have procedures that actively encourage feedback from service users.

All the Standards of accessibility and customer care (equity, respect, physical accessibility, delivery methods, service hours, information format, confidentiality, rights of complaint) link to this standard.

Briefing Note 2 - Recording Service Wide Activity in Type I Services

Standard 4.7: All service providers must have robust means of recording service wide activity and service use.

Why do we have this Standard?

One of the key principles in providing information and advice is that the service must be user centred, and provide a service in response to user needs. But you cannot be sure that you are providing a service suited to users' needs if you don't know who is using the service or what they are using it for. For Type I agencies recording of activity is particularly important because generally they do not have case files to evidence the range of topics that users seek advice on. For Type I services' records of service wide activity are a valuable reference to show how far the objectives for the service are being met and how well the profile of users of your service reflects the local community profile.

When do we apply it?

If you are a Type I service you need to decide the level of recording that your service will sustain. The Standards require that as a minimum Type I providers should gather data on the numbers of people using the service, the areas of housing law and/or money and welfare benefits related advice consulted on and the service activity provided. This should include a record of any follow-up activity provided for the client. Agencies should also think about recording information for equality proofing. This doesn't necessarily mean that you need to record details of every single enquiry and type of intervention on a day-to-day basis, although some agencies do plan to do so.

However, you may feel that workers in your service will find this level of record keeping difficult to sustain, especially if the majority of interventions are answering questions or giving out information leaflets. You are best placed to judge the scale of the recording activity that you need to provide an accurate picture of your service delivery without being overly bureaucratic.

For example an acceptable alternative would be to set up a timetable of activity recording perhaps one week per quarter when every enquiry is recorded in detail. Users of the service should be advised that the purpose of the recording exercise is to contribute to improved services. The data gathered could be collated over a full year to give the robust picture of activity that you need for reviewing your service. A long-term record like this would be acceptable for audit purposes. Information gathered in short bursts of concentrated activity is also more likely to be accurate than ongoing data-gathering that is perceived as getting in the way of delivering the service.

How do we apply it?

Using the information you have gathered to analyse service activity gives you evidence for planning future service delivery.

Local authority Type I services can use this evidence to demonstrate how their provision contributes to the overall provision in the area. This in turn contributes to compliance with their statutory duty to ensure that the provision of information meets the needs of the local area.

Voluntary and independent agencies can provide evidence on how their services contribute to meeting identified needs thus supporting any applications you are making for funding.

If you intend your service to be audited against the Standards in the future your service delivery records will help you to identify to auditors the type of information and the range of advice you provide.

Reviewing the process

Analysis of your data measured against the profile of the local community will identify who is using your service and who is not, and you can match it against your remit to confirm whether the service you are providing is still the service that is needed. If you are aiming to provide a service for all members of the community, and your records show that some client groups do not use the service, you need to be able to identify why. Why do they not use your service? Is there something about your service that needs to change? Does your remit still fit the needs of the community?

Summary of key principles

Recording service wide activity increases your knowledge base, and provides clear evidence of who your clients are and what they use your service for. It enables you to review your remit and the aims and objectives of your service to ensure your service reflects the needs of users.

Please click here for a copy of the template

<http://www.scotland.gov.uk/Topics/Built-Environment/Housing/access/nationalstandards/pentlandda>

Links to other Standards

Standard 2.1 – All service providers must be clear about the remit of their service and the boundaries of their service.

Standard 2.2 – All services must undertake a regular exercise to determine the profile of their local community and any special needs that may exist.

Standard 3.4 – All service providers must regularly review the methods of delivery for their service to ensure both accessibility and effective use of resources.

All the Standards of accessibility and customer care (equity, respect, physical accessibility, delivery methods, service hours, information format, confidentiality, rights of complaint) link to this standard.

Briefing Note 3 – Casework procedures in Type II and III services

Standard 4.5: Services must have a casework procedure that can be applied consistently to all service users.

Why do we have this Standard?

This is a key Standard for Type II and Type III agencies. Where an agency undertakes casework and the delivery of advice to service users, it is vital that any advice given and action taken is recorded accurately and completely. Supervisors and auditors must also be able to:

- monitor the performance of advisers e.g. are they undertaking key actions in the case at every stage and have they collected all necessary information
- check the quality of advice provided and
- comply with local and national demands for statistical information

Having a robust and effective casework procedure will enable everyone in the agency to undertake their work effectively, as cases will be easy to follow and in case checking, non-compliance will be easy to identify. In electronic systems, it will also be possible to undertake some case checks by way of querying the system for missing data. A casework procedure underpins efficient working and also improves customer service, as cases should be easily picked up by any worker. Workers will know exactly where to look for key information if for example the caseworker is ill or on holiday. The service user will be kept informed about progress on their case and will know who is responsible for undertaking actions in the case. Without a common procedure advisers will struggle to case record effectively and will tend to 'do their own thing'.

This Standard can be met by using either IT based case recording systems or paper based systems. The former will enforce compliance by way of forms and required fields; the latter can do this by the use of template e.g. those contained in the MATRIC Good Practice Guide for money advice.

When do we apply it?

This Standard should underpin casework at all times and compliance with the procedure should be checked during case review.

How do we apply it?

This Standard should be looked at in conjunction with Standard 4.7 (Recording Service Wide Activity and Service Use) and Generic Competencies for Advisers 1.1 (Effective Interviewing) & 1.2 (Recording and Managing Casework). These will provide guidance on what should be recorded by the agency's casework system and the indicators from these Standards can be incorporated into written procedures for the agency. Casework procedures should be written and maintained in consultation with the workers who have to use them. A good starting point when documenting procedures is to write down what is already being done in the agency.

Having written procedures ensures that workers understand how to structure the information in their cases and how to do this using whichever casework system is in use in the agency (whether paper or IT based). Training should also be given to workers and the casework procedure and training for new workers should be built into the induction process.

Reviewing the process

Casework procedures should be 'live' documents and should not only be reviewed on a regular basis, but should also be subject to changes driven by case checks, changes to statistical information required nationally or locally or complaints e.g. where a complaint is made and it has been found that the case recording is not detailed enough to back up the agency's view.

Summary of key principles

To comply with 4.5, any casework procedure should be well documented and these documents must be accessible to all users in the agency; the procedure must be clearly understood by all users and should cover all aspects of case work, from opening a new case to closing the case.

Links to other Standards

Standard 4.4 - Type II and Type III service must have systems that ensure that service user information and case files are well organised;

Standard 4.6 - Type II and Type III services must ensure that the casework files of individual advisers are subject to suitably qualified, independent review;

Standard 4.7 - All service providers must have robust means of recording service wide activity and service use;

Standard 5.2 - All service providers must ensure 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;

Standard 5.3 - All service providers must ensure that those delivering the service are provided to adequate training and development;

Standard 5.4 - All service providers must ensure that all staff involved in delivering the service have core competencies before they advise the public; All service providers must ensure that all cases are dealt with by an adviser competent in that area of law;

Standard 5.5 - All service providers must ensure that all cases are dealt with by an adviser competent in that area of law; and

Standard 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;

All of the Generic and Adviser Specific Competencies are linked to this Standard.

Briefing Note 4 - Independent Review and Evaluation

Standard 2.6: All services must be subject to regular independent review and evaluation.

Why do we have this Standard?

You cannot provide an effective advice service if you do not make provision to regularly review its remit and boundaries in line with stated aims and objectives. For example, are you sure the service you are providing is still the service that is needed.

Evaluation is necessary to ensure effectiveness, efficiency and relevance and is linked to the future management and planning of the service. Evaluation is carried out to identify how well you provide that service against your stated aims and objectives.

When do we apply it?

An independently conducted review and evaluation should be done either internally or externally at least once within the planning cycle. Its main purpose is to consider whether or not the service has met the long-term objectives in the three year or five year plan. You need to be clear that audits against the Scottish National Standards for Information and Advice Providers look at the quality of the service provided but not whether stated objectives have been met over a period of time. An independent review and evaluation process will evidence to the Standards auditors that the service has subjected itself to scrutiny and assessment in order to fulfil its long term aims and objectives in the most efficient and effective way.

How do we apply it?

Independent reviews can be conducted by: the organisation's own umbrella body; by another Manager in the same organisation; by funders; independent consultants or a number of other bodies. Sufficient consideration should be given to an appropriate body that can achieve the aims and objectives of the review process. To do this the evaluation needs to consider evidence of the relevance, efficiency and effectiveness of the service. The evaluator will need to have access to all of the monitoring data and management information that has been collected over the period including data collated for planning and review (Standards 2.3 and 2.5), user feedback, complaints etc to confirm whether any changes are needed.

Written conclusions can be demonstrated in evaluation/review reports, best value reviews of the service or evaluations of information and advice strategies. They should take into account the views of staff and users of the service to inform its findings. Findings should be circulated to staff and users to illustrate how reflection on purpose and performance of service feeds into the strategic planning and management of the service.

Organisations should seek the most appropriate means of achieving regular independent reviews for their organisation.

Reviewing the process

Once you have all the results of the review and evaluation for the service you will need to decide how this influences the strategic planning of the service and the way in which the service is delivered. Take care you are interpreting results correctly and that you are accountable and clear in reporting your findings. Send out a summary of results to staff and users and invite them for further feedback on the evaluation of those results. You might include these results and any decisions reached as a result in your annual report or post them in a public area.

Summary of key principles

Independent review and evaluation increases your knowledge base, helps monitor service quality, and gives users confidence in your service. It also informs future service planning and direction. If findings from the review and evaluation-based decisions made on these findings are publicly accessible this builds trust and confidence in the service.

Links to other Standards

Standard 2.1 - All service providers must be clear about the remit of their service and the boundaries of their service.

Standard 2.3 - All service providers must develop long-term plans that cover a period of three to five years.

Standard 2.2 - All services must undertake a regular exercise to determine the profile of their local community and any special needs that may exist.

Standard 2.4 - All services must produce an annual service plan that seeks to ensure the best match between the needs of service users and the resources available to provide the service.

Standard 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.

All the Standards of accessibility and customer care (equity, respect, physical accessibility, delivery methods, service hours, information format, confidentiality, rights of complaint) link to this standard.

Briefing Note 5 – Conflict of Interest

Standard 4.1: ‘Service providers must be able to demonstrate that they are placing the interests of the service user before their own or a third party’s interests: this includes a conflict of interest where different family members require advice.’

1. Why do we have this Standard?

An information and advice provider should not knowingly act for two or more parties in matters where there is a conflict of interest between the parties or where there is a conflict between the interest of the client and that of the adviser or the service provider. Examples where there is a potential for conflict of interest include, a landlord and their tenants, creditors and their debtors, partners in dispute.

A conflict situation will not arise where parties approach a service provider for basic information such as is contained in official leaflets explaining the law and procedure governing the matter in dispute. e.g. entitlement to benefits; rent arrears procedure.

2. When do we apply it?

The following are examples of situations where a conflict of interest situation is likely to arise:

- Where a client approaches the service provider for advice or assistance the provision of which to that client would prejudice the interests of another client. Examples may include, providing:
 - Advice on the options available for them to pursue or defend a case in respect of the other client, and/or
 - Practical assistance, tactical advice, or negotiation on their behalf.
- Where a client approaches the service provider for advice and assistance the provision of which could be in the direct interests of the service provider. Examples may include:
 - (As a service provider that is a landlord) providing advice on debt which includes rent arrears
 - (As a service provider that is a local authority) providing advice on challenging a housing benefit decision
- where an adviser has a personal connection or relationship with a client there is the potential for the impartiality of the service to be compromised.

The service provider should take all reasonable steps to identify and avoid conflict situations. It is for the service provider to decide what is reasonable in the light of their particular circumstances and resources.

Action which may be taken to assist the service provider to identify conflict situations include:

- Ensuring that advisers, when advising a client, record the details of any other party to the dispute on the case record
- Training advisers to recognise conflict situations and potential conflict situations and to follow the service provider’s procedures for dealing with them
- Frequent, regular monitoring of case records will assist in identifying conflict situations.

3. How do we apply it?

Once a conflict situation is identified and if the service provider’s manager or his/her delegate consider that it would be proper for the service provider to continue to act for one of the parties it can only act for the first party who contacted the service provider.

The second party should where possible be referred to another appropriate service provider. The insurers should be consulted in any case where the possibility of a claim for negligence could arise.

It is understood that informing the second party of the service provider’s inability to deal with the issue will involve disclosing the fact that the service provider is already involved on behalf of the other party. In this case the issue of conflict of interest takes precedence over issues of confidentiality. However, no information beyond this basic disclosure may be given.

In some circumstances it may not be possible to inform one party that the other has also sought advice as it may be damaging to one or both of them e.g. domestic abuse; cultural issues. These cases will need to be identified at an early stage and should follow the protocol suggested in the procedure for situations where there is no other agency to which a client can be referred.

Full details of these transactions should be recorded in the relevant case record.

4. Reviewing the process

The conflict of interest policy should be reviewed in line with regular reviews of policies and procedures. It should be covered during the induction of new members of staff and should be on the agenda for discussion at staff meetings at least once a year.

5. Summary of key principles

This Standard is at the heart of the principle of providing a user centred service. Clients are entitled to expect that the advice they are given is completely and relevant to their circumstances. An information and advice provider should not knowingly act for two or more parties in matters where there is a conflict of interest between the parties. Neither should they act for two parties where there is a conflict between the interest of the client and that of the adviser or the service provider.

6. Links to other Standards

Standard 4.3 – Organisations should maintain regular contact and liaison with other providers in their locality. Referral agreements must be established between agencies to ensure that service users receive a consistent and seamless service.

2.1. All service Providers must be clear about the remit of their service and the boundaries of their service.

This Standard is a foundation stone. It is imperative to be clear about the stated definition of the information and advice service that you provide. It is important to ensure that everyone in the organisation has the same definition. The attached template can be used as: a team training exercise; training for Management Committee or as an exercise with agencies in a local network. A composite Remit/Service statement is provided in the resource pack.

Resources

Training Exercise –

DEFINING THE REMIT OF YOUR INFORMATION AND ADVICE SERVICE

This exercise requires a facilitator, if there are more than one team doing the exercise the facilitator needs to appoint one member from each team to feedback.

The Facilitator should distribute copies of this template to all. Everyone should be given 10 minutes maximum to complete an individual copy of this statement, from their own understanding of the information and advice service.

The facilitator should get feedback from individuals on: Topics and Type; Methods of delivery and Remit/purpose of service. If more than one team is doing the exercise one person should collate the information and feedback to the facilitator.

The facilitator should enter the feedback on a master copy of the template on a flip chart or on an electronic copy if using a projector and screen.

From the composite information on the master copy of the template you will have a good illustration of whether there is a consensus on the description of the service. It is then for Management to agree and confirm the remit to all concerned.

Template

STATEMENT OF SERVICE	
Name of organisation	
Team/Dept/Section/Project delivering information and advice (if different from above)	
Location/s of service	
Topics and Type of service (I, II, III) (see Standards manual Section 2 Competencies for advisers and agencies)	
Methods of delivery (e.g.: face to face in office; by telephone; outreach i.e. surgeries home visits etc;)	
Remit/purpose of service	

Links to other Standards

Standard 1.1 All service providers must have clear management structures that identify the roles and responsibilities of all post holders involved in the planning management and delivery of the service. (in particular “All staff and volunteers should be able to describe the scope of their role”)

Standard 5.3 All Service Providers must ensure that those delivering the service are provided with adequate training and development

This Standard requires that training should be recorded, and for Type 11 and Type 111 advisers a minimum number of hours of training per year must be completed. The requirement does not refer only to participation in formal training it includes all learning opportunities. The attached simple template can be used to record internal and external learning including formal training.

NAME A.N. Other – POST Housing Officer

TRAINING RECORD 2009/10

DATE	TRAINING PROVIDER	SUBJECT	INFO	HOURS
1.12.09	EXTERNAL TRAINING PROVIDER	HOUSING BENEFIT	HB regulations, overpayments and backdates	7
4.3.10	MANAGER (INTERNAL)	UPDATING LEG	New regulations for Housing Benefit/ Council Tax Benefits	3
22.3.10	STAFF (TEAM MEETING)	TRIBUNALS	Case law information	1

Standard 5.4 all service providers must ensure that all staff involved in delivering the service have core competencies before they advise the public.

5.5 All service providers must ensure that all cases are dealt with by an adviser competent in that area of law.

When applying for audit service providers must be confident that they meet Standards 5.4 and 5.5. This spreadsheet is provided to allow all those involved to assess themselves against the competence requirements and following confirmation by the relevant manager, team leader or supervisor will provide an indication of training needs.

Many thanks to North Lanarkshire Welfare Benefits Service for kindly supplying this template.

Scottish National Standards for Information and Advice Providers
Training Needs Analysis - Welfare Rights Specific Competencies for Advisers

Name:

Agency/ work team

Foundation Knowledge

skills and work competency areas		Type 1, 2 or 3	score 1 to 4 (see table below)		
			self-assess	2nd view	Essential/ Desirable
3.1	Administrative Structure of the Benefits and Tax Credits System				
3.2	National Insurance Scheme				
3.3	Claims and Backdating				
3.4	Decision-making, Revisions, Supersessions and Appeals				
3.5	Benefit and Tax Credit Overpayments				
3.6	Assessment, Initial Decision-making and Holding Activity in Debt Cases				

skills and work competency areas		Type 1, 2 or 3	score 1 to 4 see table below		
			self-assess	2nd view	Essential/ Desirable
4.1	Means Tested Benefits				
4.2	Housing Benefit and Council Tax Benefit				
4.3	Tax Credits				
4.4	The Social Fund				
4.5	The Impact of Work on Benefits				
4.6	Child Benefit and Guardian's Allowance				
4.7	State Retirement Pension				
4.8	Disability Living Allowance and Attendance Allowance				
4.9	Benefits for People Who are Incapable of Work				
4.1	Benefits for Work Related Illnesses or Disabilities				
4.11	Benefits for Veterans				

skills and work competency areas (continued)		Type	score 1 to 4 see table below		
		1, 2 or 3	self-assess	2nd view	Essential/Desirable
4.12	Carers Allowance				
4.13	Jobseekers' Allowance				
4.14	Benefits for Maternity, Paternity and Adoption				
4.15	Bereavement Benefits				
4.16	Benefits for People in Public Care				
4.17	Benefits for Students				
4.18	Benefits for People from Abroad and/or Subject to Immigration Control				
4.19	Ancillary Benefits				

For each competency, identify which type of intervention you undertake

Type 1 = Active Information, Sign-posting and Explanation

Type 2 = Casework

Type 3 = Advocacy, Representation and Mediation

Score yourself out of 4 for each competency area based on the choices below

1 = little or no competence

2 = some competence, but below level required for role

3 = competence at required level for role

4 = competence exceeds level required for role

Validate your scores by discussing them with your line manager or someone who knows you (these scores go in the '2nd view' column and form the basis of the assessment). At the same time agree with the other person whether each skill and behaviour is essential or desirable for the effective performance of your role. Your personal development priorities are therefore the lowest scores in the essential skills and behaviours.

Standard 3.9 All Service Providers must have effective and appropriate policies on confidentiality and access to information.

The attached mandate is provided for your use specifically to get client consent to their case file being examined by an auditor. It can be adapted to suit other situations where sharing client information is in the best interest of the client (e.g. where a client's case is being referred to another agency for action).

As part of monitoring and assuring the quality of this agency's service a selection of case-files are audited by external auditors. These files do not leave the agency's premises and external Auditors are bound by our Confidentiality policy. Please indicate if you consent to the auditing of your file.

I consent to my file being part of an audit

I do not consent to my file being part of an audit

I understand these protections and agree to this record information being kept.

I hereby authorise and instruct you to seek information verbal or written relevant to my case from third parties. I further authorise and instruct any third party to release any papers held by them concerning my case to act on my behalf.

Signed _____ Date _____

If case was opened by telephone or other indirect means the caseworker has advised the caller of the above consent form.

Signed _____ (Caseworker) Date _____

Type 1 Services

Evidence for Standard 4.7 All service providers must have robust means of recording service wide activity and service use (see Briefing Note 2 and link template access database created by Pentland Housing Association).

and

Standard 5.5 Service Providers must ensure that all cases are dealt with by an adviser competent in that area of law.

The attached template can be used to record information about the range of clients and the topics on which you have provided advice. It can also be used to record the information about the advice given which agencies can use to evidence the competence of advisers and identify training needs. It is not suggested that you collect the information on a day to day basis, but collecting this level of detail during one week in every quarter is achievable and over a year will give you valuable management information for use in reporting and planning for future service delivery.

Date	Name	Address	Gender	Age band	Ethnic origin	Topic or Topic code	Time Spent
			Create a drop down list	10 min. slots			

Adviser	Presenting problem	Options explored	Options agreed	Action Taken
	Create a drop down list of topics or topic code	text	Text	Text

Assembling Casework Referencing for Audit

(Standard 4.5)

When agencies apply for audit they are asked to draw a sample of case records for the Topics in which they wish to be accredited. In some instances the casework is not recorded under the Standards' definition of topics. The attached spreadsheet is provided to allow agencies to identify flag up National Standard topics in case records.



**The Scottish
Government**

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DPPAS10492 (09/10)

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