

# Specialist Quality Mark Standard

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# The Specialist Quality Mark Standard

## Introduction

1. The SQM is an organisational standard which can be applied to any legal service provider operating a specialist service (see glossary definition). Its purpose is to ensure legal services providers are well run and provide good client care. The three essential elements to the scheme are:
  - a) The specification of standards of quality assurance
  - b) The independent audit of the standard to ensure that standards are being achieved and maintained
  - c) Continuous improvement in the service offered by legal services providers to their clients.
2. The SQM gives assurance regarding quality of advice by means of several proxies which, whilst not direct measures of quality are fundamental to reliable delivery of a quality service. Key requirements include supervision and file review (see section 2).
3. Compliance with the SQM, or other recognised legal quality standards, (i.e. Lexcel) is a requirement for legal services providers that have, or are seeking to have, a Contract with us. Organisations that hold a SQM will also be listed in the [Find a legal advisor tool](#) accessed via gov.uk.

The Find a legal advisor tool includes basic information about organisations that are contracted with the Legal Aid Agency across England and Wales.

## The SQM Strap line

4. There are separate straplines that a legal service provider may use upon successfully achieving the Specialist Quality Mark. The following strapline's can be used by the following two groups of SQM holders:

| <b>SQM holders that have an LAA contract</b> | <b>SQM non contractual holders only</b> |
|--|---|
| Contracted with the Legal Aid Agency         | Specialist Quality Mark Holder.         |

## The SQM Framework

5. The SQM framework is based on the following seven key quality areas:
  - (a) **Access to Service:** Planning the service, making others aware of the service and non-discrimination
  - (b) **Seamless Service:** Signposting and referral to other legal service providers
  - (c) **Running the Organisation:** The roles and responsibilities of key staff, and financial management
  - (d) **People Management:** Equal opportunities for staff, training and development, supervision and supervisors' standards

- (e) **Running the Service:** Case management, independent review of files and feedback to caseworkers
- (f) **Meeting Clients' Needs:** Providing information to clients, confidentiality, privacy and fair treatment, and maintaining quality where someone else delivers part of the service
- (g) **Commitment to Quality:** Complaints, other user feedback and maintaining quality procedures.

6. Each of the seven key quality areas is further split into **Requirements** and –**Definitions**, as outlined below:

| <b>A. Access to Service:</b> <i>Planning the service, making others aware of the service and non-discrimination</i>         |  |
|---|--|
| <b>Requirement Reference</b>  | <b>Requirement Description</b>                                 |
| A1.1  | Your business plan   |
| A1.2  | Reviewing your business plan                                   |
| A2.1  | Providing service information                                  |
| A3.1  | Non-discrimination in the provision of services                |
| A3.2  | Targeting a specific client group                              |
| A4.1  | Safeguarding policy  |
| <b>B. Seamless Service:</b> <i>Signposting and referral to other legal service providers</i>                                |  |
| <b>Requirement Reference</b>  | <b>Requirement Description</b>                                 |
| B1.1  | Staff knowledge about when to use signposting and referral     |
| B1.2  | A procedure for conducting signposting and referral            |
| B1.3  | Maintaining and reviewing referral records and data            |
| B1.4  | Ensuring that legal service provider information is up to date |
| <b>C Running the Organisation:</b> The roles and responsibilities of key staff, and financial management                    |  |
| <b>Requirement Reference</b>  | <b>Requirement Description</b>                                 |
| C1.1  | Your staff structure   |
| C1.2  | Key roles and decision-making structure                        |
| C1.3  | Independence   |
| C1.4  | Modern slavery legislation                                     |
| C2.1  | Financial responsibilities                                     |
| C2.2  | Financial processes  |
| C2.3  | Independent financial review                                   |
| C2.4  | Internal financial reviews                                     |
| C2.5  | Anti-Money Laundering Policy                                   |
| <b>D People Management:</b> Equal opportunities for staff, training and development, supervision and supervisors' standards |  |

| Requirement Reference   | Requirement Description  |
|---|--|
| D1.1  | Job description and person specification                               |
| D1.2  | Key responsibilities and objectives                                    |
| D1.3  | Non-discrimination as an employer                                      |
| D1.4  | Operating an open recruitment process                                  |
| D2.1  | Induction  |
| D2.2  | Performance review and feedback  |
| D2.3  | Individual training and development plans                              |
| D2.4  | Training records   |
| D3.1  | Named category supervisor  |
| D3.2  | Supervisory skills and competence                                      |
| D3.3  | Supervisors' legal training  |
| D3.4  | Conditions for supervision   |
| D4.1  | Case allocation  |
| D4.2  | Systems of supervision   |
| D4.3  | Limits of individual competence and referral                           |
| D4.4  | Access to reference materials  |
| D4.5  | Updating legal information to staff                                    |
| D5.1  | Training requirements for casework staff                               |
| D5.2  | Legal qualification or minimum hours                                   |
| <b>E Running the Service:</b> Case management, independent review of files and feedback to caseworkers  |  |
| Requirement Reference   | Requirement Description  |
| E1.1  | File list  |
| E1.2  | File management procedure(s)   |
| E1.3  | Case files are logical and orderly                                     |
| E2.1  | File review processes and procedures                                   |
| E2.2  | Process management   |
| E2.3  | File reviewers   |
| E2.4  | Review (and any corrective action) is evident on file                  |
| E2.5  | Review records   |
| E2.6  | Monitoring file review   |
| <b>F Meeting Clients' Needs:</b> Providing information to clients, confidentiality, privacy and fair treatment, and maintaining quality where someone else delivers part of the service |  |
| Requirement Reference   | Requirement Description  |
| F1.1  | Recording and offering confirmation of basic information               |
| F1.2  | Recording and agreeing further information and confirmation in writing |
| F2.1  | Complex case plans   |

| F2.2  | Updating issues and case progress                            |
|---|--|
| F2.3  | Updating costs information                                   |
| F2.4  | Responsibility for the client's case                         |
| F3.1  | Confirming information at the end of the case                |
| F4.1  | A confidentiality procedure                                  |
| F4.2  | Privacy  |
| F5.1  | Non-discrimination when instructing legal service providers  |
| F5.2  | Selection of legal service providers                         |
| F5.3  | Evaluation of legal service providers                        |
| F5.4  | Information to the client and client consultation            |
| F5.5  | Content of instructions                                      |
| F6.1  | Information handling   |
| <b>G Commitment to Quality:</b> Complaints, other user feedback and maintaining quality procedures. |  |
| <b>Requirement Reference</b>  | <b>Requirement Description</b>                               |
| G1.1  | Informing clients about how and to whom they should complain |
| G1.2  | Complaints procedure   |
| G1.3  | Central record and annual review                             |
| G2.1  | Client feedback procedure                                    |
| G2.2  | Annual Review and outcome                                    |
| G3.1  | Appointing a quality representative                          |
| G3.2  | Up-to-date quality procedures                                |
| G3.3  | Process control  |
| G4.1  | Having a quality manual                                      |
| G4.2  | Manual availability  |

### Terminology used in the SQM standard

7. The SQM contains a Glossary of Terms. You should refer to this for a comprehensive guide to terminology used throughout the standard. However, it is essential to understand the key terms "Procedure" and "Process" in order to interpret the SQM requirements.

- **Procedure:** A procedure is a written description of a process. To show that a procedure is effective you must be able to demonstrate that all staff members are aware of what it is, and that they are following them.
- **Process:** A process is how you operate in practice (i.e. whether or not a written set of instructions is in place). The auditor will need to see evidence that a process is in effective operation, and meets the requirements outlined in this document.
- **Requirements:** These are the mandatory requirements which organisations must meet in order to be granted the SQM, or for an existing SQM to continue.
- **Definitions:** These define and expand on the requirements. They are mandatory where the word "must" appears in bold. The definitions also contain some guidance, but this is

not mandatory. A guidance note is provided in the definition wherever you need to be alert to a related requirement, to guide you towards assistance that is available elsewhere, or to confirm circumstances in which a requirement may not apply. Wherever guidance appears, the sentence or paragraph begins with the word “Note” in italics.

- **Guidance Notes:** These can be found in a separate **Specialist Quality Mark guidance** document, and are provided to assist you in complying with the requirements. They provide background detail about some of the requirements or definitions already given, cover some of the methods that auditors may use to find evidence, and suggest systems or processes that may be useful when considering how best to demonstrate compliance. It is not mandatory to implement any of the suggestions or examples given in the guidance notes.

### Benefits of Achieving the Specialist Quality Mark

8. The Specialist Quality Mark offers the following benefits:

- (a) **Improved risk management:** Effective risk management can reduce the likelihood of insurance claims being brought against the organisation. Some of the areas identified by insurers and underwriters as being the main causes of claims against organisations are addressed by the Specialist Quality Mark, which encourages:
  - Increased management responsibility
  - Diary control
  - Conducting conflict of interest checks
  - Effective supervision of staff
  - Provision of comprehensive information about cost and other case matters including client care and complaints.
- (b) **Improved client care:** Where effective client care and supervision procedures are in place, the risk of complaints from clients, including those reaching the Legal Complaints Service and umbrella bodies, is greatly reduced. A large number of complaints from clients are due to misunderstandings caused by insufficient or incorrect information provided by the legal service provider
- (c) **Efficient management practices and reduced costs:** Having effective management systems leads to a reduction in administrative failures, preventing wasted costs and poor service to clients
- (d) **Effective deployment of resources:** Where effective staff supervision, training, assessment and support are provided, staff motivation and morale are improved, and each staff member is able to contribute to the running of the organisation to the best of their ability
- (e) **Increased client confidence:** Holding a recognised quality assurance standard demonstrates a commitment to the provision of quality services
- (f) **Funder confidence:** Funders, including us, currently require or may require in the future, certification to the Quality Mark to ensure that the services they fund meet minimum competence standards.

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**A: ACCESS TO SERVICE**

**SQM holders should be aware of the environment in which they operate and develop their services to meet the needs of their clients and their community. You should ensure that your service is known, accessible, welcoming and helpful to your clients.**

|                       |   |
|-----------------------|---|
| <b>Requirement A1</b> | <b>Business Planning</b>  |
| <b>Purpose</b>        | To ensure that members of the local/target community have access to legal services that have been developed taking into account the day-to-day legal problems that the community may encounter and the barriers that they may face in seeking legal help. |
| <b>Requirement A2</b> | <b>Service Promotion</b>  |
| <b>Purpose</b>        | To ensure that members of the community can access services by finding out what is available and how to make contact with the relevant organisations. Also to enable referrals between organisations, when necessary.                                     |
| <b>Requirement A3</b> | <b>Equality and Diversity</b>   |
| <b>Purpose</b>        | To ensure that in planning and delivering the service, organisations take account of diverse needs, do not unlawfully discriminate and make reasonable adjustments for disabled clients as appropriate.   |
| <b>Requirement A4</b> | <b>Safeguarding Policy</b>  |
| <b>Purpose</b>        | To ensure that in delivering the service organisations have a policy in place to safeguard children, young people and vulnerable adults.  |

**A1: Business Planning**

**Requirements:**

**A1.1 Your business plan**

**A1.1** A current business plan is available that sets out, in detail for the current year, and in outline for the following two years, the key objectives of the organisation.

**Definitions:****A1.1****Your business plan**

- The plan (which may be a number of related documents or a single plan) **must**:
  - be relevant to your own organisation's aims and objectives.
  - include details about how each item is going to be achieved.
  - have been developed having regard to the following information (to which you can demonstrate that you have access, see Guidance):
    - Description of the client group(s) to be served – i.e. the actual market you intend to target.
    - Details of services to be delivered – i.e. fields of law, levels and types of work undertaken, charging rates or policy and anticipated volume of cases/clients, as well as details for any additional or enhanced services planned (e.g. what is to be offered, to whom, on what basis, and from when).
    - Details of opening hours and access arrangements – i.e. how you deliver services and whether you offer facilities to aid access (e.g. hospital or home visits, and access arrangements for people with disabilities).
    - A summary of caseworkers' areas of expertise and professional/legal qualification – i.e. who covers which types of case and what their status is as a caseworker (see Annex A for suggested classifications).
    - A finance plan/budget – the monetary impact, in broad terms, of the planned service on income and expenditure (and any capital investment), i.e. an analysis that shows how you can afford to deliver the planned services (including steps to secure funding or to generate investment capital if necessary).
    - A SWOT analysis – covering assumptions you have made and taken into account when planning your services (e.g. IT provision, interest rates, other available services, eligibility levels or the impact of dispersal on asylum seekers needing advice in your area), and including reference to any available needs analysis and strategic plan or other needs assessment/community profile.
    - Details about how you intend to promote your service – for minimum requirements see A2.
    - Details of the internal procedures that are in place to ensure clear lines of communication. This **must** as a minimum include the following:
      - An internal communications plan
      - A regular cycle of team meetings.
      - For the plan to be “current” it **must** include all the changes required as a result of the most recent review (see A1.2), plus details of any issue likely to have a significant impact on delivery of the planned service.
      - A copy of the current plan, or a summary of its key aims and objectives, **must** be available to all members of staff, as appropriate (see Guidance).
      - *Note* that to demonstrate compliance with the requirement you will either need to provide the auditor with access to your plans (current and old) and any background information or provide other suitable evidence (see Guidance).



**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**A1.2****Reviewing your business plan**

- Specific projects, action proposals, finance and service targets **must** be reviewed (against actual performance) at least every six months, while background information about the organisation, external influences, opportunities for development and clients **must** be reviewed at least annually.
- Evidence of review **must** be available to the auditor and you **must** be able to demonstrate that action has been taken (or there is a timetable for pending action) wherever required changes to the plan have been identified.

**A2: Promoting Your Service****Requirements:****A2.1 Providing service information**

**A2.1** Details are made available to clients and members of the public about the type of work you do, and you take action to amend this and other information you distribute, where there is any change that has an impact on access and/or the services offered. Information is provided in a format that is accessible for someone with a disability where it is reasonable to do so.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance documents) and is not mandatory.*

**A2.1****Providing service information**

- You should consider promoting your services by providing your details to likely points of public contact (see Guidance), although also note that leafleting and cold calling are not encouraged.
- A change in the service you offer that has an “impact on access and/or the services offered” would include changes to opening hours or cessation of a certain service. In these circumstances you **must** be able to demonstrate that action has been taken to amend the relevant information at the earliest opportunity.
- You **must** provide us with relevant service information that we request from you about your service. *Note* that it is not a requirement for you to retrieve any information that has already been distributed, although it is good practice to do so wherever possible.

**A3: Equality and Diversity****Requirements:****A3.1 Non-discrimination in the provision of services**

**A3.1** A written non-discrimination policy is in place and available to all staff covering the provision of services to clients, which precludes discrimination on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

**A3.2 Targeting a specific client group**

**A3.2** Where organisational principles or charter provide for the service to be offered only to a specific client group, this is detailed in the business plan (A1.1) and reflected in your signposting and referral procedures (B1.2).



**Definitions:**

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*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**A3.1****Non-discrimination in the provision of services**

- “Provision of services” **must** cover both the planning of services and decisions about whether to accept instructions or offer advice. In respect of the latter, it **must** also outline the action to be taken if any breaches occur.
- Note that this policy is only one part of the equality and diversity requirements under the SQM. There are also requirements relating to equal opportunities for staff and the use of suppliers. You may address all of these requirements in a single document or equal opportunities model (see also D1.3 and F5.1).
- Note that you may adopt an existing model policy, but may need to include additional information or procedures in order to meet the SQM minimum requirements (see SQM Guidance).

**A3.2****Targeting a specific client group**

- Where your organisational principles or charter require you to offer services to a specific group, your procedure (at B1.2) **must** specify the arrangements for explaining your approach to all those who are not in the target client group(s) and for signposting and/or referring them to alternative providers.
- The arrangements you have for people who are not in your target client group **must** be understood by all members of staff who may need to signpost (or possibly refer) them, and be practised whenever the need arises.

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**A4: Safeguarding Policy**

**Requirements:**

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**A4.1 A Safeguarding Policy for Children, Young People and Vulnerable Adults**

**A4.1** A written safeguarding policy is in place and available to all staff setting out the procedures that are in place to keep children, young people and vulnerable adults safe and respond to any safeguarding concerns.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**A4.1 A Safeguarding Policy for Children, Young People, and Vulnerable Adults**

The written policy **must** include as a minimum:

- A named person to act as responsible officer to implement, monitor and review the effectiveness of the safeguarding policy
- Clear responsibilities and expectations for all staff and associates to support them in delivering services to children, young people or vulnerable adults
- Information on the safeguarding procedures that the organisation has in place for children, young people and vulnerable adults.
- Information on the steps taken to monitor and review the organisation’s safeguarding measures
- Safeguarding training for all front line staff that can be evidenced in a training record.

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**B: SEAMLESS SERVICE**

**Where an SQM holder cannot provide the particular service needed by the client, they must inform the client and direct them to an alternative legal service provider, where available.**

| <b>Requirement B1</b> | <b>Signposting and Referral</b>   |
|-----------------------|---|
| <b>Purpose</b>        | To ensure that individuals receive advice from an appropriate alternative legal service provider whenever your organisation cannot help them, whether before any legal advice has been given (i.e. signposting), or where it becomes clear you cannot help them further in a current matter where a client relationship has already been established (i.e. referral). |

**B1: Signposting and Referral**

**Requirements:**

**B1.1 Staff knowledge about when to use signposting and referral**

**B1.1** Members of staff know when to use signposting and referral.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**B1.1****Staff knowledge about when to use signposting and referral**

- Staff **must** be able to demonstrate how they identify when to signpost and when to refer. See notes below and Guidance for examples.
- *Note* that the need for signposting will usually arise when the individual first provides information about the type of legal problem they have and you realise they require a service that your organisation cannot provide. Often this will be when they make their first contact with you to seek help, though sometimes it may become apparent only after an initial diagnostic interview/appointment. *Note* also that although it is not a requirement for you to decide which alternative provider they should see or to offer assistance in making arrangements for them, you are likely to consider this appropriate in certain circumstances (see Guidance).
- *Note* that the requirement for referral arises only where you have an established client relationship in a current matter. Good referral practice means that you will usually identify the need for, and make, a referral before you reach the point where you cannot offer further help. *Note* also that in the case of referrals (unlike signposting) you are expected to make arrangements for the client to see someone from the new organisation and you will need to meet minimum requirements (see B1.2 below) about information provided to both the client and the new organisation.

**B1: Signposting and Referral**

**Requirements:**

**B1.2 A procedure for conducting signposting and referral**

**B1.2** A procedure and process(es) for conducting signposting and referral exist and are in effective operation.



**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**B1.2****A procedure for conducting signposting and referral****Signposting**

- For signposting - your procedure **must** confirm that, as a minimum, you will signpost any individual whom your organisation is unable to help. Signposting means that you **must** do at least *one* of the following:
  - For clients that appear to be eligible for legal aid, provide access to details of other legal service providers who hold a legal aid contract in the relevant area of law that you have obtained through the Find A Legal Advisor tool.
  - For clients that do not appear to qualify for legal aid, provide access to details of other potential sources of advice, including through the Law Society’s Find a Solicitor service, with preference given to providers who hold relevant accreditation such as Lexcel or SQM.
  - Provide a list of local (or specialist) legal service providers that you have produced by area of law, or provide your own recommendation (as long as, in both cases, preference is given to, or you clearly identifying legal services providers that hold relevant accreditation such as SQM or Lexcel).
  - Support them to access relevant information on gov.uk (for example the Check If You Can Get Legal Aid tool) and offer of assistance to guide them through it
- *Note* that it is good practice to provide direct assistance wherever possible.

**Referral**

- For referrals – your procedure **must** include, as a minimum, the practical steps to be taken to identify appropriate legal services providers, including giving first consideration to those with relevant accreditation such as the SQM or Lexcel.
- The process you adopt for referrals (usually documented in your procedure) **must** ensure that in *all* instances:
  - The client is told what role your organisation will take and what service(s) they should expect from the new legal services provider.
  - Any feedback that is later given (by the client) on the service provided by the new legal services provider is recorded and reviewed.
  - Information about advice or assistance already given (and any relevant documentation) is forwarded to the new legal services provider.
  - Any cost implications identified are discussed with the client and noted on file.

**B1: Signposting and Referral****Requirements:****B1.3 Maintaining and reviewing referral records and data**

**B1.3** Records of referrals are maintained (including records of all instances where no suitable legal services provider could be found), and reviewed at least annually.

**B1.4 Ensuring that supplier information is up to date**

**B1.4** Relevant staff can access the Find A Legal Advisor tool, and there is a process to ensure that details about alternative legal services providers are kept up to date.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**B1.3****Maintaining and reviewing referral records and data**

- You **must** have a process (usually documented in your procedure) to ensure that:
  - Records for all referrals identify, as a minimum, the client or case, who made the referral, the matter type, to whom the client was referred and the reason for the referral (e.g. related to the scope of the matter type, to case capacity or to the limits of the adviser’s competence).
  - Records are kept every time a suitable legal services provider could not be found when the need for a referral had been identified, and these records include the subject matter and what (if anything) was done to progress the client’s case further.

**B1.4****Ensuring that supplier information is up to date**

- Access to the Find A Legal Advisor tool **must** be available and **must** contain correct information about your organisation (or steps **must** have been taken to correct errors).
- Note: You can access the Find A Legal Advisor tool via gov.uk You **must** demonstrate that you have access to current details (i.e. telephone number(s), type(s) of service offered, opening times, charging information, languages offered and disabled access availability) for any alternative legal services provider used

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**C: RUNNING THE ORGANISATION**

**SQM holders must have structures and procedures that ensure effective management of the organisation and its resources.**

|                       |   |
|-----------------------|---|
| <b>Requirement C1</b> | <b>Staff and Management Structures and Independence</b>   |
| <b>Purpose</b>        | It is important that all members of staff know to whom they report and who reports to them, and can identify those with relevant key departmental and organisational responsibilities. In addition, it is fundamental that organisations are independent of any undue pressure, and that they abide by agreed practices for dealing with serious misdemeanours. |
| <b>Requirement C2</b> | <b>Financial Control</b>  |
| <b>Purpose</b>        | It is important that organisations produce key financial information and monitor this information regularly, in order to ensure that financial resources are properly and effectively managed.  |

**C1: Staff and Management Structures, Organisational Standards, Status Enquiries and Independence****Requirements:****C1.1 Your staff structure**

**C1.1** A document is available to all members of staff that identifies them, their current jobs and lines of responsibility.

**C1.2 Key roles and decision-making structure**

**C1.2** A document is available to all members of staff that identifies those with key roles and decision-making responsibilities.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**C1.1****Your staff structure**

- As a minimum, your document **must** show details for all individuals who work within the part of your service for which you are seeking or want to maintain the SQM, including all support staff.
- Details **must** include each person’s name and job title, and the document **must** demonstrate to whom they report (if anyone) and who (if anyone) reports to them.
- The document **must** be updated to reflect changes of staff or to job titles or responsibilities within three months of any such change.

**C1.2****Key roles and decision-making structure**

- The person’s name, title and main responsibilities **must** be given for all staff responsible for the management of the organisation for staff responsible for the management of a department and for the staff with overall responsibility for finance and quality.
- Names, titles and responsibilities **must** also be given for those with key responsibilities relevant to each department; these people **must** include, as a minimum, those with the authority to handle complaints, those with file review responsibilities, and the category supervisor(s).
- The document **must** be updated to reflect changes within three months of any relevant change.

**C1: Staff and Management Structures, and Independence**

**Requirements:**

**C1.3**

**Independence**

**C1.3** The organisation confirms and demonstrates provision of independent advice .



**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**C1.3****Independence**

- Work practices **must** demonstrate that you are able to provide services without being influenced by any pressure that might prevent you from acting in the clients' best interests.
- Organisations that qualify to be a member of, or regulated by, one of the relevant professional bodies (see guidance) **must** also be able to demonstrate compliance with the relevant body's requirements for independent advice.
- Where your organisation is not eligible to be a member of, or regulated by, one of the relevant professional bodies (see guidance), you **must** additionally confirm (in writing) your commitment to maintaining independence in delivering services and in allowing staff to advise clients objectively and without fear.
- Where a management committee runs your organisation you **must** also demonstrate its independence (see Guidance).
- *Note* that for organisations where the service is provided directly by a local authority or other public body, it is good practice to explain to the client the potential for a conflict of interest to arise (and to offer details of an alternative legal services provider) wherever a conflict is possible, and for the employment contracts of all individuals providing legal advice to include a clause confirming that there are no fetters on their discretion to advise on legal action against the local authority or public body concerned (see Guidance).

## C1: Staff and Management Structures, and Independence

### Requirements:

#### C1.4 Modern slavery legislation

**C1.4** The organisation has identified and is able to comply with any requirements under modern slavery legislation, including the publication of a modern slavery statement where required.

### Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

#### C1.4 Modern slavery legislation

- Organisations **must** at least once annually review whether they are required to take any steps under modern slavery legislation and document the outcome of that review.
- In particular, organisations **must** consider whether they are required to publish a modern slavery statement under section 54 (Transparency of Supply Chains) of the Modern Slavery Act 2015.

**C2: Financial Control****Requirements:****C2.1 Financial responsibilities**

**C2.1** One person (or persons, in the case of a management committee) is named as having overall responsibility for financial control, and any financial responsibilities that are delegated to other individuals are documented.

**C2.2 Financial processes**

**C2.2** There are financial processes (usually documented in a procedure) that cover the production and use of financial information, including, as a minimum:

- (a) An annual profit and loss/income and expenditure account and annual balance sheet.
- (b) An annual budget covering income and expenditure including any proposed capital expenditure.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**C2.1****Financial responsibilities**

- It is already a requirement (see C1.2) that the person(s) with overall responsibility for financial control in the organisation **must** be identified on your key/decision-making structure. Their role **must** also be identified in any other document(s) you keep which describe financial control, responsibilities or authorities (including the description of responsibilities and objectives that you are required to keep for all members of staff; see D1.2).
- All delegated financial responsibilities (e.g. individuals’ spending limits and signing authorities) **must** be documented, though the document need not be disclosed to the auditor where you can otherwise provide satisfactory evidence of compliance (see Guidance).
- Where covered by Part 3 of the Criminal Finances Act 2017, the organisation must have a policy setting out the procedures it has in place to prevent enabling of criminal tax evasion by associated persons in accordance with that legislation.

**C2.2****Financial processes**

- You **must** be able to provide the auditor with evidence that you produce the required minimum financial information (and any additional financial information that you say you produce). *Note* that the information itself need not be disclosed where you can otherwise provide satisfactory evidence of compliance (see Guidance).
- You **must** be able to provide the auditor with evidence as to how often financial information is produced and how it is used to assist in the financial management of the organisation (i.e. who reviews the figures, how often, and for what purpose). This may be documented in your procedure where you choose not to disclose the content of financial documents to the auditor (though see the note below).
- *Note* that you may be required to produce and use additional financial information (to that given as a minimum in the requirement) and to disclose the content of financial documents, as a condition of any public or charity funding that you receive.

## C2: Financial Control

### Requirements:

#### C2.3 Independent financial review

**C2.3** There is confirmation of independent financial reviews for each accounting period where required by applicable law (including the Companies Act 2006) and/or in accordance with any relevant professional body rules.

#### C2.4 Internal financial reviews

**C2.4** The organisation produces a quarterly variance analysis of income and expenditure against budget, and the overall financial position is reviewed, at least every six months, and a record of the review content outcome is kept.

#### C2.5 Anti-Money Laundering Policy

**C2.5** Where an organisation is covered by money-laundering regulations, the organisation must have a written policy demonstrating the processes it has in place to mitigate and manage money laundering and terrorist financing risks and comply with Anti-Money Laundering (AML) legislation.

### Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

#### C2.3 Independent financial review

- You **must** provide written confirmation from an independent accountant that the organisation’s accounts have been either certified or audited to their satisfaction where this is required by applicable law (including the Companies Act 2006) and/or in accordance with any relevant professional body rules. An accounting period **must** last no longer than 21 months and each one **must** begin immediately the previous one ends, and confirmation that accounts have been certified/audited to the accountant’s satisfaction **must** cover the last accounting period.

#### C2.4 Internal financial reviews

- Your internal financial reviews **must** comply with your own procedures (see C2.2), including, as a minimum, being able to demonstrate quarterly variance analysis of income and expenditure against budget. As for C2.2 the content need not be disclosed to the auditor where you can otherwise provide satisfactory evidence of compliance (see Guidance for C2.2).
- You **must** be able to provide the auditor with evidence to confirm that the review of overall finances has been carried out every six months (alongside the review of the business plan (as required in A1.2), usually evidenced by providing the documents reviewed or the minutes of a review meeting (see Guidance).

**C2. 5****Anti-Money-Laundering Policy**

- Where required under the SQM, the organisation's Anti-Money Laundering policy **must** include:
  - a. a documented risk assessment that identifies and assesses the risks of money laundering and terrorist financing to which the practice is subject
  - b. the appointment of a nominated officer to act as a Money Laundering Reporting Officer (MLRO)
  - c. a procedure for making disclosures within the practice and by the MLRO to the authorities
  - d. procedures for checking the identity of the practice's clients, and monitoring clients on an ongoing basis
  - e. a training plan for personnel
  - f. procedures for the appropriate maintenance of records
  - g. a system for responding rapidly to AML enquiries from the authorities.

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**D: PEOPLE MANAGEMENT**

**Holders of the Specialist Quality Mark must ensure that members of staff are treated fairly and that they possess or develop the skills and knowledge required to meet clients' needs.**

|                       |  |
|-----------------------|--|
| <b>Requirement D1</b> | <b>Roles, Responsibilities, Recruitment and Equal Opportunities for Staff</b>  |
| <b>Purpose</b>        | To ensure that everyone is clear about what their job entails, and so that their contribution to the service is recognised and their potential is realised, without discrimination.  |
| <b>Requirement D2</b> | <b>Induction, Appraisal and Training</b>   |
| <b>Purpose</b>        | If your service is to meet its potential, with clients given a quality service, attention must be given to staff development.  |
| <b>Requirement D3</b> | <b>Supervisors *</b>   |
| <b>Purpose</b>        | To ensure that supervisors are in place with the requisite skills and experience to act as mentors to the members of staff they supervise, and to underpin the delivery of quality legal work for the client. <i>Also see D4, for Operation of the supervisory role.</i> |
| <b>Requirement D4</b> | <b>Operation of the Supervisory Role</b>   |
| <b>Purpose</b>        | To ensure that casework members of staff are properly supported to deliver a quality service, and that their professional knowledge and skills are being developed continuously.   |
| <b>Requirement D5</b> | <b>Individual Competence</b>   |
| <b>Purpose</b>        | To ensure that casework staff undertake legal training and have professional qualifications or regular involvement with the law, to support the concept of at least baseline legal competence in all areas of work conducted.  |

\* *The aim of the requirements in D3 is to assure the competence of individuals to act as technical legal supervisors to caseworkers. For this reason, the individual described at D3 ("supervisor") is required to manage only those functions outlined in D4 (Operation of the supervisory role) and E2 (File review). They are also likely to manage or contribute to other staff functions (e.g. appraisals, inductions and recruitment) but this is not a requirement.*





**D1: Roles, Responsibilities, Recruitment and Equal Opportunities for Staff****Requirements:****D1.1 Job description and person specification**

**D1.1** A current job description is available for every member of staff, and a job description and person specification is available for every post to be recruited.

**D1.2 Key responsibilities and objectives**

**D1.2** All staff know their current responsibilities and objectives, and these are documented.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

*For clarification, in D1 the term “staff” refers to all casework staff as well as all support staff, partners and managers.*

**D1.1 Job descriptions, person specifications, key responsibilities and objectives****D1.2**

- Documents **must** be available for all staff (including partners/managers and support staff) who are directly involved in that part of your service for which you are seeking or wish to maintain the SQM.
- Documents **must** be sufficiently detailed and accurate to ensure that:
  - Staff are clear about what is expected of them in their roles.
  - Documents can be used for appraisal purposes (see D2.2).
  - Documents can be used as a basis for reviewing training and development needs (see D2.3).
  - Documents identify the skills, knowledge, experience and attributes required for each post, and outline the job purpose and lines of accountability.
- *Note that records covering key responsibilities and objectives may be kept on individuals’ personal files (i.e. not necessarily in a central file), and that they may exist as part of other documents (e.g. appraisal records, or conditions of service for outdoor clerks).*

**D1: Roles, Responsibilities, Recruitment and Equal Opportunities for Staff****Requirements:****D1.3 Non-discrimination as an employer**

**D1.3** You **must** have a written Equality and Diversity Policy that is in effective operation. This policy **must** be available to all staff and **must** as a minimum meet the requirements of the Equalities and Diversity standards as shown. The standard is tailored to the size of the organisation.

There **must** be a named person with responsibility for implementing Equality and Diversity in the policy and in any document showing lines of responsibilities and key decision makers.

**It must** also outline the action to be taken if any breaches occur.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears. Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**D1.3****Non-discrimination as an employer****LEVEL 1 (Fewer than 5 employees)**

An organisation with fewer than 5 employees, are required provide a written document that demonstrates its commitment to complying with equality legislation. In addition, you will be required to provide written assurance that the appropriate level of the Equality and Diversity Standard will be achieved following any recruitment that will increase the organisation to 5 or more employees.

**LEVEL 2 (5 to 49 Employees)**

All organisations with between 5 and 49 employees must have a written policy that achieves criteria 1-4 listed below

1. All organisations must provide an equal opportunities policy in respect of race, sex, gender reassignment, disability, sexual orientation, pregnancy and maternity, marriage and civil partnership, age, religion/belief that covers at least:
  - a. Recruitment, selection, training, promotion, discipline and dismissal
  - b. Discrimination, harassment and victimisation making it clear that these are disciplinary offences within the organisation and instituting a clear complaints procedure
  - c. Identifying and implementing reasonable adjustments for staff
  - d. Identification of senior position with responsibility for the policy and its effective implementation
  - e. How this policy is communicated to your staff
2. Effective implementation of the policy in the organisation’s recruitment practices, to include open recruitment methods such as the use of job centres, careers services and press advertisements
3. Regular reviews of the policy (at least every three years)
4. Regular monitoring of the number of job applicants from different gender, disability and ethnic groups (at least annually)

**LEVEL 3 (50 or more Employees)**

All organisations with 50 or more employees must have a policy that achieves criteria 1 - 4 in Level 2 and the additional criteria 5 –9 listed below

5. Provide written instructions to managers and supervisors on equality in recruitment selections, training promotion, discipline and dismissal of staff.
6. All managers and any staff responsible for recruitment and selection have undergone equality training.

*Continued over*

7. In addition to criteria 4 (level 2) carry out monitoring, annually, on the number of employees from different gender, disability, age and ethnic groups by grade when:
  - a. In post
  - b. Applying for posts
  - c. Taking up training and development opportunities
  - d. Promoted
  - e. Transferred
  - f. Disciplined and dismissed
  - g. Leaving employment
8. There is a process in place to review monitoring data which includes details on how to deal with circumstances where under representation of the groups listed above is identified (e.g. taking positive action, identifying specific training etc)
9. Regular reporting and consultation on equality issues with the workforce.

#### **LEVEL 4 (250 or more Employees)**

All organisations with 250 or more employees must have a standard that achieves criteria 1-9 and

10. Check that criteria 1- 9 are being used effectively
11. Where the review of monitoring data (set out in criteria 8 above) identifies under representation, you should:
  - Seek professional advice on the employment issues identified.
  - Take appropriate action. This may include identifying specific training needs or taking positive action to increase employee diversity where under representation is identified.

#### **Notes**

Employees in relation to the equality and diversity standard refers to staff employed in the services of the organisation covered by the Specialist Quality Mark.

Guidance on an equality and diversity policy is available on our website.

A definition of positive action is available on the Equalities and Human Rights Commission (EHRC) website:

<https://www.equalityhumanrights.com/en/advice-and-guidance/positive-action>

This policy is only part of the Equalities and Diversities framework required by the Specialist Quality Mark; a single document may cover all areas (see also section A3.1, and F5.1).

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**D1: Roles, Responsibilities, Recruitment and Equal Opportunities for Staff**

**Requirements:**

**D1.4 Operating an open recruitment process**

**D1.4** An open recruitment process is in operation.



**Definitions:**

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*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**D1.4****Operating an open recruitment process**

- For your recruitment process to be considered “open”, you **must** be able to demonstrate that for each available permanent vacancy, the job is offered to the most suitable individual, on the basis of an objective and consistent assessment against requirements that you set relating to the role’s key tasks and responsibilities as well as any relevant personal attributes that you seek.
- All short-listed candidates (as a minimum) **must** be able to obtain feedback from assessment (if they request it), with assessment records being kept for all applicants and candidates (whether shortlisted or not) for at least 12 months.

**D2: Induction, Appraisal and Training****Requirements:****D2.1 Induction**

**D2.1** An induction process exists for people who join the organisation.

**D2.2 Performance review and feedback**

**D2.2** Performance appraisal of all members of staff takes place and is undertaken at least annually.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**D2.1****Induction**

- Induction **must** begin within two months of joining (unless justifiable reasons have been recorded), and the process **must** cover *all* of the areas listed below:
  - The organisation’s aims.
  - The management/staff structure and where the new post fits into it.
  - The recruit’s role and the work of their department or team.
  - The organisation’s policies on equality and diversity, quality, customer care and complaints.
  - The office procedures manual and/or other work instructions/processes relevant to the post.
  - Terms and conditions of employment, and welfare and safety matters.
- Records confirming induction (content and date(s)) for each individual **must** be kept (see guidance).
- *Note* that these records may be kept on individuals’ personal files (i.e. not necessarily in a central file).

**D2.2****Performance review and feedback**

- Annual appraisals **must** be conducted for all members of staff (including partners, managers and external supervisors) other than with the auditor’s agreement (see guidance).
- Appraisal records **must** detail existing and future objectives and be signed by both parties.
- *Note* that these records may be kept on individuals’ personal files (i.e. not necessarily in a central file).

**D2: Induction, Appraisal and Training**

**Requirements:**

**D2.3 Individual training and development plans**

**D2.3** Individual training and development plans are produced, and are reviewed at least annually, and the review is recorded.

**D2.4 Training records**

**D2.4** All training is recorded.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**D2.3****Individual training and development plans**

- Plans **must** include any training needs and/or development opportunities identified:
  - During appraisals, file reviews and supervisory sessions.
  - From business or service reviews (see A1.2).
  - As a result of recognising that a required skill is not available in the organisation.
- The plans **must** outline what is to be achieved (i.e. aim), how it is to be achieved (i.e. method), and over what timescale.
- Assessment of training needs and development opportunities **must** cover organisational, managerial and/or legal competence, as necessary.
- *Note* that training and development plans and records of review may be kept on individuals' personal files (i.e. not necessarily in a central file). *Note* also that the relevant information may be retained as part of documents kept on appraisal.

**D2.4****Training records**

- Training records **must** include the dates of external and in-house training courses attended (or given), the course titles, the names of course providers, and the hours undertaken **must** also be recorded.
- Where additional or alternative criteria apply (for courses or for non-course training respectively) details **must** be documented in order to qualify towards meeting the supervisor training requirements (see D3.4) or caseworker training requirements (see D5.1).
- *Note* that training records may be kept on individuals' personal files (i.e. not necessarily in a central file).

**D3: Supervisors**

**Requirements:**

**D3.1 Named category supervisor**

**D3.1** A named supervisor is available to supervise caseworkers in each specialist category of law your organisation offers.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**D3.1****Named category supervisors**

- Where more than one supervisor covers work in a category of law, documentation **must** show which individuals each supervises, and outline any specific responsibilities.
- The LAA **must** be sent details (in writing and within 28 calendar days) whenever a supervisor leaves or is changed, including the name and date of leaving of the outgoing supervisor and the name of the new person, their date of appointment and how they qualify as a supervisor, or outlining satisfactory arrangements to recruit and steps taken to control quality of work in the interim.

**External supervisors (from other organisations)**

- External supervisors may be authorised at the auditor’s discretion. In order to be considered, the individual **must** meet D3.2 and D3.3 in full, their role **must** be formalised by a contract, and supervisory arrangements **must** be documented in detail. They **must** be included in the staff plan and key roles structure (see C1.1 and C1.2) and their performance **must** be appraised (see D2.2). The auditor will also have regard for the experience of staff being supervised, and (save for mediation) will expect each typically to receive two hours’ supervision per week, some or all of which is on a one-to-one basis. *Note* also that in accordance with requirement D3.5 external supervisors can supervise only a limited number of caseworkers (i.e. three). Finally, external supervisors **must** be able to demonstrate that the arrangement will not be detrimental to supervisory duties they carry out for any other organisation. See Guidance for further details.

**Accessibility**

- The supervisor **must** be present in the office for sufficient time to demonstrate effective supervision (see D4.2), and **must** be able to demonstrate control over the quality of work for the rest of the time (e.g. by scheduling specific supervisory sessions, by delegating correspondence checking to a deputy, or by being accessible by telephone, e-mail or video call).

**Deputy supervisors**

- A deputy supervisor (who may not meet all of the requirements at D3.2) can be named and can carry out functions usually performed by the supervisor, under their supervision (i.e. the supervisor **must** demonstrate that they maintain overall responsibility). Deputy supervisors **must** be denoted as such on the key roles structure (at C1.2) and they **must** have a training and development plan (D2.3) that is specifically designed to provide the skills and experience necessary for them to be able to meet all of the supervisor requirements in the future (e.g. by setting a date by which they will apply for panel membership or complete an NVQ in supervisory skills. A deputy may also act as a temporary supervisor in the supervisor’s absence, and in such instances you need not justify the nomination nor carry out an appraisal after ten days.

**Temporary supervisors**

- A temporary supervisor (who may not meet all of the requirements at D3.2) can be nominated to cover periods of absence or sickness, but you **must** be able to explain the grounds on which that person was nominated, and a performance appraisal **must** be carried out (within 28 calendar days) should the period of cover extend beyond ten consecutive working days. *Note* that delegation to a temporary supervisor **must** not extend beyond six weeks continuously, without the authority of the LAA.
- Under the remit of temporary supervisors an external supervisor (i.e. from another organisation) may be authorised at the LAA's discretion. In order to be considered, the individual **must** meet D3.2 and D3.3 in full, their role **must** be formalised by a contract, and supervisory arrangements **must** be documented in detail. They **must** be included in the staff plan and key roles structure (see C1.1 and C1.2) and their performance **must** be appraised (see D2.2). The auditor will also have regard for the experience of staff being supervised, and (save for mediation) will expect each typically to receive two hours' supervision per week, some or all of which is on a one-to-one basis. *Note* also that in accordance with requirement D3.5 external supervisors can supervise only a limited number of caseworkers (i.e. three). Finally, external supervisors **must** be able to demonstrate that the arrangement will not be detrimental to supervisory duties they carry out for any other organisation. See Guidance for further details.



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**D3: Supervisors****Requirements:****D3.2 Supervisory skills and Competence**

**D3.2** Each supervisor must have appropriate experience of the category supervised

Each supervisor (including sole practitioners) meets *one* of the following supervisory skills standards:

(a) Assessed as working at Level 3 or higher NVQ in supervising (or any replacement from time-to-time).

*Or*

(b) Training covering key supervisory skills (see Guidance) completed in the 12 months immediately preceding the SQM application.

*Or*

(c) Able to demonstrate experience as an effective supervisor of at least one full-time member of staff (or equivalent) for at least one year in the last five years.

**Definitions:**

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*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**D3.2****Supervisory skills and competence**

- Supervisors will be required to provide evidence of appropriate experience and training to supervise in their chosen category
- *Note* that supervisors may select which of the three routes (D3.3 (a) (b) or (c) is most suitable for them

**D3: Supervisors****Requirements:****D3.3****Supervisors' legal training**

**D3.3** Training records show that supervisors maintain and extend technical legal knowledge to a minimum level of six hours (or equivalent) per year, and that this part of their training relates directly (or can be applied directly) to the area of law being supervised.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**D3.3****Supervisors’ legal training**

- Supervisors (including non-solicitor supervisors) **must** demonstrate that they have spent a minimum total of six hours or equivalent per year on *one or more* of the following:
  - Attending training courses .This included non-interactive training (e.g. video) but this cannot exceed four of the six hours required (and qualifies only where consideration of the issues is additional and documented).
  - Delivering training courses (externally or in-house), but only where supported by course material, and only for a maximum of three of the six hours required.
  - Discussions of technical legal issues within regional or national practitioner associations, but only where supported by evidence of what was discussed and when (e.g. dated handouts or notes of cases/issues discussed).
  - Publications by the supervisor, but only where written for other practitioners, promoting best practice (i.e. not comment or editorial), and published in an externally edited publication form, and then only to a maximum of four of the six hours required (with the hours equivalent agreed with the auditor).
- Details of qualifying training, including (as applicable) type, title, provider, , date, duration and any other condition required to justify it as qualifying training, **must** be documented and stored on supervisors’ personal files or on central files.
- *Note* that where a supervisor has been absent for a period in excess of three months (e.g. owing to sickness or maternity leave), requirement D3.4 is suspended for that period of time (though maintenance of legal knowledge **must** be demonstrated on return).

**D3: Supervisors**

**Requirements:**

**D3.4 Conditions for supervision**

**D3.4** There are arrangements (relating to time spent supervising and numbers supervised) to ensure that each supervisor is able to conduct their role effectively.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**D3.4****Conditions for supervision**

- You **must** be able to demonstrate that time is designated for supervision and you **must** be able to justify the number of caseworkers supervised by each supervisor.
- Where an external supervisor is in place (see D3.1), they **must not** supervise more than three caseworkers, and where the caseworkers being supervised individually or collectively have case involvement at the level specified for the relevant category in Annex A (i.e. usually 350 hours per year), there **must** be a plan for one of the three to meet the supervisor standards (at D3.2 and D3.3) within three years. Exceptions will only be made where the arrangement is a short-term measure to cover extended leave or unexpected departure of a qualified supervisor (where a permanent replacement **must** be found (or trained) within 12 months).

**D4: Operation of the Supervisory Role****Requirements:****D4.1 Case allocation**

**D4.1** Processes to ensure that staff are allocated cases according to the role they are required to fulfil and on the basis of their skills, competence and capacity.

**D4.2 Systems of supervision**

**D4.2** Effective systems of supervision exist that are tailored to the skills and competence of individual members of staff.



**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

*For clarification, in D4, the term “staff” applies to all caseworkers (including any non-designated crime fee-earners used by organisations undertaking criminal legal aid) and to all supervisors, including any who are also partners/managers working in that part of your service for which you are seeking or want to maintain the SQM .*

**D4.1****Case allocation**

- Supervisors **must** be able to demonstrate that staff are allocated only work that is appropriate for their role (see individual job profiles at D1.1), and that it falls within their limits, in terms of skills, experience and available time.
- It is not a requirement that supervisors allocate work on a day-to-day basis, but where they do not, you **must** be able to demonstrate how work is allocated so that it incorporates the supervisor’s assessments/reviews.

**D4.2****Systems of supervision**

- Arrangements for supervision **must** be tailored to each member of staff according to their knowledge, skills and experience.
- Supervisors **must** be able to demonstrate control over the quality of work produced by the staff they supervise, and **must** demonstrate how they ensure that staff skills and knowledge are being developed continuously through supervision.
- When supervising a probationary police station representative, the supervisor **must** document the relevant dates for the representative and how supervision will operate. The relevant dates are the date of registration, 6-month deadline, 12-month deadline, pass dates and the dates of any suspension, voluntary or otherwise where applicable. The dates at which a further test needs to be passed at 6 months and all tests within 12 months must be documented within 7 days of the representative’s inclusion on the register.
- Note that there is provision for deputy supervisors (see definition at D3.1) to conduct some case supervision. Where this happens, the auditor may require evidence that delegation has been properly managed and that the permanent supervisor has continued to retain overall responsibility at all times.

**D4: Operation of the Supervisory Role****Requirements:****D4.3 Limits of individual competence and referral**

**D4.3** All members of staff know their own limits and are aware of the need to inform their supervisor if a case is beyond them.

**D4.4 Access to reference materials**

**D4.4** There is ready access to current relevant legal reference materials.

**D4.5 Updating legal information to staff**

**D4.5** A process exists for giving timely information to staff about changes in law, practice and procedure that are pertinent to the service they deliver.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note” it contains information to help you (see also the separate Guidance document) and is mandatory.*

*For clarification, in D4, the term “staff” applies to all caseworkers (including any non-designated crime fee-earners used by organisations undertaking criminal legal aid ) and to all supervisors, including any who are also partners/managers working in that part of your service for which you are seeking or want to maintain the SQM.*

**D4.3****Limits of individual competence and referral**

- Staff **must** be able to demonstrate referral of cases to their supervisor (or elsewhere, including externally, if they are the supervisor), or explain the point at which they would refer a case that had reached the limit of their competence. .
- Exceptions **must** be made on a case-by-case basis, only where referral is not possible due to the specific circumstances of the client (e.g. their mental state), the urgency of the case, or the lack of availability of a specialist to whom to refer.
- Where exceptional circumstances apply, the decision **must** be made with the approval of the supervisor, and a written record of the circumstances, justifying the decision and giving the steps taken to overcome the lack of competence, **must** be provided on the file.
- In the case of judicial reviews and appeals to the Court of Appeal and beyond, you **must** be able to justify taking the case on the basis of your own, or your supervisor’s, personal competence or exceptional circumstances (if asked to). Otherwise, all such cases **must** be referred elsewhere. See Guidance.
- Note that you may be required to justify taking certain other cases (i.e. other than judicial reviews and appeals to the Court of Appeal and beyond) where there is evidence to suggest that competence may be an issue (e.g. as the result of poor case outcomes). See Guidance.

**D4.4****Access to reference materials**

- Current legal reference **must** be available.
- You **must** be able to demonstrate how materials are kept up to date and made available to staff.

**D4.5****Updating legal information to staff**

- Supervisors **must** demonstrate how they become aware of relevant changes in legislation, practice and procedure, and then how they make sure that the knowledge of the staff they supervise is also kept up to date.

**D5: Individual Competence****Requirements:**

**D5.1****Training requirements for casework staff**

**D5.1** Training records show that, in each 12-month period, every casework member of staff receives a minimum of six hours' training, of which 50% (or 100% for crime caseworkers) relates directly to the relevant category of law.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

*Organisations undertaking criminal legal aid should note that D5.1 applies as a mandatory requirement only to designated caseworkers and all police station representatives, designated and non-designated. You can include non-designated members of staff who carry out casework (identifying them as such) if you wish. D5.1 does not cover supervisors (see instead D3.4 for supervisors’ training requirements).*

**D5.1****Training requirements for caseworkers**

- To qualify towards the training hours required, courses **must** meet the following requirements:
  - Sessions last at least 30 minutes.
  - Where a session lasts longer than 30 minutes, a record of the title and purpose **must** be made.
  - Supporting course material is available for all courses lasting longer than one hour.
- Non-interactive training (e.g. correspondence courses or training by video) **must** include a documented discussion with the supervisor (and ideally with other caseworkers) of the issues raised (or review of exercises completed).
- *Note that where an individual has been absent for a period in excess of three months (e.g. owing to sickness or maternity leave), requirement D5.1 is suspended for the period of absence.*

**D5: Individual Competence**

**Requirements:**

**D5.2 Legal qualification or minimum hours**

**D5.2** All caseworkers have a professional legal qualification or conduct a minimum of 12 hours' casework per week (or equivalent).

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**D5.2****Legal qualification or minimum hours**

- *Note* that caseworkers falling into one of the individual categories from 1-16, listed in Annex A, qualify as having a ‘professional legal qualification’.
- *Note* where there are panels or accreditation schemes in a category of law e.g. Law Society panel or Immigration & Asylum Accreditation Scheme, caseworkers are encouraged to become members of these schemes, as they provide clear evidence of the competence of the individual. Membership of the Immigration & Asylum Accreditation Scheme is compulsory for work funded by our Contracts.
- *Note* that there is no need to document anything further as long as it is clear from existing records that each caseworker either falls within one of the individual categories from 1-15, in Annex A, or that for non-immigration/asylum caseworkers that they conduct at least 12 hours’ (or equivalent) casework per week (e.g. from your staff summary at A1.1, an employment contract or an individual’s training record). The documentation required for immigration/asylum caseworkers (category 16) is specified below.
- Qualified solicitors or barristers working as caseworkers, but no longer holding themselves out as solicitors or barristers, can be treated as having a professional legal qualification for a maximum of five years after they last practised. Following this they **must** demonstrate individual competence by conducting a minimum of 12 hours’ casework per week (or equivalent) instead.
- *Note* that for the purpose of meeting the minimum number of hours, ‘casework’ can include any case involvement as defined in the relevant supervisor standard Form (at <https://www.gov.uk/topic/legal-aid-for-providers/contracts>), as well as time being trained or supervised, but not time spent in ordinary (non-legal) team meetings.
- All qualifying casework **must** be subject to supervision that meets the requirements at D4.
- Where professional legal qualification is only by virtue of panel membership or other periodically assessed accreditation (including for duty solicitors and police station representatives) the individual **must** be able to demonstrate that they continue to meet the relevant requirement in the intervening period if asked to do so.

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## E: RUNNING THE SERVICE

Organisations must have processes and procedures that ensure an effective and efficient service to their clients.

|                       |   |
|-----------------------|---|
| <b>Requirement E1</b> | <b>File Management</b>  |
| <b>Purpose</b>        | To ensure that cases are properly managed and controlled, both overall (from an organisation perspective) and individually (so that they are acted upon appropriately and punctually).  |
| <b>Requirement E2</b> | <b>File Review</b>  |
| <b>Purpose</b>        | An independent review of casework enables organisations to monitor the quality of the advice and service being provided, as well as allowing early intervention where concerns are raised, and enabling training and development needs to be quickly identified and acted upon. |

## **E1: File Management**

### **Requirements:**

| <b>E1.1</b> | <b>File lists</b> |
|-------------|-------------------|
|-------------|-------------------|

|             |  |
|-------------|--|
| <b>E1.1</b> | A file management system is in place, producing detailed lists of open and closed cases. |
|-------------|--|

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**E1.1**

**File lists**

- A list of all files for work conducted within any part of your service for which you are seeking or want to maintain the Specialist Quality Mark **must** be made available to the auditor before each audit, and on request. As a minimum, the list(s) **must** identify the file reference (e.g. the UFN for criminal cases), caseworker, date opened and, where applicable, date closed. All open files (including any that pre-date the Specialist Quality Mark application) and, as a minimum, all files closed in the last 12 months **must** be included.
- Your file list **must** include details for all such cases in which consent to disclose information was given, plus an overall figure for the number of files in which consent was not given (if any).
- You **must** be able to produce to the auditor, on request, any file listed (see E1.2(b) below, regarding access to files).

## E1: File Management

### Requirements:

#### E1.2 File Management procedure(s)

**E1.2** Documented procedures are effective in:

- (a) Identifying potential conflicts of interest.
- (b) Locating files and tracing documents, correspondence and other items relating to any matter that is open or has been closed for less than six years.
- (c) Maintaining a backup record of key dates.
- (d) Recording solicitor undertakings (their authorisation and monitoring, including discharge) given on behalf of the organisation.
- (e) Monitoring files for inactivity at pre-determined intervals.
- (f) Identifying relevant matters (when acting for a client in a number of matters), and linking files (where more than one file is relevant to the client's case).
- (g) Ensuring technical and organisational measures in place to protect information in compliance with relevant data protection legislation (see F6.1 below)

#### E1.3 Case files are logical and orderly

**E1.3** Case files are presented in an orderly and logical manner, and key information is readily apparent to someone other than the person who normally has conduct of the case.

## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

### E1.2

#### File management procedures

##### Conflict of interest

- Your procedure **must** identify the process you follow, and **must** contain details about how to deal with specific circumstances that are likely to occur (see Guidance). You **must** also have evidence confirming the date(s) on which the conflict of interest check(s) was completed.

##### Locating files and tracing contents

- Your procedure **must** allow you to access files (at least those containing correspondence) from your on-site filing system, or from archive for files closed up to six years ago.

##### Backup recording of key dates

- You **must** document your definition of “key dates”, which, as a minimum, **must** include litigation limitation dates and court/tribunal hearing dates. Your procedure(s) **must** outline the backup system caseworkers use to ensure that they are alerted (other than by their own diaries) to the relevant key dates, as well as identifying who is responsible for recording and monitoring key dates records, and how often this is done.

##### Recording, authorising and monitoring solicitor undertakings

- Solicitor organisations **must** either have a procedure or procedures identifying who is authorised to give which type(s) of undertaking, how they are to be recorded, and how they will be monitored or, alternatively, all caseworkers **must** be aware that no undertakings are to be given.

##### Monitoring files for inactivity

- Your procedure(s) **must** outline the process and identify how frequently reviews will take place. You **must** justify any file-monitoring interval longer than three months.

##### Identifying relevant matters and linking files

- Your procedure **must** define “relevant matters”, and outline how they are to be identified on files, as well as outlining the process by which all files concerning the same matters are linked.

##### Ensuring technical and organisational measures protect information

- Practical measures **must** protect information in compliance with relevant data protection legislation.

### E1.3

#### Case files are logical and orderly

- As a minimum, key dates, undertakings and any funding limitations **must** be shown together in a prominent place on the file (i.e. on the outside or on the flysheet/inside cover of a paper file, or in a summary section of an electronic file), and the case status or latest action **must** be evident from the file. Documents **must** be stored securely and correspondence **must** be filed in chronological order.



## E2: File Review

### Requirements:

#### E2.1

#### File review processes and procedures

**E2.1** For each casework member of staff:

- (a) The number of cases to be reviewed in each category of work, and the frequency, and method of review (unless all reviews are file content only) has been documented and can be demonstrated to have been determined according to their experience, expertise and quality of work (subject to any minimum requirements specified in Annex A and any LAA Contract (where relevant)).
- (b) The sample of work reviewed can be demonstrated to be representative of their overall caseload.
- (c) Review findings are communicated in accordance with a (written) procedure.
- (d) Corrective action is completed within a reasonable timescale and to the satisfaction of the reviewer in accordance with a (written) procedure.

## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

### E2.1

#### File review processes and procedures

##### (a) Numbers, frequency and method

- You **must** document the number of files to be reviewed and the frequency, and (where other than file content only, e.g. face to face) the method(s) of review, for each casework member of staff (to whom cases have been allocated) and you **must** be able to justify these to the auditor on the basis of their experience, expertise and on any findings that have implications for the quality of their work (e.g. previous file reviews). *Note* that norms are suggested in the Guidance document to assist you in developing your file review process. *Note* also that while review frequency must be justified (as above), it will not ordinarily be possible to justify file reviews that are less frequent than every three months.
- For organisations undertaking criminal legal aid, arrangements for all designated members of staff **must** comply with the definition above, subject to any additional requirements specified in the LAA’s Crime Contract (i.e. the number of files reviewed cannot fall below two files per person (or one file for qualified supervisors) per month, frequency of review cannot be longer than every quarter (though note that for many crime cases, frequency less than every month will be difficult to justify) and in any quarter 50% of required reviews are to be carried out by face-to-face method). *Note* that the requirements in LAA’s Standard Crime Contract do not apply (other than voluntarily) for staff not undertaking criminal legal aid work.

##### (b) Representative samples

- You **must** be able to demonstrate that the files selected for review reflect the range of work conducted by each individual over the period of a year. You are likely to have a process to ensure that this happens and may want to document category or case classifications to be covered (see Annex A), alongside the numbers of files to be reviewed and the method to be used (see E2.1(a)), where the individual covers a wide range of work (although it is not a requirement to do so).

##### (c) Communicating review findings

- Your procedure **must** outline how the individual is to become aware that a file has been reviewed, how the review findings (including any corrective action identified) will be communicated, and within what timescales. You may want to have different processes and/or timescales for reviews in which corrective action is identified, as opposed to those where it is not.

##### (d) Reviewing corrective action

- Your procedure **must** set out the process you use to ensure that corrective action has been completed to the satisfaction of the reviewer, and within the timescale agreed (and that the timescale for completion and for review of corrective action can be justified to the auditor in terms of the significance of error, the risk posed to you, the client or a funder, and the urgency required).



## E2: File Review

### Requirements:

#### E2.2 Process management

**E2.2** The review process is managed by the category supervisor.

#### E2.3 File reviewers

**E2.3** All reviews are carried out by a suitably qualified individual.

#### E2.4 Review (and any corrective action) is evident on file

**E2.4** Conduct of a file review (and details of any corrective action to be taken) is evident from the case file.

## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

### E2.2

#### Process management

- The category supervisor **must** be able to demonstrate that file review processes and procedures are followed, and that they are aware of the status of reviews and all findings, including any reviews not carried out by them personally and findings from periodic monitoring (see E2.6).

### E2.3

#### File reviewers

- All reviews (other than for supervisors, of their own work – see Guidance) **must** be carried out by one of the category supervisors, or the category supervisor, other than where one of the following applies:
  - Reviews by a temporary supervisor (see D3.1) may occur for short holiday periods and in exceptional circumstances (where the conditions for temporary supervisors will apply).
  - Reviews have been delegated to deputy supervisors (see D3.1) with the prior authority of the auditor, unless the individual also meets D3.2 in full (i.e. the legal competence requirements for supervisors) in which case prior authority is not required.
  - Procedural checks (only) have been delegated to other members of staff.
  - Reviews (of police station work only) have been delegated to a FCILEX supervisor (see Guidance).

### E2.4

#### Review (and any corrective action) is evident on file

- Files that have been reviewed **must** contain a note which, as a minimum, confirms the date of review and the identification of the reviewer. Where corrective action was identified the note **must** also include details of the action to be taken and the timescale within which it must be completed. *Note* that it may also be appropriate to identify the person whose work is being reviewed where more than one person has conducted work on the file.

## E2: File Review

### Requirements:

#### E2.5

#### Review records

**E2.5** A comprehensive record of findings is produced for each file review.

#### E2.6

#### Monitoring File Review

**E2.6** Records of file reviews are monitored at least annually, with action taken to improve performance where negative trends are identified.

## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

### E2.5

#### Review records

- Records **must** be kept together (centrally and/or on the individual’s personal files) and **must** provide all the following detail for each review (see Guidance for detailed suggestions):
  - Key file review information, including:
    - File reference.
    - Date of review.
    - Quality Mark category (or case classification).
    - Caseworker and reviewer identification.
    - Method (where it may be other than file content only, e.g. face-to-face).
  - A note which confirms that each of the following has been checked and found satisfactory, or details of any adverse findings in respect of:
    - Quality of legal advice given.
    - Action proposed or taken.
    - Adherence to the organisations procedures.
  - Evidence about corrective action (i.e. was it required or was a training need identified, and, in either case, a summary of the problem or scope for improvement, the action proposed and subsequent confirmation of completion).

### E2.6

#### Monitoring file review

- As a minimum you **must** show that all records are reviewed at least once a year to identify recurring or emerging trends in performance. *Note* that this can be the performance of individuals, of departments of the organisation, or any combination, at your discretion (see Guidance).

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## F: MEETING CLIENTS' NEEDS

**Clients of an organisation with the SQM are entitled to receive advice, information and other services that are relevant to their needs.**

|                       |   |
|-----------------------|---|
| <b>Requirement F1</b> | <b>Individual Cases – At the Outset</b>   |
| <b>Purpose</b>        | To make sure that clients are provided with information about the service they will receive (and what to do if they are not satisfied with that service), and to confirm, where appropriate, the basis on which you propose to proceed with their case, including initial costs advice.   |
| <b>Requirement F2</b> | <b>Individual Cases – Progress of the Case</b>  |
| <b>Purpose</b>        | To make sure that, throughout the case, clients are aware of what action is being undertaken on their behalf, and so that they are informed of progress, costs (including costs to date, the overall costs estimate and any potential liability), and of any significant changes to other information confirmed at the outset of the case (at F1) or since. |
| <b>Requirement F3</b> | <b>Individual Cases – At the End of the Case</b>  |
| <b>Purpose</b>        | To make sure that the client has confirmation, at the conclusion of the case, about what happened, what further action may be taken or may be necessary, and to account for any outstanding money or original documents.  |
| <b>Requirement F4</b> | <b>Client Confidentiality</b>   |
| <b>Purpose</b>        | To ensure the confidence of clients, it is essential that services be provided in a private and confidential manner.  |
| <b>Requirement F5</b> | <b>Use of Approved Legal service provider</b>   |
| <b>Purpose</b>        | To ensure that quality is maintained where any part of the service is to be delivered by another legal service provider (e.g. by counsel or by an expert).  |

| <b>Requirement F6</b> | <b>Information Handling</b>  |
|-----------------------|--|
| <b>Purpose</b>        | To ensure that client data is kept secure at all times and to protect the personal data from unauthorised or unlawful processing, accidental loss, destruction or damage and to maintain the confidentiality, integrity and availability of information. |

## F1: Individual Cases – At the Outset

### Requirements:

#### F1.1 Recording and offering confirmation of basic information

**F1.1** Work practices show that in all cases of one-off advice the caseworker records and, unless one of the specified exemptions applies, offers written confirmation of:

- (a) The requirements or instructions of the client.
- (b) The advice given and, where appropriate, action to be taken by the organisation.
- (c) The name and status of the person dealing with the matter and whom to approach should the client be dissatisfied with the service provided.
- (d) Information given and received about methods of case payment and/or case funding.
- (e) Information on the processes that the organisation has in place for allowing data subjects to exercise their rights under data protection legislation, including subject access requests



## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

### F1.1

#### Recording and offering confirmation of basic information

- The information listed at (a)–(e) **must** be recorded in *all* instances (save only for where the client is given a diagnostic interview solely for the purpose of signposting, when written confirmation is also not required). *Note* that this includes one-off advice, as well as any other short pieces of work, whether or not a file is opened.
- In addition to recording the information listed as (a)–(e) (in all instances), you **must** also offer to provide confirmation in writing, save for when one of the following exemptions applies:
  - Where you can justify that to do so would be prejudicial to the case (e.g. where the client is detained and so confidentiality of written material may be an issue).
  - Where advice has been given by telephone (although you should note that this exemption does not extend beyond one-off advice).
  - For criminal practitioners – where advice has been given by a duty or own solicitor at the police station, by a court duty solicitor, or during a first hearing (although you may want to confirm such advice (albeit after the event) as a matter of good practice (see Guidance)).
- *Note* that where a file is subsequently opened (see F1.2 below), unless exceptional circumstances apply (also see F1.2 below), the information covered in this requirement (F1.1) **must** be confirmed to the client in writing (i.e. not only offered).
- *Note* that confirmation in writing may take a number of different forms and may not all be provided in one document (e.g. follow-up letter, a contemporaneous duplicate copy of key information taken and advice given, a business card, a leaflet on your complaints procedure or a standard introductory letter).
- At F1.1(b) - Advice and/or action to be taken **must** be tailored to the client’s needs (i.e. information sheets will not suffice unless they directly relate to the client’s specific circumstances; see Guidance). You **must** also include advice on any limits (if there are any) on your willingness or ability to act (e.g. local authority housing advice services that may not be in a position to advise clients about potential litigation against their authority, or NfP organisations that may not have the resources to represent at all tribunal hearings or are unable to represent in court).

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- At F1.1(d) - Unless the client has been advised that you will not be making a charge in this case (e.g. in pro bono cases or where the service is local authority or charity funded), or that the case will be funded by a form of legal aid where the client is not required to make a contribution and can have no potential liability (see F1.2 (c) below), you **must** show that methods (and timing) of payment have been discussed with the client, and that the caseworker has considered, as appropriate:
  - Whether the client may be eligible for legal aid (other than non-contributory legal aid with no potential liability).
  - Whether the client's liability for their own costs may be covered by insurance.
  - Whether the client's liability for another party's costs may be covered by pre-purchased insurance and, if not, whether it would be advisable for those costs to be covered by after-the-event insurance (after-the-event insurance being considered where a conditional fee or contingency fee arrangement is proposed and pre-purchased insurance is not in place).
  - Whether the client's liability for costs (including the costs of another party) may be paid by someone else (e.g. an employer or trade union).

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## F1: Individual Cases – At the Outset

### Requirements:

#### F1.2 Recording and agreeing further information and confirmation in writing

**F1.2** Work practices show that wherever a file is opened, unless exceptional circumstances apply, the caseworker confirms the above records (F1.1(a)–(e)) in writing to the client at the earliest opportunity, together with the following:

- (a) The name of the individual with whom, and how, the client should raise any problem concerning the service provided.
- (b) Key dates in the matter.
- (c) Advance costs information, including, as applicable: likely overall costs, the organisation's charges/fees, cost-benefit and risk, and any potential liability (if legally aided, in contentious (and potentially contentious) matters and for any third party costs in non-contentious matters).
- (d) Further costs information (applicable where F1.2 (c) applies), including the arrangements for updating costs information (as required in F2), and any reasonably foreseeable payments that the client may have to make to the organisation or a third party.

## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

### F1.2 Recording and agreeing further information and confirmation in writing

- *Note* that, for this purpose, a file is “opened” where advice is given (or expected to be given) or work is undertaken (or is planned to be undertaken) on the client’s behalf beyond one-off advice. This requirement therefore excludes all instances of one-off only advice following an initial interview where instructions were taken, or following an attendance at a police station or in court (including police station advice by telephone). The definition has nothing to do with whether a file (or a file record) is physically created or not.
- Where it is not possible to provide the client with confirmation of all the information at the outset (i.e. immediately following initial instructions), you **must** provide what information is available and justify (to the client and to the satisfaction of the auditor) the interval for providing the remainder.
- *Note* that “exceptional circumstances” (in which some or all of the information need not be confirmed to the client in writing) are those where the client expressly asks not to be informed in writing, where it would not be in their interest (e.g. there is evidence that it would be prejudicial to the client’s case or would endanger their well-being) or where it would be inappropriate (e.g. in every case for a regular client for whom repetitive work is done and where the relevant information (which remains current) has already been given). All exceptions **must** be considered on a case-by-case basis (i.e. you cannot apply the exception to all cases of a certain type).
- The reason for considering that exceptional circumstances apply **must** be justified on the file, and a record of the required information **must** still be made, or be available (though it need not be confirmed in writing).
- *Note* that F1.2 (a) and G1.1 (complaints) require the same information; if you meet the requirement here you need not provide further evidence of compliance at G1.1.
- At F1.2 (c) - You **must** provide a likely overall costs estimate at the outset, other than:
  - Where the client has already been advised that you will not be making a charge in this case.
  - In criminal cases (although for cases that progress to the Crown Court, see F2.3(d) regarding potential Income Contribution Orders (ICOs) and Capital Contribution Orders (CCOs) that the client may be liable to pay).
  - In civil cases where there can be no potential liability for costs (i.e. certain legal aid funded, cases including legal help (other than where the statutory charge applies), non-means/non-merits tested cases (public law/childcare), Child Abduction and Custody Act 1985 cases, and registration of certain foreign orders and judgement proceedings).

*Continued over*

- At F1.2 (c) – Where the requirement applies (see exceptions above), likely overall costs **must** include any disbursements envisaged and VAT; they **must** be appropriate to the individual case (including agreeing a fixed fee, giving a maximum cost or a forecast within a range of costs, but not giving a blanket estimate for the type of case). Where you cannot provide an accurate assessment of overall costs at the outset, you **must** explain this to the client, and give them an idea of your best estimate of overall costs, as well as giving them an accurate assessment of costs to the next stage. *Note* that costs discussed here relate only to those likely to be incurred as a result of services provided by or through your organisation (i.e. you are not expected to cover the likely costs of another organisation, e.g. if the case were to be referred).
- Charges (at F1.2 (c) other than in legal aid cases or cases where the overall costs are fixed, you **must** explain how the client's costs will be calculated. If hourly rates apply this **must** be confirmed, together with the rate.
- At F1.2 (c) – In civil legal aid cases, where the requirements apply (see exceptions above), you **must** explain to the legally aided client their potential liability for their own costs and those of any other party, including:
  - The effect of the statutory charge (if it might apply), why it might apply and the likely amount.
  - The client's obligation to pay any contribution assessed and the consequences of not doing so.
  - The effect of revocation of a legal aid certificate.
  - The fact that the client may still be ordered by the court to contribute to the opponent's costs if the case is lost (even though their own costs are covered by legal aid).
  - The fact that, even if the client wins, the opponent may not be ordered to pay or be capable of paying the full amount of the client's costs.
- At F1.2 (c) – In civil cases for privately paying clients, where the requirements apply (see exceptions above), you **must** explain to the client their potential liability for their own costs and for those of any other party, including:
  - The fact that the client will be responsible for paying the bill in full, regardless of any order for costs made against the opponent.
  - The probability that the client will have to pay the opponent's costs as well as their own if the case is lost.
  - The fact that, even if the client wins, the opponent may not be ordered to pay or be capable of paying the full amount of the client's costs.
  - The fact that, if the opponent is legally aided, the client may not recover costs, even if they win.
- At F1.2 (c) – In civil cases where there are potential liabilities for third party costs in non-contentious matters you **must** explain to the client any liability they may have for the payment of the costs of a third party, and, where appropriate, you should obtain a firm figure or agree a cap to a third party's costs.
- *Note* that it is not a requirement (at F1.2 (c)) to provide advance costs information to legally aided criminal clients, save for when it appears likely that an Income Contribution Orders (ICOs) and Capital Contribution Orders (CCOs) will be made (see F2.3(d)).

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## F2: Individual Cases – Progress of the Case

### Requirements:

#### F2.1 Complex case plans

**F2.1** Processes ensure that a case plan is prepared and made available to the client, and that it is periodically reviewed and updated, in all complex cases (see definition).



## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

### F2.1

#### Complex case plans

- A plan (for a complex case) **must** be produced as soon as it is clear that any of the following applies to the case:
  - Total costs (in any civil or criminal defence case) are likely to exceed £25,000, including disbursements and VAT.
  - It meets our definition of a multi-party action (see regulations 54 and 57 of the Civil Legal Aid (Procedure) Regulations 2012).
  - The case relates to an appeal or proposed appeal to the Supreme Court.
  - It is otherwise to be submitted to our Exceptional and Complex Cases (for civil funding) or the Criminal Cases Unit (for criminal funding).
- You can add to the minimum definition (given above), but, where you do, this **must** be documented and all staff who might deal with relevant cases **must** be aware of the need to produce a plan for a complex case as soon as a case meets, or appears likely to meet, your additional criteria.
- You **must** include in your plan the review frequencies, and provide evidence that plan updates have been made available to the client at appropriate stages, and not less than every six months.
- Plans for complex cases **must** include costs information and appear as a distinct document on the case file. Guidance is provided about what the plan ought to contain, though you should note that you might be required to follow a prescribed format if the plan is required as a condition of funding for example one of our Contract's.

## F2: Individual Cases – Progress of the Case

### Requirements:

#### F2.2 Updating issues and case progress

**F2.2** Issues raised in the case and any subsequent changes and proposed action are explained to the client, and progress generally (or reasons for lack of progress) is confirmed in writing to the client (unless exceptional circumstances apply), at appropriate stages, but not less than every six months.

#### F2.3 Updating costs information

**F2.3** Clients are informed, in writing (unless exceptional circumstances apply), of costs as the case progresses, including:

- (a) Actual cost to date and disbursements incurred (including VAT). This information should be provided at regular intervals (and not less than every six months), and, in appropriate cases, interim bills should be delivered at agreed intervals.
- (b) Any changed circumstances that will, or that are likely to, affect the overall amount of the costs, the degree of risk involved, or the cost-benefit to the client of continuing the case.
- (c) The overall costs estimate and any upper limit that has been agreed with the client (or confirmation that the previous estimate/limit remains appropriate), at regular intervals (and not less than every six months) or as soon as it seems likely that the estimate/limit may be exceeded.
- (d) Any potential cost liability, including being alerted to or reminded of this, and of its effect. In criminal cases this includes providing overall cost estimates at the earliest opportunity, once it appears likely that an ICO or CCO may be made (unless one has been provided at the outset (see F1.2 (c), and at intervals thereafter).

## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

### F2.2

#### Updating issues and case progress

- *Note* that “appropriate stages” (for updating information to clients) are likely to include landmarks in any pre-action protocol and key dates advised to the client (including meetings with counsel or experts, and hearings), as well as following the return of opinions and reports, or when a previously agreed timescale needs to change (owing to unforeseen delay). Updates at regular intervals should only be used as a backstop where no appropriate stage has been reached in the interim.
- *Note* that “exceptional circumstances” (in which some or all of the information need not be confirmed in writing) are the same as those given in F1.2 (see definition).
- As at F1.2 (case and costs advice at the outset), wherever you consider that exceptional circumstances apply, your reasons **must** be justified on the file, and a record of the required information **must** still be made or be available (though it need not be confirmed to the client in writing). This also applies to F2.3 (updating costs information).

### F2.3

#### Updating costs information

- *Note* that the definition of “exceptional circumstances” (given at F1.2 above) applies wherever you decide not to confirm the required information to the client in writing.
- *Note* that you need not update costs information for cases in which you are not required to provide a likely overall estimate of costs at the outset (see definition for F1.2 (c)).
- At F2.3(d) – In criminal cases heard in the Crown Court, you **must** explain to the client the potential for a ICO or CCO to apply, as soon as it appears likely that such an order will be made (see Guidance). At this point you **must** also provide an estimate of likely overall defence costs (as at F1.2 (c)) and **must** subsequently meet this requirement to update all costs information periodically.

## F2: Individual Cases – Progress of the Case

### Requirements:

#### F2.4 Responsibility for the client's case

**F2.4** Clients are informed in writing if the person (or persons) dealing with their case changes, or if the person with whom they should raise any problems with the service changes.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**F2.4**

**Responsibility for the client’s case**

- Details **must** include the name and status of the new person (handling the client’s case or dealing with any problems) and give a reason for the change.

### F3: Individual Cases – At the End of the Case

#### Requirements:

#### F3.1 Confirming information at the end of the case

**F3.1** At the end of the case the client receives written confirmation, unless exceptional circumstances apply, of:

- (a) The outcome of the case, any further action the client is required to take in the matter and what, if anything, you will do next.
- (b) The arrangements for storage and retrieval of papers and other items retained and where appropriate:
- (c) An account to the client for any outstanding money.
- (d) Return to the client of original documents and other property belonging to the client (except for items that are, by agreement, to be stored by the organisation).
- (e) Information about whether the matter should be reviewed in future and, if so, when.

## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

### F3.1

#### Confirming information at the end of the case

- *Note* that you do not need to apply this requirement to cases that do not progress beyond one-off advice (see F1.1) unless you consider it a matter of best practice to do so), and, “exceptional circumstances” (in which some or all of the information need not be confirmed in writing) are the same as those given in F1.2 (see definition).
- As at F1.2 (initial case and costs advice) and at F2.2 and F2.3 (further case and costs advice), wherever you consider that exceptional circumstances apply, your reasons **must** be justified on the file, and a record of the required information **must** still be made or be available (though it need not be confirmed to the client in writing).
- Case outcome (at F3.1 (a)) – You **must** either confirm, that you are ceasing to act and closing the case (e.g. where you receive no further instructions), or confirm the result of the case including any necessary explanation of terms and consequences (e.g. the meaning of terms such as “decree nisi” or what might happen if the client doesn’t “keep the peace”).
- Storage and retrieval of case papers (at F3.1(b)) – You **must** confirm what you are keeping and tell the client how long their case papers (including copy documents) will be stored, what costs (if any) would be involved to retrieve them, and what steps they would need to take to do this at any point.
- Outstanding money (at F3.1(c)) – You **must** reconcile all accounts at the end of the case.
- Original documents (at F3.1 (d)) – You **must** either return these to the client or confirm arrangements for safekeeping (including, as a minimum, storage duration and how the client can retrieve them at any point).

## **F4: Client Confidentiality**

### **Requirements:**

#### **F4.1 A confidentiality procedure**

**F4.1** A confidentiality procedure covers all information given to the organisation about the client and their case

#### **F4.2 Privacy**

**F4.2** Arrangements are in place to ensure privacy in meetings with clients.



**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

**F4.1**

**A confidentiality procedure**

- You **must** have a procedure that is understood by all staff in the organisation who have access to case information (i.e. not only casework staff). It **must** include circumstances in which a breach of the duty of confidentiality should be considered (see Guidance) and the process that **must** be followed at that point.
- Where confidentiality might be a particular issue (including, for example, where more than one organisation shares the same premises, where you act for different parties (e.g. co-defendants) in the same matter, or immediately following a merger with another organisation), your procedure **must** include guidance specifically on how confidentiality will be maintained in those circumstances.
- If your organisation is not one of our contract holder’s then it **must** include a process for obtaining the clients consent for their file to be disclosed for audit.
- *Note* that if you adopt an existing confidentiality procedure, provided it meets all of the requirements given here, you need only document this fact and ensure that staff know what the procedure contains and how to access it (i.e. you need not repeat the procedure yourself).
- *Note* also that legislation requires the protection of clients’ data by you and also by anyone with whom you share it, for example, costs draftsmen or experts (see Guidance).

**F4.2**

**Privacy**

- You **must** be able demonstrate to the auditor that that you have facilities (or that you make efforts) to discuss matters with the client in a private location.

## F5: Use of Approved Legal service providers

### Requirements:

#### F5.1 Non-discrimination when instructing legal service providers

**F5.1** A written equality and diversity policy is in place and is available to all casework staff, covering the instruction of counsel or other experts, and precluding discrimination on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

#### F5.2 Selection of legal service providers

**F5.2** Suppliers are selected on the basis of objective assessment, other than in exceptional cases.

### Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

*Organisations undertaking criminal legal aid should note that any caseworker/fee-earner who has been designated by them (including police station agents and unassigned counsel) is not defined as a legal service provider for this purpose, and F5 does not apply.*

#### F5.1 Non-discrimination when instructing legal service providers

- Your policy **must** outline the action to be taken if any breaches occur.
- You must take reasonable steps to ensure that the supplier complies with the Equality Act 2010.
- See the Equality and Human Rights Commission for further guidance <http://www.equalityhumanrights.com/>
- *Note* that this policy is only part of the equality and diversity requirements under the Quality Mark; a single equality and diversity policy may cover all areas (see also A3.1 and D1.3)
- *Note* that you may adopt an existing model policy, but may need to include additional grounds in order to meet the Specialist Quality Mark minimum requirements (see Guidance).

**F5.2****Selection of legal service providers**

- Other than in exceptional circumstances, for all legal service providers used, you **must** be able to demonstrate *one* of the following:
  - The legal service provider's details appeared in a register of approved legal service providers that you created and there is evidence of the criteria (including, at least, quality of service, cost or value for money, speed of response and expertise, or the fact that they too have the SQM) against which they were assessed before inclusion.
  - You used a legal service provider's recommended to you by another organisation, but only where you can justify this on the basis that the organisation has already applied objective selection criteria (including, at least, quality of service, cost or value for money, speed of response and expertise). An example would be the expert lists maintained by Action for Victims of Medical Accidents).
  - The legal service provider's also holds a relevant quality standard (e.g. Lexcel or SQM).
  - The legal service provider's had not been used previously, you had good reason for wanting to instruct them, and you have subsequently assessed their performance for inclusion (or otherwise) in your list of approved legal service providers.
- "Exceptional circumstances" are those where you are required to use a legal service provider's on a one-off occasion (e.g. because of the nature of the type of report you need) or where a brief is passed on to a new barrister within chambers (e.g. owing to urgency). Where this happens, you **must** make a note of the circumstances (on the file).

**F5: Use of Approved Legal service providers****Requirements:****F5.3****Evaluation of Legal service providers**

**F5.3** An evaluation is undertaken for all performances observed (e.g. in conference or court) and for all opinions and reports received, and any adverse findings are recorded so that caseworkers who want to instruct a legal service provider in the future, and barristers who hold a relevant quality standard, are aware of any relevant issue(s).

**F5.4****Information to the client and client consultation**

**F5.4** The client is consulted about the use (and where appropriate about the selection) of legal service providers, and is advised of the name and status of the individual, for what purpose they are being instructed, how long they might take to respond, and, where disbursements are to be paid by the client, the cost involved.

## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

### F5.3

#### Evaluation of legal service provider’s

- You **must** check all opinions and reports to ensure that your instructions (at F5.5) were met, and **must** either confirm that this is the case (see Guidance), or detail any adverse findings (usually in a central register).
- Adverse findings (see Guidance) **must** be recorded and stored in such a way that they are obvious to any other caseworker who may consider selecting the legal service provider in the future. *Note* that where you do not hold a central register (in which such findings can be stored), you will probably need to have a file of adverse findings and be able to demonstrate that this is checked by all caseworkers before they select a legal service provider.
- Adverse findings for barristers who hold a Quality Standard **must** also be sent to the individual barrister concerned, other than in exceptional circumstances (see Guidance). *Note* that barristers holding the Quality Standard are also required to provide you (the instructing caseworker) with any adverse feedback and that ideally you will choose to send favourable findings as well as adverse ones (see Guidance).
- Where you rely on using a legal service provider who has been recommended by another organisation (see F5.2), you **must** provide them with an evaluation of the service received in every instance.

### F5.4

#### Information to the client and client consultation

- *Note* that the client may want to be involved in the selection of a legal service provider and may have particular views about who is instructed (see Guidance at F5.4, and at F5.1 if the client’s instructions may result in a breach of your non-discrimination policy).
- *Note* also that the information set out in the requirement needs to be given to the client even where the caseworker considers that it is not appropriate to consult them about actual selection. This is a likely scenario where the client’s response would be irrational, but should only be applied where there are no cost implications for the client.

## F5: Use of Approved Legal service provider's

### Requirements:

#### F5.5 Content of instructions

F5.5 Instructions to the legal service provider are clear, accurate and comprehensive.

### Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

#### F5.5 Content of instructions

- Instructions **must** précis the facts in the case and identify issues as they are perceived, detail and attach relevant documents, and include instructions on what is to be provided and how. Arrangements for the payment of fees **must** be covered (either with instructions or separately) and instructions **must** alert the legal service provider if a response is required within a certain timeframe (e.g. in accordance with an agreement or due to a pending limitation period or a court hearing).
- *Note* that it is usually contrary to their role in the case for police station agents to be provided with instructions as defined above. This requirement does not extend to them (whether designated by organisations undertaking criminal legal aid or not).

## F6: Information Handling

### Requirements:

#### F6.1 Information Handling

**F6.1** An effective policy in place to manage personal data and comply with data protection legislation.

### Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.*

#### F6.1 Information Handling

- The organisation’s information handling policy **must** include as a minimum the following:
  - The name of the provider’s appointed Data Protection Officer (DPO). N.B. if they do not have a DPO, an explanation must be given as to why not and what alternative they have in place;
  - Details of the technical and organisational measures in place to protect information in compliance with the UK GDPR;
  - Have appropriate records of processing activities and the lawful basis for processing categories of data, providing information to data subjects including information about data transfers to third party countries;
  - Process for Subject Access Requests;
  - Process for managing and reporting data breaches;
  - Regular Data Protection Training for all staff;
  - Demonstrate compliance with the principal “by Design and by Default” by having a process to identify when a Data Protection Privacy Impact Assessment is required;
  - Process to identify and review retention schedules.

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## G: COMMITMENT TO QUALITY

Organisations are committed to improving the quality of their service.

|                       |   |
|-----------------------|---|
| <b>Requirement G1</b> | <b>Complaints</b>   |
| <b>Purpose</b>        | Complaints are important as they tell the organisation how well a service is meeting client expectations, and provide information that could inform improvements to the service.                                |
| <b>Requirement G2</b> | <b>Client Satisfaction Feedback</b>   |
| <b>Purpose</b>        | To encourage clients to provide feedback about how well their needs were met by the service provided. This feedback will enable the organisation to monitor its service and make informed service improvements. |
| <b>Requirement G3</b> | <b>Quality Management</b>   |
| <b>Purpose</b>        | To ensure that the organisation has a named representative who is responsible for ensuring that all quality procedures used within the organisation are up to date and are reviewed at least annually.          |
| <b>Requirement G4</b> | <b>Quality Manual</b>   |
| <b>Purpose</b>        | To provide a central file for the storage of all documented practices, to make this available to all members of staff   |



## **G1: Complaints**

### **Requirements:**

#### **G1.1 Informing clients about how and to whom they should complain**

**G1.1** Work practices show that clients have information about what to do if they have a problem with the service provided.

#### **G1.2 Complaints procedure**

**G1.2** There is a procedure for identifying and dealing with complaints.

## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate document) and is not mandatory.*

### **G1.1 Informing clients about how and to whom they should complain**

- Wherever a file has been opened (see F1.2 for the definition), you **must** provide details of how and to whom they should complain, in writing, at the outset of the case. If you meet requirement F1.2 (a) no further action is required here.
- Where a file is not opened (e.g. where the client is given one-off advice), other than where the advice is given by telephone, you **must** advise the client about whom to approach if they are dissatisfied with the service provided. If you meet requirement F1.1(c), no further action is required here.
- *Note* that complaints information need only be given for one-off advice given by telephone where the caller expresses dissatisfaction or, for some other reason, you consider that they may not be happy with the service provided (see Guidance).

### **G1.2 Complaints procedure**

- Your procedure **must** contain details of, at least, *all* of the following:
  - The definition of a complaint.
  - Who has responsibility for complaints handling (generally and ultimately in the organisation, including who is responsible for complaints made about the person who would ordinarily have ultimate responsibility);
  - How complaints are identified.
  - How complaints are recorded.
  - How to identify the cause of a complaint and respond to it (including acknowledging complaints and telling the client when they will receive a substantive response, explaining to whom they should take matters if they remain dissatisfied at any stage, providing options for redress and for correcting any underlying problem or unsatisfactory procedure or process).
  - The process for reviewing complaints (i.e. what is reviewed, by whom and when); see also G1.3 below.
- Your procedure **must** be compliant with either sections 8.2-8.5 of the Solicitors Regulation Authority Code of Conduct for solicitor organisations and with practices required by other recognised regulatory bodies for non-solicitor organizations or Rules C99 to C109 of the Barristers Code of Conduct for barristers .

## **G1: Complaints**

### **Requirements:**

#### **G1.3 Central record and annual review**

**G1.3** There is a central record of every complaint made, which is reviewed annually to identify trends.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate document) and is not mandatory.*

**G1.3**

**Central record and annual review**

- Details of complaints received (e.g. face to face, over the telephone or in writing) **must** be held in a central record, and copies of any documentation (usually correspondence) showing how the complaint was resolved **must** be available (i.e. either on the central record, or held in the case file with a cross reference in the central record).
- The central record **must** be reviewed at least annually to identify trends and to determine whether action can be taken, as a result, to improve the service being delivered.
- The results (i.e. trends identified and any action proposed as a result) of the annual review (or at least one review if you carry out more than one a year) **must** be documented.

## G2: Client Satisfaction Feedback

### Requirements:

#### G2.1 Client feedback procedure

**G2.1** A client satisfaction feedback procedure is in place that includes *all* of the following:

- (a) A comprehensive feedback mechanism.
- (b) Details on how and when the client gives feedback.
- (c) The frequency and methodology of analysis of submitted feedback.

## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate document) and is not mandatory.*

### G2.1

#### Client feedback procedure

- You **must** have a written procedure that encourages clients to provide feedback about the quality of service they received.

##### (a) Client feedback mechanism

- As a minimum, your feedback mechanism **must** cover the following areas:
  - Whether the service was approachable and friendly.
  - Whether the client was kept informed.
  - Whether information and advice was explained satisfactorily to the client.
  - Whether matters were managed in a competent and timely manner.

##### (b) How and when the client gives feedback

- Data collection **must** take place at least once a year and the sample you use **must** be sufficient to encourage meaningful response data. Ordinarily you will cover all categories of work to which your Quality Mark (or application) applies in each year; however, where your organisation covers many categories or sites, you may want to spread your review over a longer period of time. You may do this, but you **must** ensure that all categories/sites are covered at least every three years.
- *Note* that you can make your own decisions about how and when the client gives feedback. Ordinarily, the method will be by questionnaire (see the note above), although this need not necessarily be the case. You might choose to seek feedback in all cases (e.g. by sending a questionnaire with the case closing letter or by asking the client to complete one at the final interview), or you might want to seek the information on a sample basis (e.g. from all clients in the first week of every month, or all clients in three months out of 12).

##### (c) Frequency and methodology of feedback review

- *Note* that, as above, it is for you to decide how often and by what method you will review completed client feedback. Generally it is good practice to review all feedback as it is received, as this provides the best opportunity to identify any feedback that should be handled as a complaint and to respond to it accordingly. Analysis of the feedback will, however, be less frequent; here you will want to strike a balance between having sufficient feedback to identify trends and having too much to process at once.

## G2: Client Satisfaction Feedback

### Requirements:

#### G2.2 Annual review and outcome

**G2.2** Client feedback is reviewed at least annually, and the review findings and outcome are documented.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate document) and is not mandatory.*

**G2.2****Annual review and outcome**

- Review documentation **must** include feedback findings (trends identified) and outcomes from the review (of action proposed to resolve concerns or to improve the service) and **must** be kept for at least three years.
- Original feedback material and materials reviewed (e.g. completed feedback questionnaires and an analysis of findings) **must** be retained for at least twelve months and made available to the auditor on request.



### **G3: Quality Management**

#### **Requirements:**

#### **G3.1 Appointing a Quality Representative**

**G3.1** A named individual is responsible for overseeing all quality procedures used by the organisation.

#### **G3.2 Up-to-date quality procedures**

**G3.2** All quality procedures are up to date and reviewed annually.

#### **G3.3 Process control**

**G3.3** The Quality Representative is aware of instances where processes have been identified as failing to meet the Specialist Quality Mark standard, and can show what response has been made.

## Definitions:

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate document) and is not mandatory.*

### G3.1

#### Appointing a Quality Representative

- An individual **must** be appointed to have responsibility for ensuring that quality procedures are up to date and are accurate (see G3.2 below) across all offices.
- The individual(s) appointed **must** be entitled to update the quality procedures (or authorise updates to the quality procedures) as and when required.
- The individual(s) appointed **must** be available (to the auditor) throughout all audits.
- You **must** notify your auditor, in writing, as soon as possible and certainly within 28 calendar days of a change of Quality Representative.

### G3.2

#### Up - to - date quality procedures

- All quality procedures **must** show the date they became effective and/or the issue number, and there **must** be a process in place for recording dates of amendments to procedures (this includes procedures maintained on computer systems).
- All quality procedures **must** be reviewed at least annually to check that they are up to date and accurate on paper and in practice.

### G3.3

#### Process control

- As a minimum, all instances in which processes (for which requirements have been given in the Specialist Quality Mark standard) have been identified as having failed, which may lead to a Critical Quality Concern or General Quality Concern being raised at audit, **must** be brought to the attention of the Quality Representative.
- The Quality Representative **must** be able to demonstrate what response was made, which, where appropriate, **must** include action to avoid further repetitions (e.g. by requiring reviewers to target file reviews to consider certain issues, by checking that specific training is planned for certain staff, or by introducing a quality procedure to cover the relevant process).

## **G4: Quality Manual**

### **Requirements:**

#### **G4.1 Having a quality manual**

**G4.1** A current office manual exists that collates information on the organisations practices.

#### **G4.2 Manual availability**

**G4.2** The office manual is available to all members of staff who are involved in delivering the services of the Specialist Quality Mark.

**Definitions:**

*The definitions below qualify the requirement and are mandatory where the word “must” appears.*

*Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate document) and is not mandatory.*

**G4.1**

**Having a quality manual**

- As a minimum, your office manual **must** include all documented procedures and policies, and all standard pro-formas that are used in your practices/processes. *Note* that your office manual may not be a single document (see Guidance).
- An office manual **must** be available in each office in which the Specialist Quality Mark work is undertaken; therefore, if you are a multi-office organisation, there needs to be a copy at each site.
- As for written procedures (see G3.2), all *other* manual contents **must** show the date they became effective and/or the issue number, and **must** be reviewed at least annually to check that they are up to date and accurate on paper and in practice.

**G4.2**

**Manual availability**

- All members of staff **must** know where to find the office manual and what it contains, and be able to explain the purposes for which they might need to refer to it.

### **3. Annex A – Caseworker and Case Classifications**

1. The following classifications are provided to assist you in meeting requirement A1.1 (regarding identifying caseworkers' areas of expertise and their legal/ professional qualification in your business plan) and requirement D5.2 (regarding demonstrating individual competence for caseworkers by reference to their legal qualification or minimum hours worked). You may also want to make reference to casework classifications to assist with file lists (requirement E1.1) and file reviews (requirement E2.1(b)).
2. It is not, however, a requirement that you use either set of classifications, if you prefer to devise your own.

#### **2.1 Individual Caseworker Classifications**

- (1) A solicitor supervisor (meeting all requirements at D3).
  - (2) A non-solicitor supervisor (meeting all requirements at D3).
  - (3) A solicitor panel member.
  - (4) A non-solicitor panel member (or confirmed as meeting the panel standard).
  - (5) A FCILEX supervisor (i.e. a Fellow of the Chartered Institute of Legal Executives and an accredited representative, see E2.3).
  - (6) A temporary supervisor (not meeting all requirements at D3).
  - (7) An individual who meets requirements D3.2 (legal competence for a supervisor).
  - (8) A duty solicitor in (i) a police station, (ii) a court or (iii) both.
  - (9) An accredited police station representative.
  - (10) A probationary police station representative.
  - (11) A fellow of CILEX.
  - (12) A member of CILEX.
  - (13) Other solicitor staff.
  - (14) A qualified barrister.
  - (15) Other trainee solicitor staff.
  - (16) Immigration & Asylum Accredited Caseworker (at all levels).
  - (17) Immigration & Asylum registered Probationer.
  - (18) Other non-solicitor staff.
  - (19) A volunteer member of staff.
3. Please note that the classifications listed above are not mutually exclusive.

## 4. Annex B – Quality Concerns and Observations

### 4.1 Observations

Examples of observations include; (1) File review is in effective operation but on audit it is identified that small proportions of corrective action that have not been closed out. (2) Only 90% of file reviews are undertaken correctly but there is evidence that the procedure is working under normal circumstances. (3) A procedure or plan, required to be updated every 6 months, was updated only after 8 months.

### 4.2 Classification of Quality Concerns, by requirement

Where an auditor has not been able to identify sufficient evidence to satisfy the requirements, this will lead to a Quality Concern being recorded. In summary there are 74 requirements within the standard of which 28 have been classified as “Critical” i.e. relating to quality of advice, competence or client care and where a Quality Concern is identified would normally be classified as “Critical”.

The following table is based on the assumption that documented plans/procedures were submitted with the Specialist Quality Mark application. Where any required documented plans/procedures are not submitted with the application, and are therefore not available during the desk-top audit, the recommendation will be to refuse the application.

| SQM Requirement | Preliminary Audit | Pre & Post QM Audit | Written Procedures   |
|-----------------|-------------------|---------------------|--|
| A1.1            | General           | General             | Business Plan  |
| A1.2            | General           | General             |  |
| A2.1            | General           | General             |  |
| A3.1            | <b>Critical</b>   | <b>Critical</b>     | Non-discrimination Policy  |
| A3.2            | General           | General             |  |
| A4.1            | General           | General             | A Safeguarding policy for Children, Young People and Vulnerable Adults |
| B1.1            | General           | General             |  |
| B1.2            | General           | General             | Signposting and Referral Procedure                                     |
| B1.3            | General           | General             |  |
| B1.4            | General           | General             |  |
| C1.1            | General           | General             |  |
| C1.2            | General           | General             |  |
| C1.3            | <b>Critical</b>   | <b>Critical</b>     |  |
| C1.4            | General           | General             | Internal Communications Plan   |
| C2.1            | General           | General             | <i>Anti-Tax Evasion Policy (in some circumstances)</i>                 |
| C2.2            | General           | General             |  |
| C2.3            | General           | General             |  |
| C2.4            | General           | General             |  |
| C2.5            | General           | General             | Anti-Money Laundering Policy   |

| SQM Requirement | Preliminary Audit | Pre & Post QM Audit | Written Procedures             |
|-----------------|-------------------|---------------------|--------------------------------|
| D1.1            | General           | General             |                                |
| D1.2            | General           | General             |                                |
| D1.3            | <b>Critical</b>   | <b>Critical</b>     | Non-discrimination policy      |
| D1.4            | General           | General             |                                |
| D2.1            | General           | General             |                                |
| D2.2            | General           | General             |                                |
| D2.3            | General           | <b>Critical</b>     |                                |
| D2.4            | General           | General             |                                |
| D3.1            | <b>Critical</b>   | <b>Critical</b>     |                                |
| D3.2            | <b>Critical</b>   | <b>Critical</b>     |                                |
| D3.3            | <b>Critical</b>   | <b>Critical</b>     |                                |
| D3.4            | <b>Critical</b>   | <b>Critical</b>     |                                |
| D4.1            | <b>Critical</b>   | <b>Critical</b>     |                                |
| D4.2            | <b>Critical</b>   | <b>Critical</b>     |                                |
| D4.3            | <b>Critical</b>   | <b>Critical</b>     |                                |
| D4.4            | <b>Critical</b>   | <b>Critical</b>     |                                |
| D4.5            | <b>Critical</b>   | <b>Critical</b>     |                                |
| D5.1            | <b>Critical</b>   | <b>Critical</b>     |                                |
| D5.2            | <b>Critical</b>   | <b>Critical</b>     |                                |
| E1.1            | General           | General             |                                |
| E1.2            | <b>Critical</b>   | <b>Critical</b>     | File management procedures     |
| E1.3            | General           | General             |                                |
| E2.1            | <b>Critical</b>   | <b>Critical</b>     | File review procedures         |
| E2.2            | General           | General             |                                |
| E2.3            | <b>Critical</b>   | <b>Critical</b>     |                                |
| E2.4            | General           | General             |                                |
| E2.5            | <b>Critical</b>   | <b>Critical</b>     |                                |
| E2.6            | General           | General             |                                |
| F1.1            | <b>Critical</b>   | <b>Critical</b>     |                                |
| F1.2            | <b>Critical</b>   | <b>Critical</b>     |                                |
| F2.1            | General           | General             |                                |
| F2.2            | <b>Critical</b>   | <b>Critical</b>     |                                |
| F2.3            | <b>Critical</b>   | <b>Critical</b>     |                                |
| F2.4            | General           | General             |                                |
| F3.1            | <b>Critical</b>   | <b>Critical</b>     |                                |
| F4.1            | General           | General             | Confidentiality procedure      |
| F4.2            | <b>Critical</b>   | <b>Critical</b>     |                                |
| F4.3            | General           | General             |                                |
| F5.1            | <b>Critical</b>   | <b>Critical</b>     | Non-discrimination policy      |
| F5.2            | General           | General             |                                |
| F5.3            | General           | General             |                                |
| F5.4            | General           | General             |                                |
| F5.5            | General           | General             |                                |
| F6.1            | General           | General             | Information Handling procedure |
| G1.1            | <b>Critical</b>   | <b>Critical</b>     |                                |
| G1.2            | <b>Critical</b>   | <b>Critical</b>     | Complaints procedure           |

| <b>SQM Requirement</b> | <b>Preliminary Audit</b> | <b>Pre &amp; Post QM Audit</b> | <b>Written Procedures</b> |
|------------------------|--------------------------|--------------------------------|---------------------------|
| G1.3                   | <b>Critical</b>          | <b>Critical</b>                |                           |
| G2.1                   | General                  | General                        | Client feedback procedure |
| G2.2                   | General                  | General                        |                           |
| G3.1                   | General                  | General                        |                           |
| G3.2                   | General                  | General                        |                           |
| G3.3                   | General                  | General                        |                           |
| G4.1                   | General                  | General                        | Office manual             |
| G4.2                   | General                  | General                        |                           |



## 5. Appendix 1 - Strapline Guidance

1. If you are an Applicant, unless we grant you prior written permission, you **must** not in any way imply that you hold the SQM Standard. If we do grant you prior written permission, you **must** comply with any conditions that we specify.
2. You may publicise and promote your status of holding the standard, in any reasonable manner consistent with the spirit and intention of the SQM Agreement.
3. You **must** not say or do anything that is, or is likely to be, misleading to clients or potential clients regarding your status as a holder of the standard, or to advertise or associate with any other services that could in any way imply that they hold or are associated with us.
4. If we consider that you are publicising or promoting in a manner that is not consistent with the spirit and intention of the SQM Agreement, or may be misleading to clients (or potential clients), we may direct you to cease such publicity or promotion. If we do direct you to cease such publicity or promotion, you **must** comply with the direction without delay.
5. You acknowledge that we own all rights in any Promotional Items.
6. You **must** not alter or amend any Promotional Items without our prior written permission.
7. You acknowledge that any Promotional Items that are owned by us, and designated as such, at all times remain in our ownership.
8. You **must** use Promotional Items in accordance with any Guidelines that we issue about them.

### Definitions

*“Promotional Items” means any strapline Is, certificates, display materials, information, literature and other items supplied, or approved in writing, by us for use in connection with the SQM.*

## 6. Appendix 2 – Specialist Quality Mark Agreement

1. Set out below is an example of the agreement used for the Specialist Quality Mark (SQM) standard. If you meet the requirements for the SQM, your application will be granted and you will receive a Certificate.
2. If your application is refused you may, within 21 calendar days of the date of the refusal notice, submit an appeal in accordance with the published SQM appeal procedure.
3. Provided you continue to hold a current certificate, this agreement will stay in force until revoked. You may end it before then by giving one month's notice. You may not assign it or otherwise dispose of it or any rights under it. When this agreement ends, all rights and obligations under it end, unless otherwise stated. This agreement does not create any right enforceable by any person not a party to it.
4. Your certificate may include additional agreement terms. While you hold a current certificate you:
  - **must** continue to meet the requirements for the SQM and **must** demonstrate this when required
  - must allow SQM auditors, on no less than 14 calendar days' notice, to attend your premises to verify your compliance with this agreement, by audit or otherwise
  - **must** not say or do anything misleading about your status under this agreement
  - **must** provide up-to-date information about you for entry in the Find a Legal Advisor tool
  - **must** inform the audit body if any of the information recorded in your certificate changes and of any material changes to the information you gave us in your application
  - **must** inform the audit body of any change in your legal identity, of any sale or transfer of your business, of any change in your ownership or control, if any insolvency proceedings are commenced against you and if any criminal proceedings are commenced against you or any of your personnel in connection with your operations
  - **may** use, in accordance with guidance, the SQM and items bearing it, issued by us.
5. You will be given six months' notice of any changes to the terms of this agreement or to the requirements for the SQM. Any major changes will be consulted on with the relevant representative bodies;
6. You must indemnify the audit body without delay in respect of all liabilities that may be incurred as a result of: (a) injury to their property while they are on your premises for the purposes of this agreement; and (b) any claim by a third party in respect of any act or default committed by, or for, you.
7. You must not try to bribe any of audit personnel or any person who may perform services for, or who is associated with, us.
8. If you breach this agreement, if you give false information in your application, if insolvency proceedings are commenced against you or if any criminal proceedings or professional disciplinary proceedings are commenced against you or any of your personnel in connection with your organisations operations, the audit body may suspend or cancel your certificate on one month's notice.

9. If you are given notice suspending or cancelling your certificate you may, within 21 calendar days of the date of the notice, submit an appeal in accordance with the published SQM appeal procedure.

## 7. Glossary

| Term                                   | Definition   |
|--|--|
| <b>Caseworker</b>                      | The SQM interchangeably uses the terms caseworker / casework member of staff / casework staff. All cover every individual to whom cases are allocated (including cases of one off advice) and for those organisations undertaking criminal legal aid all designated fee-earners working in an area of service where you seek or want to maintain the SQM. Supervisors and managers/partners are also caseworkers where they are allocated cases. |
| <b>Civil Legal Advice</b>              | Civil Legal Advice (the new name for Community Legal Advice), is a national advice line for England & Wales, paid for by Legal Aid. People who are eligible for legal aid can get specialist legal advice in Debt, Education, Discrimination or Housing. Advice is provided online or by telephone. If Civil Legal Advice cannot help, they can suggest who can. Find out more at <a href="http://www.gov.uk/legalaid">www.gov.uk/legalaid</a> . |
| <b>Contract</b>                        | This refers to the following: 2022 Standard Crime Contract; 2018 Standard Civil Contract, 2021 Standard Civil Contract (Education and Discrimination), 2013 Standard Civil Contract (Housing Possession Court Duty Scheme) 2018 CLA Contracts; and 2018 CLA Discrimination Contracts   |
| <b>Designated fee-earner</b>           | <b>Applies only to the organisations undertaking criminal legal aid.</b> Requirements covering designation of fee earners are contained within the Specification of the LAA's Crime Contract. In summary all those who regularly undertake fee-earning criminal defence work for your organisation <b>must</b> be designated.  |
| <b>Direct discrimination</b>           | Where a person is treated less favourably on the ground of a characteristic protected under the Equality Act 2010 (as amended); age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.   |
| <b>Direct (documented) supervision</b> | Direct (documented) supervision is where the supervisor undertakes direct management of a case "owned" by the caseworker. The supervisor may "coach" the caseworker in arriving at the tactics and strategies, but will retain responsibility for the final decision. Supervision in this regard will usually be on a one-to-one basis with the caseworker and the supervisor's involvement in decision-making will be clear from documentation. |
| <b>Indirect discrimination</b>         | Where a policy, practice or criteria puts a person sharing a protected characteristic at a particular disadvantage compared with a person who does not share it  |
| <b>Protected characteristic</b>        | Grounds that are protected from discrimination under the Equality Act 2010 (as amended) which are as follows: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.   |
| <b>Legal Aid</b>                       | The Legal Aid Agency (LAA) runs the legal aid scheme in England and Wales, as specified in Part 1 of the Legal Aid, Sentencing and Offenders Act 2012.   |

|   |   |
|---|---|
| <b>Find a Legal Advisor &amp; Mediator tool</b> | This contains details of SQM and Lexcel standard holders with a legal aid contract. Retaining access to the Find a Legal Advisor tool and ensuring that your details are up to date are requirements of the SQM (see A1.2, B1.2 and B1.4). You will be able to view details of the Find a Legal Advisor tool via the <a href="https://www.gov.uk">Gov.UK</a> website.   |
| <b>Minor adverse findings</b>                   | Minor adverse findings may include documenting particular concerns (e.g. that the supplier's performance in court was not confident), which would alert others to weaknesses that they might need to be aware of. A series of minor concerns of this nature may lead an organisation to want to restrict the scope in which they use the individual or may, in the extreme, result in their not being used at all.  |
| <b>Observation</b>                              | Observations can be raised during the audit against any requirement within the SQM. These will form part of the audit report but will not result in recorded quality concerns. They will be noted on the audit report as areas where the quality requirements are not fully complied with but where there is evidence that the organisation has a clear commitment to fully meeting the standard. For some observations the organisations may be required to submit details of the (proposed) corrective action.  |
| <b>Organisation</b>                             | The part of the organisation that provides a legal service. It is this part of that you are seeking or wanting to maintain an SQM for.  |
| <b>Policy</b>                                   | A statement of intent, e.g. your non-discrimination policy.   |
| <b>Procedure</b>                                | A procedure is a written description of a process. You <b>must</b> be able to demonstrate that all staff members are aware of what the correct procedures and processes are, and that they are following them.  |
| <b>Process</b>                                  | A process is how you operate in practice (i.e. without reference to a written set of instructions). The auditor will need to see evidence that the process is in effective operation, and meets the requirements outlined in this document. In some instances these are known as work practices.  |
| <b>Quality Concern</b>                          | Where an auditor has not been able to identify sufficient evidence to satisfy the requirements, this will lead to a Quality Concern being recorded. Quality Concerns are defined as either General or Critical depending on which requirement the Quality Concern is raised against.  |
| <b>Referral &amp; Signposting</b>               | To ensure that individuals receive advice from an appropriate alternative legal service provider whenever your organisation cannot help them; either where you cannot help them initially before any legal advice has been given (i.e. signposting), or where you cannot help them further in a current matter where a client relationship has already been established (i.e. referral). The SQM guidance provides examples where Referral and Signposting will apply. Please note that for the purpose of B1, referral excludes non-legal services (e.g. Mediation). |
| <b>Significant adverse findings</b>             | An example of this is where a supplier has attended a hearing without being properly prepared and/ or without knowing sufficient information about the case. If this behaviour is apparent an immediate review of the supplier's status in terms of whether the individual involved or other caseworkers should continue to instruct them in the future.  |
| <b>Signposting</b>                              | See Referral & Signposting above.   |

|                           |  |
|---------------------------|--|
| <b>Specialist Service</b> | Is defined as one that is able to provide complex legal advice in specific areas of law, including representation where this is necessary and permitted.   |
| <b>Staff</b>              | Individuals who work in the part of the service for which you are seeking or want to maintain a Specialist Quality Mark. This includes all casework staff (and for organisations undertaking criminal legal aid all designated fee earners), all support staff, all partners and/or managers and includes both paid and voluntary staff. |
| <b>Victimisation</b>      | Where a person is treated less favourably on the basis of action they have taken against the organisation (including grievances) under one of the grounds listed in your policy.   |
| <b>We and Us and Our</b>  | For avoidance of doubt, all references to “we/us/our” in this document will mean the Lord Chancellor acting through the Legal Aid Agency.  |