



# **Advice Quality Standard**

**Version 4**

**The Quality Framework Requirements**

**April 2023**

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# **Contents**

**Title Page**

**Copyright**

**Contents page**

**Introduction**

**The Quality Framework Requirements**

**Core Quality Areas**

**Framework Area A**

**Framework Area B**

**Framework Area C**

**Framework Area D**

**Framework Area E**

**Framework Area F**

**Framework Area G**

**Appendix 1 Glossary of Terms and Language Used**

**Appendix 2 Schedule of Reviews**

**Appendix 3 Essential Reading**

## Introduction

This document describes the principal element of the Advice Quality Standard, the AQS Framework comprising the seven core quality areas, the evidence requirements and the guidance to support these. It describes just over 100 individual requirements services must evidence to an external assessor in order to be awarded the Advice Quality Standard. This Framework should be read in conjunction with the accompanying documentation which will be assist you in applying and sustaining the Advice Quality Standard for your service.

The Advice Quality Standard (AQS) is a quality assurance mechanism with a recognised award Standard aimed at organisations providing services resolving issues and problems which have fully or in part, a social welfare law solution. The people working in such organisation are not employed as legal professionals even though they are giving advice on rights, entitlements, appeals and legal challenges to decisions. The AQS can be held either by organisations whose sole activity is resolving such issues or by one which provides variety of services including advice. Organisations eligible for the AQS provide services to people who would otherwise not be able to afford legal advice and so the majority of services are free at the point of delivery.

The AQS comprises a set of requirements that describe the minimum activities an organisation must undertake to deliver good quality advice to the public. Together, they are the necessary – but not the sufficient – conditions for providing good quality advice. Simply holding the Standard does not guarantee that all the advice given by the service gives will be relevant client, timely and/or accurate. However, services unable to demonstrate they meet these requirements are far less likely to be providing good quality advice.

It is the responsibility of every advice-giving organisation to encourage and adopt the behaviours which embed quality within a service; it is the responsibility of every volunteer, staff and governance member to ensure the Standards are maintained and services provided to clients are continuously developed.

There are three essential elements to the Standard of which this document is the first:

- **The Quality Framework Requirements:** the specification of standards of quality assurance defined by a set of organisational requirements;
- **The Assessment:** the independent audit of organisations to ensure that the Requirements are being achieved and maintained;

- **Continuous Improvement:** the on-going application of the Standard and the development of legal advice services, including the requirement to undertake an annual internal review of continued compliance with the organisational requirements.

There are some key factors that, whilst not direct measures of quality themselves, are fundamental to reliable delivery of a quality advice service. These include training, support and supervision of all staff, the proper management of client information and the rigorous oversight by the organisation's leadership.

This latest version of the Advice Quality Standard makes clear the responsibility of the organisation's governing body, whether that be a management committee, trustee board, board of directors or senior leadership team, to maintain oversight of quality standards throughout the organisation. Whilst they are positively encouraged to delegate and involve staff, volunteers and service users in the development and running of services, the responsibility for quality ultimately sits with the governing body.

The Standard has been designed to be applicable across the range, size and shape of the advice sector and each organisation needs to consider how the requirements apply to their individual services circumstances.

Assessors will take a proportionate approach to assessing evidence provided by an organisation in order to demonstrate how the processes and procedures it has in place help it to meet the requirements and deliver quality advice.

## The Quality Framework Requirements

The Advice Quality Standard covers seven key core quality areas; together these are known as the Quality Framework. Each quality area has a number of requirements which the organisation must meet to demonstrate that it meets the AQS. These requirements must all be met in order to achieve the AQS.

The outline of the quality framework is as follows:

<b>QUALITY FRAMEWORK</b>	
<b>A. ACCESS TO SERVICE</b>	<p>The aim of the Advice Quality Standard is to improve access to legal services and to base the delivery of services on local needs and priorities.</p> <p>Holders of the Advice Quality Standard should be aware of the environment in which they operate and develop their services to meet the needs of their communities and target client groups.</p>
<b>B. SEAMLESS SERVICE</b>	<p>Where a holder of the Advice Quality Standard cannot provide the particular service needed by a client, they must inform the client and direct them to an alternative service provider, where available.</p>
<b>C. RUNNING THE ORGANISATION</b>	<p>Holders of the Advice Quality Standard must have structures and procedures which ensure effective leadership and management of the organisation and its resources.</p>
<b>D. PEOPLE MANAGEMENT</b>	<p>Holders of the Advice Quality Standard must have structures and procedures that support staff, volunteers and trustees to deliver quality advice to clients in line with their strategic aims.</p>
<b>E. RUNNING THE SERVICE</b>	<p>Holders of the Advice Quality Standard must have processes and procedures that ensure an effective and efficient service to their clients.</p>
<b>F. MEETING CLIENTS' NEEDS</b>	<p>Clients using an Advice Quality Standard provider are entitled to receive advice and information relevant to their needs.</p>
<b>G. COMMITMENT TO QUALITY</b>	<p>All holders of the Advice Quality Standard are committed to the continuous improvement of the quality of their service.</p>

## Core Quality Areas

Each of the seven areas has the same structure:

- the overarching aim of the framework area;
- the focus of each section of requirements;
- the purpose of the requirements.

At the end of each section is a guidance section which provides further context and useful sources of information to support you in demonstrating your compliance.

The Advice Quality Standard uses the terms 'must' and 'should' in specific ways to make clear the expected requirements:

**Must:** Organisations have to show concrete evidence that they meet the requirement in order to obtain the AQS. Any organisations who cannot demonstrate this at the time of assessment visit, or who are in the process of working towards meeting the requirement, will be given a 'corrective action'.

**Should:** Organisations are expected to meet this requirement or to show concrete evidence that they could do so in order to obtain the AQS. Any organisation who cannot demonstrate that it meets the requirement must either show why it would not apply to their organisation or how it intends to work towards meeting the requirement. They will be given an 'area for improvement'.

There are some key terms that are used throughout the Framework which have a particular meaning within the AQS. A full glossary of these terms can be found in Appendix I.

## FRAMEWORK AREA A: ACCESS TO SERVICE

The aim of the Advice Quality Standard is to improve access to independent advice services and to base the delivery of services on identified needs and priorities. Holders of the Advice Quality Standard should be aware of the environment in which they operate and develop their services to meet the needs of their communities and target client groups.

### A1. The service must be appropriate to the needs of the local / target client groups.

<b>Purpose</b>	The service provider should know about the problems and information needs that members of the local or target client groups face, and should plan services to meet identified needs.	
	Evidence A.1.1	You must have a written strategy that sets out what the organisation aims to achieve through a number of key objectives. The strategy should also explain the core values and principles of the organisation.
	Evidence A.1.2	The strategy must be based on a needs assessment relevant to your target population. It must identify the type and level of services provided, including in which subject areas, and how these relate to the needs of your clients.
	Evidence A.1.3	You should also provide detail of the skills and resources necessary to deliver the strategic objectives (A.1.1).
	Evidence A.1.4	You must have an operational business plan in place for each of your business years. The plan must be relevant for the current year and provide an outline for at least the next business year. It must show how you will deliver against your strategic objectives (A.1.1).
	Evidence A.1.5	You must have a review process for the strategy (at least annually) and for the plan (quarterly). See Appendix 2.

### GUIDANCE FOR FRAMEWORK AREA A: ACCESS TO SERVICE: A1

#### The service must be appropriate to the needs of the local / target client groups.

Planning is one of the cornerstones of effective service provision. You should have two key interrelated documents: a strategy which describes the long-term direction for the organisation (2-3 years is a reasonable time frame) and an operational business plan which describes how you will deliver that strategy in detail in the current year and outlines key actions and milestones for the following year.

Your strategy should be current, relevant and easily understood by staff at all levels of the organisation. It should be relevant to the objectives agreed for your organisation and take into



account the needs of the local or target community.

Your business plan should explain how your strategy will be delivered. It should address the following:

- The community profile and needs and the client groups to be served
- Your service aims and objectives
- Main types of service delivery, e.g. main areas of work and opening hours
- Proposed enhancements and new services
- A marketing or promotional plan that targets potential service users and relevant organisations with key information
- Approaches to service delivery, e.g. outreach service, telephone or online access.
- Outline of resources available to support delivery including people, premises, training, administrative support and information technology
- Funding strategy that, where relevant, identifies potential new sources of funding
- Risk assessment (see C.2.3)
- Arrangements to ensure equality of access – access should be considered in its widest sense to address not just physical barriers such as location, opening hours and delivery channels but also barriers faced by people/groups with specific characteristics (see A.3.1 and F.3)
- Methods used for gaining feedback from service users for developing the organisation
- If you operate a telephone-only service, your plan should also include details of the structure of the service, any call handling system used, and back-up system for information and communications technology failure.

The second year outline plan should include key milestones or actions, such as exit strategies for projects/services that are coming to an end, funding that will become available for new services, known changes in your local community and/or operating environment and how you plan to respond, new service delivery channels you are planning to develop, and any new groups you might target and why.

All activities must be in furtherance of your strategic aims and objectives. It is the governing body's role to ensure that this happens and they can achieve this through regular review of the plans. Your detailed current year plan must be reviewed quarterly and your long-term strategic plan at least annually to ensure that it remains relevant to the needs of your target client groups and responsive to the operating environment. Reviews should, wherever possible, be based on evidence and feedback from service users.

Your organisation should review its future plans alongside any relevant local or national priorities and plans which identify needs for particular client groups or relate to the provision of advice and legal services. These external strategies are crucial to organisational development and opportunities. Keeping up to date with the wider strategic environment is likely to give an early warning of changes in local and national priorities that may affect your clients or service users or the provision of legal services. This could help you to identify potential funding and/or partnership opportunities that enable you to expand or modify your service to meet these changing needs and priorities.

## FRAMEWORK AREA A: ACCESS TO SERVICE

### A2. The community should be made aware of the service your organisation offers.

<b>Purpose</b>	If the service is to be of value, members of the community will need to know what services are available to help with their specific advice needs and how they can access them.	
	Evidence A.2.1	You must publicise details of your services and ensure that this is clearly communicated to your communities and target client groups.
	Evidence A.2.2	You must also publicise details of your services and communicate them to relevant local service providers and to funders.
	Evidence A.2.3	You must ensure that local service providers are aware of the services that you offer and are referring clients as appropriate, through regular monitoring of referrals made into your organisation and by reviewing your referral network.
	Evidence A.2.4	What your clients can expect from your service should be set out in a service standards document and you should seek their feedback on your service.
	Evidence A.2.5	Following certification, the Advice Quality Standard logo should be displayed in accordance with guidelines.

### **GUIDANCE FOR FRAMEWORK AREA A: ACCESS TO SERVICE: A2**

#### **The community should be made aware of the service your organisation offers.**

You need to actively promote your service so that members of the community will need to know what services are available locally. You should seek feedback to see whether you have been successful in this promotion.

Information on your approach to promoting and marketing your service should be included in your strategy. You should have a website that is kept up to date and if you provide information on your services for other people's websites, this should also be kept up to date. Local and national infrastructure organisations may be able to support you in promoting your services to a wide range of community and voluntary sector organisations. This [link](#) can help you in identifying local infrastructure organisations, advice networks, independent advice centres and advice workers in your area.

A service standards document should provide all the information a client will need to know about how their case will be managed and how they will be treated. It can also include what your organisation

expects of them (including their behaviour). This could take the form of a leaflet, letter, verbal brief or customer care charter.

You should regularly review the profile of referrals from local service providers and organisations within your referral network. This will enable you to identify trends in the volume and nature of referrals, to take action to address any gaps in your referral network, and raise awareness of your service to organisations that can help you to extend your reach into the community, in particular to under-represented and hard to reach groups. This could be incorporated along with the referral review requirement at B.2.2. Clearly, involving staff in this process and sharing the results will embed any recommendations in practice.

Guidelines for use of the AQS logo can be found on the AQS website or can be sent by [contacting](#) the Advice Services Alliance. You should display the AQS logo on all websites, stationery, training and publicity material including letters. Consider including the fact that you hold the Advice Quality Standard on any welcome or answerphone message as this may give your clients added confidence about using your service.

## FRAMEWORK AREA A: ACCESS TO SERVICE

### A3. Organisations must be committed to providing equality of access to advice and legal services to all clients.

<b>Purpose</b>	Legislation and evidence from practice indicate that services that operate inclusively and without discrimination are best able to meet the needs of their community.	
	Evidence A.3.1	You must have an equity, diversity and inclusion policy in effective operation and be able to demonstrate what actions you have taken to ensure your service is equally accessible to all, that difference is valued and respected, and that your workforce is representative of your community.
	Evidence A.3.2	Where organisational principles, charters or funding restrictions only allow the service or services to be offered to specific client groups, this must be reflected in your signposting and referral procedures.

### GUIDANCE FOR FRAMEWORK AREA A: ACCESS TO SERVICE: A3

#### Organisations must be committed to providing equality of access to advice and legal services to all clients.

Good advice services show commitment to social justice. Assessing whether your organisation is reaching all parts of your target community will require an understanding of the make-up of that community and who in particular you wish to serve. Monitoring against this community profile will help you to identify areas of unequal delivery or access. Constant vigilance for bias contributes to sensitive service delivery.

This requirement introduces new concepts of equity and inclusion and [NCVO](#) has provided some helpful definitions:

**Equity** – means treating people in ways that make sure they are not unfairly prevented from accessing resources and opportunities nor that others have an unfair advantage. It is about giving people what they need for fair access. This is about removing inequalities to make sure everyone has the chance to realise their ambitions.

**Inclusion** – means being proactive to make sure people of different backgrounds, experiences and identities feel welcomed, respected and fully able to participate. It is not only about creating a diverse environment but also about ensuring a culture exists where individuals can be their full selves.

You should ensure that your equity, diversity and inclusion policy is compliant with the provisions of the [Equality Act 2010](#). Guidance from the Equality and Human Rights Commission can be found [here](#). You must go beyond simply ensuring against discrimination and seek to understand and identify the

barriers that may prevent people from accessing your service and/or make them feel that their particular background or experience excludes them from your service. Once identified you must take active steps to address them, put measures in place to create an inclusive culture and work towards equality of outcomes for all clients. (This also applies internally to your staff and volunteers, see D.4) There are requirements for services provided in Wales under the [Office of the Welsh Language Commissioner](#) and support can be found [here](#). You should have measures in place to enable you to monitor how effective your equity, diversity and inclusion policy is in practice and to take actions where it is failing. You could use client satisfaction surveys and feedback forms to raise these issues and identify appropriate actions.

You could also consider how your organisation and its services meet the needs of vulnerable clients. Where your organisation is regulated by the Financial Conduct Authority, you must have a vulnerable client's policy. This [link](#) provides useful guidance about what can make somebody vulnerable and what actions you could take to treat them fairly.

## FRAMEWORK AREA B: SEAMLESS SERVICE

Where a holder of the Advice Quality Standard cannot provide the particular service needed by a client, they must inform the client and either signpost or refer them to an alternative service provider, where available.

### **B1. Clients should receive a seamless service from an appropriate source either by signposting or referral.**

<b>Purpose</b>	In order for individuals to receive the right advice that meets their specific needs, at the earliest opportunity, it is important that you can provide information about the range of services available and how they can be accessed.	
	Evidence B.1.1	You must describe clearly the service that you are able to deliver and state clearly any potential conflicts of interest.
	Evidence B.1.2	When appointments are offered, you must record client attendance and use information on non-attendance for service improvement.
	Evidence B.1.3	You must have a clear procedure for conducting signposting and referral, and staff must be able to demonstrate how they identify when to signpost or refer a client.
	Evidence B.1.4	You must have access to a directory of alternative service providers, which is kept up to date, is accessible to all staff, and is used to support effective signposting and referral.
	Evidence B.1.5	You must maintain records of referrals, including records of all instances where no suitable service provider could be found, and review these at least annually.
	Evidence B.1.6	For signposting, your procedure must confirm that, as a minimum, you will signpost any individual whom your organisation is unable to help.
	Evidence B.1.7	For referrals, your procedure must include, as a minimum, the practical steps to be taken to identify appropriate service providers using objective criteria, giving first consideration to organisations holding the AQS.
	Evidence B.1.8	When signposting or making a referral to another service provider, you must ensure that the client is told what role your organisation will take, what service they can expect from the other provider, and allow them to have a say in who that is, if possible.

	Evidence B.1.9	You must ensure that any discussion with clients of the cost implications of them being signposted or referred elsewhere is clearly noted on the client's file.
	Evidence B.1.10	Subject to the client providing consent, information about advice or assistance already given (and any relevant documentation) should be forwarded to the other service provider.

### **GUIDANCE FOR FRAMEWORK AREA B: SEAMLESS SERVICE: B1**

**Clients should receive a seamless service from an appropriate source either by signposting or referral.**

Operating a robust referral and signposting system enables you to deliver a seamless service to your clients. Please refer to the glossary in Appendix I for definitions of referral and signposting.

You should have a clear procedure which includes guidance as to when your advisers, caseworkers or other appropriate staff members are expected to signpost to another service provider, and the circumstances when a referral may be more appropriate. A key aim of a seamless service is to avoid a client having to continually repeat their story and your procedure should therefore cover how consent is obtained to share information with other providers, what that information should consist of and how it is shared. This should apply equally to external referrals to other organisations and to internal referrals between different staff and/or delivery channels in your organisation.

The need for referral or signposting can arise either when it becomes clear you cannot provide the service the client requires (for example, it is beyond your level of expertise, specialist knowledge is required or a conflict of interest is identified) or when there is another provider who could meet the client's requirements more effectively. Telephone and digital services will need to demonstrate how they assess whether a face-to-face service is more appropriate for clients. Advisers should consider issues such as cost, accessibility, geographical coverage and language barriers when recommending other service providers to clients, to avoid discrimination (see A.3).

Where more than one alternative appropriate provider is identified, you should give priority to organisations which hold the AQS as an indicator of good quality advice (see B1.7). You can find a list of advice agencies that hold the Advice Quality Standard quality mark in the [AQS Directory](#). The [Locator Tool](#) free debt advice locator tool and [Advice Local](#) are also useful directories.

The list of providers you signpost or refer to should contain correct information about the organisations. You will have to demonstrate that you have access to current details for any service providers used that are not in the AQS Directory, including telephone numbers, types of service offered, opening times, charging information, languages offered, and disabled access.

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. In the case of referrals (unlike signposting), you are expected to make arrangements for the client to see someone from the new organisation.

It is important that your organisation operates the referral and signposting mechanism correctly and is able to identify when an adviser has reached the limit of their experience, knowledge or competence. Referral can be internally to a more experienced adviser within your organisation prior to referring or signposting externally. The ability to understand the competence of an individual adviser is a key skill required of the supervisor (see D.3 and D.4). The AQS assessment process will look carefully for evidence that the point of referral or signposting has been correctly considered and that client needs were central to the decision.

Records for all referrals should identify:

- the client or case
- who made the referral
- the type of client need
- to whom the client was referred
- key dates

When you have referred a client to a service that does not hold the AQS or another recognised quality standard, you should provide a reasonable justification on the referral record (e.g. related to the scope of the type of client need, to case capacity, or to the limits of the adviser's competence). The criteria used to select an external service provider without the AQS should be transparent and objective. It could include: operating a client-centred approach; timeliness of service; relevant expertise; experience from previous clients; value for money (where there is a charge); quality standards and/or regulatory memberships.

Records should be kept every time a suitable service provider could not be found when the need for a referral had been identified, and these records should include the subject matter and what (if anything) was done to progress the client's case further. This information could feed into your annual service review and inform your strategic business planning as it could identify new partnerships that need to be formed or where funding could be sought to expand your services or expertise (see A.1).



## FRAMEWORK AREA B: SEAMLESS SERVICE

### B2. Advice services should establish and manage an effective referral network of service providers.

<b>Purpose</b>	It is important for a positive client experience that quality is maintained where all or part of the advice service is delivered by an external provider.	
	Evidence B.2.1	You should take steps to ensure the quality and appropriateness of advice services delivered by external providers to which you refer clients.
	Evidence B.2.2	You must have a system of recording feedback on the services delivered by external providers to which you refer clients.
	Evidence B.2.3	You should regularly monitor incoming and outgoing referrals, including attendance/non-attendance by clients, in order to ensure effective use of resources.

### GUIDANCE FOR FRAMEWORK AREA B: SEAMLESS SERVICE: B2

#### Advice services should establish and manage an effective referral network of service providers.

Having an effective referral network in place enables you to expand the support you can provide clients and gives them more choice over how they resolve their issues. Useful information, including templates and details of online referral systems can be found [here](#). You should ensure that any referral process or product is compliant with the Data Protection and GDPR requirements (see E.1.1).

Referring clients to an external service provider that also holds the AQS is a good step to ensuring that the client will receive appropriate and good quality advice. They will have been assessed against this same framework so you can make some assumptions about the nature and quality of the service. It is important to ensure that your information about such organisations is accurate and up to date if you are making referrals. Regular partnership meetings, reviewing and acting upon client feedback, and/or agreeing joint referral processes maybe one way to ensure smooth referrals. When referring to external providers that do not hold the AQS you should, if possible, ask them to sign an agreement to uphold your organisation's service standards as set out in your customer care charter, confidentiality policy, etc (see C.2 guidance on partnership risk).

You should have a procedure for recording feedback (from clients and other sources) on the services provided by external referral organisations. As a minimum you should invite clients to return to your service if they have any problems and have a mechanism for recording their feedback. Feedback from clients and other sources on referral is one element that will support you meeting G.3.1.

Monitoring incoming and outgoing referrals can help you identify whether staff are following agreed

procedures, how strong your referral network is and whether clients' needs are being placed at the centre of your referral decisions. Whilst obtaining feedback on referrals can often be difficult and/or time consuming, the information from these monitoring exercises, taken alongside client feedback, can be extremely useful in supporting service development and your strategic planning. The information could help you to quickly identify and rectify problems. For instance, if you get feedback from or about clients who do not attend referral appointments, this could help you to identify a problem with how you are making referrals, for example by not providing sufficient information or support to give the client confidence to progress on their own. If you receive a large number of incoming referrals from an organisation you might want to discuss referral protocols, including a [data sharing agreement](#), to help you better manage workflow and maintain data security. You might want to participate in partnership meetings to make links with new organisations that may be able to support your clients. Doing any of the above would provide evidence towards meeting G.3.3 and demonstrating a commitment to continuous improvement.

## FRAMEWORK AREA C: RUNNING THE ORGANISATION

Holders of the Advice Quality Standard must have structures and procedures which ensure effective leadership and management of the organisation and its resources.

### **C1. Service providers must have a clear leadership structure that identifies the governance roles and responsibilities of individuals in the delivery of the service.**

<b>Purpose</b>	It is important that there is effective leadership in operation with clear lines of authority and decision-making processes which enable appropriate delegation and oversight.	
	Evidence C.1.1	The governance document/constitution should be comprehensive, and the relationship between the governing body and those managing the organisation on their behalf should be clear.
	Evidence C.1.2	The governing body needs to demonstrate independent decision making and ensure that funding bodies remain a minority within the governing body membership.
	Evidence C.1.3	Your organisation should be a member of a recognised representative body.
	Evidence C.1.4	Your organisation must be registered with appropriate regulatory bodies.
	Evidence C.1.5	You must have a clear written description of how the organisation and advice service are organised and/or an organisational chart which is made available to all staff.
	Evidence C.1.6	Your decision-making structure should be defined in writing and should identify key personnel and their areas of responsibility, including the designated person responsible for ensuring the organisation meets the Advice Quality Standard.
	Evidence C.1.7	Your organisation must be registered with the Information Commissioner's Office.

### **GUIDANCE FOR FRAMEWORK AREA C: RUNNING THE ORGANISATION: C1**

**Service providers must have a clear management structure that identifies the governance, roles and responsibilities of individuals in the delivery of the service.**

Roles of individuals responsible for making decisions within your organisation need to be defined. A description of your organisation's structure might be in the form of a diagram or family tree but must be contained in a written document accessible to all staff. You should be able to demonstrate the

lines of communication within the organisation, including who is responsible for communicating what information and which communication methods are used for different purposes. In particular, the organisation's management should have a clear line of responsibility for communicating key information with their staff and volunteer teams.

The [Charity Governance Code](#) is a practical tool to help charities and their trustees develop and continuously improve good governance. Other resources that you might find helpful are [the Good Governance Institute](#); the Seven Principles of Public Life (the '[Nolan Principles](#)'). and accountancy firm [Kingston Smith](#) have toolkits to help you assess how well you are doing in terms of good governance.

Your governance document/constitution should set out the role, terms of reference and decision-making processes of your governing body. You should keep an up-to-date list of governing body members and include explanations of their roles and responsibilities.

Organisations applying for the AQS are asked to belong to recognised representative bodies as these can provide support and good practice guidance for members. Most will also provide opportunities to share and learn more about improving your practice as well as providing useful information such as details of funding opportunities. Some advice services will be members of recognised national bodies such as [Citizens Advice](#) and [Age UK](#). Where this is not the case, you can join national bodies such as [Advice UK](#), [NCVO](#) or [WCVVA](#) (if you operate in Wales). A local Council for Voluntary Service could also be appropriate. There are also practitioner networks such as the National Association of Welfare Rights Advisers [NAWRA](#) and Money Advice Liaison Group ([MALG](#)).

If you are not affiliated to a national regulatory body or relevant membership organisation, the AQS Assessor will discuss your organisation with the Advice Services Alliance in order to determine your suitability for the Advice Quality Standard. The AQS Assessor will take into account relevant information disclosed during the application process about your service and individuals working within it to determine whether or not your organisation is suitable to become or remain an AQS holder.

You must be clear whether any of the advice you are giving could be subject to a regulatory body. This will not apply to all advice providers, but you must show that you have checked whether any regulation applies to your organisation.

All practising solicitors are subject to regulation by the [Solicitors Regulation Authority](#). If your organisation is providing debt advice you may be subject to regulation by the [Financial Conduct Authority](#). If your organisation works in the field of immigration, asylum seekers or refugees, you will be subject to regulation by the [Office of the Immigration Services Commissioner](#). You may be breaking the law if you provide advice in areas that are regulated but you are not registered.

As all advice services will hold personal data, your service must be registered with the [Information Commissioner's Office](#) and you must ensure that you comply with the data protection requirements of the UK General Data Protection Regulation Act 2018. (see E.1).

## FRAMEWORK AREA C: RUNNING THE ORGANISATION

### C2. Service providers must ensure resources are available to provide the service when and where it is needed.

<b>Purpose</b>	It is essential that quality services make best use of limited resources.	
	Evidence C.2.1	You must review levels of service performance against your operational business plan on a quarterly basis.
	Evidence C.2.2	Subsequent decisions about your service capacity are reviewed to reflect your available resources.
	Evidence C.2.3	You must carry out an annual risk assessment and maintain a risk register, which clearly identifies all key known risks and what mitigating actions will be taken.

## GUIDANCE FOR FRAMEWORK AREA C: RUNNING THE ORGANISATION: C2

### Service providers must ensure resources are available to provide the service when and where it is needed.

Advice services have a long history of providing good services with very limited resources. Quality organisations will be clear about the resources available and what they can (and cannot) achieve with them. Service providers should take into account in their planning all types of resources including funding, human resources, equipment and buildings.

In a rapidly changing funding environment, service providers need to be sure that you can keep providing your service to a client for as long they need it. This is particularly important with services offering casework where a sudden change in service might have a detrimental impact on clients. For this reason, it is important to review service performance on a regular basis and make any necessary adjustments to your service delivery. Practitioners in your service sharing good practice and learning from each other, can help ensure your service is responding to changing needs.

One key factor that will ensure organisations can maintain a quality service is that the caseload is commensurate with the resources available. Services need to ensure that caseload is manageable by monitoring the number of open cases and ensuring that the case closure policy is effectively implemented (see E.1.8).

Where a service is provided by telephone, it may not be as obvious how many people are experiencing difficulties in accessing the service. Where the technology is available, you could collect information about the number of calls received, handled and lost. If this is not possible, you could collect similar information on a periodic basis by including questions in your user satisfaction survey about how easy it was to make telephone contact. This information should be included as part of the

service review and could result, for example, in a restructuring of opening hours or a change in the telephone technology such as use of answerphones.

Good quality advice services will demonstrate appropriate financial prudence without being unnecessarily risk averse. A key part of demonstrating this will be a risk register which outlines all the key known risks for the organisation and the processes in place for mitigating and/or managing these risks. There are many different risk register formats available which provide different ways of thinking about risk. Frequently risks involve a financial issue, which is why risk assessments and risk registers are often considered with financial reporting.

All organisations should undertake a risk assessment on an annual basis at least, and following any significant changes to the service, and should maintain a risk register. Charities have to undertake this exercise as part of their governance arrangements, but other organisations should also show evidence of having engaged with this process as a matter of good practice. The Charity Commission has a risk register [template that you can use as a guide](#).

Governing bodies should be engaged in the process, and in particular should agree what actions will be taken to mitigate identified risks. A regular review of the risk register will identify if these actions are successful.

Increasingly, advice services are working in partnership with other providers – either as a requirement of funding or as a way of sharing expertise and expanding the services available to clients. Whilst partnerships can be very beneficial, they also carry risks and you should undertake some basic due diligence before entering into a partnership arrangement. This may include checking that the partner organisation has similar values to yours and that they have basic policies and processes in place to ensure that they deliver a quality service. This is particularly important where the partner does not hold the AQS. If something should go wrong with the partnership, such as poor quality of advice or an incident within the partner organisation, there could be potential for serious reputational damage to your organisation so this should be included within your risk assessment and risk mitigation plan.

When thinking about risk, you might also want to consider developing a business continuity plan. A business continuity plan sets out the processes and procedures that are critical to enabling an organisation to continue to operate during a crisis or disruptive incident. It is good practice for all organisations, regardless of size, to have such a plan as this will it easier to cope in a crisis and minimise the impact of any disruption on your organisation and your clients.

## FRAMEWORK AREA C: RUNNING THE ORGANISATION

### C3. Service providers must maintain effective financial control.

<b>Purpose</b>	Regular production and monitoring of basic financial information will enable you to ensure that your organisation's resources are managed effectively.	
	Evidence C.3.1	Financial management must be exercised in line with agreed statements of financial policies, procedures and authorities approved by the governing body. You must provide evidence of an annual financial review by an independent source.
	Evidence C.3.2	You must demonstrate how you use financial information to assist in reviewing the provision of services.
	Evidence C.3.3	You must have professional indemnity insurance in place in accordance with the requirements of your relevant professional association. Organisations that are not members of any recognised association should be insured for not less than £500,000 (see guidance below).
	Evidence C.3.4	You must be able to provide evidence of compliance with regulatory requirements where appropriate.
	Evidence C.3.5	You must be able to produce the following documentation and show how it has been used in managing the organisation: <ul style="list-style-type: none"><li>● Annual budget</li><li>● Cash flow reports</li><li>● Quarterly reports of variance of income and expenditure against budgets</li><li>● Annual profit and loss account, income and expenditure account or payments, and receipts account</li><li>● Annual balance sheet</li></ul>

## GUIDANCE FOR FRAMEWORK AREA C: RUNNING THE ORGANISATION: C3

### Service providers must maintain effective financial control.

Cost control has always been particularly important in the advice sector, where funding is limited and often uncertain and it is important to achieve best value for money. The standard does not seek to impose anything other than financial prudence and good practice.

Service providers produce a variety of types of financial report; the most appropriate will depend on the nature of your organisation and on the range and focus of your provision.

Organisations should ensure that they are compliant with legislative and contractual financial recording and reporting, as required by Companies House, the Charity Commission and other relevant regulatory bodies. Some funders require reports specifying how their funding has been utilised.

A member of the governing body should be designated with overall financial responsibility. Day to day financial management tasks can be delegated to a paid member of staff and some organisations choose to outsource certain finance functions such as payroll or bookkeeping. However it is organised, the governing body should retain oversight of finances as part of its governance accountability role.

Organisations are required to have policies on finances and financial management which are appropriate to the size and scope of their operation. You need to agree on a set of rules about how your organisation will look after its money. As well as helping your organisation to function effectively, these rules also demonstrate to funders and other bodies that you are using money well.

An annual budget for income and expenditure should be produced. Policies may specify what resources will be used to provide what services. Particular individuals may be designated with the authority to approve and handle certain levels of expenditure and this needs to be clearly described. There are various sources of guidance about what to include in a financial management policy and you may wish to contact your own accountants or book keeper for further information.

Financial year-end reports need to be prepared and audited or examined by an independent source, in accordance with your governing document. AQS Assessors will seek evidence of financial audits and examinations. Financial requirements for companies are provided by [Companies House](#) while the [Charities Commission](#) provides guidance on how charities should make their annual return. Financial information should be reviewed regularly by the governing body so it can be confident of the continuing stability of the organisation. This information should feed into the annual review of service performance (see A.1.5). Decisions, based on collected evidence, can then be taken about what changes (if any) need to be made to the service strategy. It may be that an increased amount of funding is available and as a result, services may be able to expand. Where fewer resources are available your service will need to decide where to focus your efforts. Relevant and accurate financial information should be readily available to the governing body so that they are able to fully consider it when making such decisions.

Professional indemnity insurance protects your organisation against claims of negligence and provides cover should clients incur financial losses as a result of following your advice. To help inform what would be an appropriate level of cover you should assess the amount of financial damage that could be caused by looking at a worst-case scenario. You also need to consider the likely cost of legal fees should you have to defend yourself against a claim. Seeking professional advice will help ensure that you have an adequate and appropriate level of cover for the size and scope of your service. Guidance from the Law Society can be found [here](#) and from the Solicitors Regulation Authority [here](#).



## FRAMEWORK AREA D: PEOPLE MANAGEMENT

Holders of the Advice Quality Standard must have structures and procedures which support staff, volunteers and trustees to deliver quality advice to clients in line with their strategic aims.

### D1. You must have processes in place to ensure the delivery of quality work to clients.

<b>Purpose</b>	Advisers should have access to a suitably experienced person, who can provide guidance and manage their work.	
	Evidence D.1.1	You must identify at least one person responsible for supervising individuals who work with clients (this may be someone external to your organisation). The supervisor must: <ul style="list-style-type: none"><li>• Have successfully completed training and development activities that enable them to meet the requirements of the role and person specification for supervisor within your organisation</li><li>• have experience of managing advisers</li><li>• demonstrate how they maintain their knowledge of legal changes and practice</li><li>• be accessible to the staff and volunteers they supervise.</li></ul>
	Evidence D.1.2	You must have a clear method of allocating cases/enquiries to advisers/caseworkers according to their abilities.
	Evidence D.1.3	You must have a supervision system that is responsive to the skills of individual advisers/caseworkers and, where appropriate, a range of delivery channels.
	Evidence D.1.4	If you deliver advice as part of a regulated service, you must ensure that you comply with relevant professional standards and professional development frameworks for supervision.

### GUIDANCE FOR FRAMEWORK AREA D: PEOPLE MANAGEMENT: D1

#### You must have processes in place to ensure the delivery of quality work to clients.

The governing body and the senior management team are responsible for the delivery of quality services to clients and it is their duty to ensure processes are in place to maintain this. On a day-to-day basis, it is the supervisor which assures this process. The role of the supervisor is therefore crucial to the delivery of quality advice and they should provide appropriate guidance and management to specified workers to ensure and to promote this service. It is preferable that the supervisor is located within your organisation but where this is not possible, supervision through other organisations

should be formally arranged (see E.4). If using an external source, you should take steps to ensure that the person meets the above requirements.

The supervisor need not hold a formal legal qualification but will need to comply with the requirements given in D.1.1 and will need to demonstrate how they ensure that their knowledge and practice continue to be up to date.

The supervisor is a resource for advisers. They do not need to have detailed knowledge of each area of work delivered by the service but they must demonstrate basic knowledge and skills across the areas provided. Supervisors managing the delivery of the service by advisers need experience of supervising staff, unless they were previously working as a sole provider and were self-supervising. This experience may be supplemented by attendance on management and/or supervision courses and/or by themselves receiving mentoring from other individuals (possibly outside the organisation).

You should ensure that procedures are in place for supervisors to access specialist guidance from outside your organisation where a case falls outside their areas of expertise. Effective networking with other advice organisations can assist you in identifying potential sources of external guidance and specialist support. The [AQS Directory](#) is a useful resource to support you with this task.

Supervisors should be aware of the practical difficulties of providing support when the adviser is at a different location. In such circumstances, the supervisor should make formal contact with each adviser/caseworker weekly. This could include monitoring of calls or case records or discussion of the work undertaken by the adviser. There should be a face-to-face supervision meeting at least monthly and it is recommended that the supervisor undertake observations of the interaction between the staff member and the clients.

Supervisors can both benefit from and contribute towards the continual development of staff and the organisation. They are most likely to pick up on staff members' learning and development needs as well as the key problems areas identified through client contact. Using this position to generate feedback and to share learning can demonstrate the organisation's commitment to continual development.

Supervisors need to maintain their own caseloads and/or to demonstrate an involvement in cases that are the responsibility of other advisers. Experience has shown that this continuing practical involvement is necessary for supervisors to sustain knowledge about best practice. Their involvement in other cases should be focused on cases where advisers need guidance.

Accessibility to a supervisor for caseworkers is key to making arrangements work. Occasions where the supervisor is not at work or when they are unavailable for long periods for example when a supervisor works part-time, has long meetings or is on extended leave of absence, need to be catered for by a suitably qualified deputy. Following a period of absence, the casework supervisor should demonstrate that they have received feedback from the deputy and have undertaken a review of the adviser's casework.

Effective supervision arrangements are particularly important in the case of telephone and digital services where advisers may be based in different sites, including their own homes, linked by a common telephone/computer system (see E.4.1 and E.4.2). Assessors will want to see evidence that

advisers and caseworkers have access to the knowledge, experience and support of a supervisor or suitable deputy at all times. Systems to protect advisers from burnout should be in place, which should include consideration of staffing levels and opening hours. Consideration should be given to allowing advisers control over when they take breaks and access support following a long or difficult appointment or call.

## FRAMEWORK AREA D: PEOPLE MANAGEMENT

### D2. Training and professional development opportunities must be provided for all staff, including volunteers and managerial staff.

<b>Purpose</b>	Processes are in place to ensure the knowledge, skills and attitudes of all staff meet the level required to provide good client care.	
	Evidence D.2.1	Staff appraisals must be undertaken at least annually and recorded.
	Evidence D.2.2	Training and development plans and activities must support the needs of the service and must be reviewed annually as part of strategic business planning.
	Evidence D.2.3	You must record all training and professional development undertaken on individual training and development plans.
	Evidence D.2.4	Where you deliver advice as part of a regulated service, you must ensure that you comply with relevant professional standards and professional development frameworks.

### GUIDANCE FOR FRAMEWORK AREA D: PEOPLE MANAGEMENT: D2

#### Training and professional development opportunities are provided for all staff and volunteers who work within the service including management of the organisation.

Many organisations have staff [appraisal systems](#) in place which include support, supervision and feedback. Whatever appraisal system you use should: appropriate for the type and size of your organisation;

- relate the performance of the individual to the needs of the service
- review required levels of knowledge, skills and customer care;
- be a two-way communication process to facilitate feedback;
- identify training needs and set objectives.

The governing body should also consider participating in the annual appraisal process as part of their accountable responsibilities for quality and performance. NCVO provides a useful [toolkit](#) to support this.

Individual [employee development plans](#) should be prepared for all members of staff and populated and updated with issues identified at the appraisal and through supervision.

Training records need to be kept for all members of staff and should include records of informal and formal training. Training and development plans should be reviewed annually with individual staff, and collated to provide feedback to the governing body to help inform the strategic business planning process. Reviewing training and development activities across the organisation will help the governing

body to identify whether or not the workforce has the right skills to deliver against organisational objectives, assist in budgeting decisions and will identify where changes in the service delivery model have created skills gaps that need to be addressed. Whilst there is a core set of skills relevant to advice giving, different delivery channels require different skills and appropriate training should be provided.

Where relevant professional competencies apply, evidence of meeting these should be recorded. For organisations providing debt advice, staff must be appraised against the [Money and Pensions Service Quality Framework for Individuals](#). You also need to be aware of the role of the [Financial Conduct Authority](#) and the activities which fall within their regulation regime.

If your organisation provides immigration advice, you must be registered with the [Office of Immigration Services Commissioner](#), who regulates immigration advice. Giving immigration advice without being registered is a criminal offence.

If your organisation employs a qualified lawyer working for you as a lawyer, you must ensure that the appropriate regulator is informed and that both your service and the individual comply with the professional requirements.

## FRAMEWORK AREA D: PEOPLE MANAGEMENT

### D3. You must have procedures in place to ensure clients get advice from the most appropriate source.

<b>Purpose</b>	Clients must be able to have confidence in the ability of the person who deals with their problem or enquiry.	
	Evidence D.3.1	All staff must be aware of their responsibilities. These should be documented in role or job descriptions.
	Evidence D.3.2	Procedures must be in place to match the skills and competencies of all staff giving advice to the areas of advice needed by clients.
	Evidence D.3.3	All staff must be aware of the need to inform the supervisor if a case is beyond their competence.
	Evidence D.3.4	Your staff should have easy access to relevant and up-to-date legal reference material. You must have a process in place to provide timely information to staff about changes in the law pertinent to their service delivery.
	Evidence D.3.5	Advice providers must demonstrate that consideration has been given to the risk for vulnerable adults and/or children in relation to the delivery of your services. Where risks have been identified, appropriate measures must be taken to mitigate these risks.

### GUIDANCE FOR FRAMEWORK AREA D: PEOPLE MANAGEMENT: D3

#### You must have procedures in place to ensure clients get advice from the most appropriate source.

The organisation must ensure that all staff, both those who give advice and others, are aware of the range of their responsibilities, particularly (but not exclusively) in relation to giving advice. It is important that administrative staff such as receptionists understand their role and whether this extends to information giving, signposting or referral. Clear and up-to-date job descriptions will assist in allocating tasks and responsibilities to individuals.

Your needs assessment should have identified your clients' advice needs (see A.1.2) and you should be able to explain how you have applied this information to ensure your staff have the skills and knowledge to meet these needs.

The role of the supervisor in meeting this requirement is crucial (see also D.1). The supervisor should understand the abilities of the advisers and/or caseworkers within your organisation. Cases and enquiries need to be matched to the capabilities and workloads of advisers. Monitoring adviser workloads so that cases and enquiries can be allocated effectively will require greater proactivity

where advisers are working remotely and delivering through telephone and digital channels. Supervisors will be asked to identify how this process is undertaken.

The abilities and experience of each individual worker needs to be considered when identifying how the member of staff needs to be supervised. The supervisor should assess individuals' competencies using various tools, such as appraisal. Frequent and formal supervision discussions may be appropriate for those who have little experience. For inexperienced advisers, it may be necessary to review all incoming and outgoing correspondence. For experienced advisers, a less formal approach may be warranted. Again, consideration will need to be given to how this process can flex to take account of remote working. Where not physically present, the supervisor must be easily contactable.

You should identify what approaches supervisors have taken with whom. This will need to be set out in a manner that allows everyone involved to understand how it works in practice. Staff should feel supported by supervision and comfortable to approach their supervisor for advice and guidance.

You should provide your staff with access to websites and other reference materials in order that they can easily check and record the advice they are giving. You should identify how you communicate with the advice team about any changes in key areas of law, and how you share good practice and other relevant information with your staff team, for example through team meetings or newsletters.

In line with other services working with vulnerable populations, you must have a [Safeguarding Policy](#) in relation to your advice services. It must show how you have considered who might be vulnerable and in what ways, and what steps you have taken to mitigate this risk. Further resources can be found [here](#).

## FRAMEWORK AREA D: PEOPLE MANAGEMENT

### D4. You must demonstrate a clear commitment to equity, diversity and inclusion and the fair treatment of all staff, volunteers and job applicants.

<b>Purpose</b>	Current and potential staff and volunteers must be treated fairly and supported to carry out their duties free from discrimination.	
	Evidence D.4.1	You must have an equity, diversity and inclusion policy in effective operation covering the selection, recruitment and treatment of staff, volunteers and job applicants. The policy must be compliant with the requirements of the Equality Act 2010.
	Evidence D.4.2	You must operate fair and transparent recruitment processes that evaluate the skills, knowledge and experience of those applying for posts.
	Evidence D.4.3	You must have induction procedures in place for all people who join the organisation or change roles.
	Evidence D.4.4	Where appropriate you should seek to take steps to create a workforce that reflects the communities it serves.
	Evidence D.4.5	You must have clear policies to protect the rights, safety and wellbeing of your workforce. These must include disciplinary and grievance processes and health and safety policy and dignity at work/bullying and harassment policies.

## GUIDANCE FOR FRAMEWORK AREA D: PEOPLE MANAGEMENT: D4

### You must demonstrate a clear commitment to equality and diversity and the fair treatment of all staff, volunteers and job applicants.

All policies should cover paid employees and volunteers, including (where relevant) members of the governing body, but should reflect the different legal status of each group. Policies will also cover potential members of these groups, for example in recruitment policies and procedures.

Your recruitment procedures should be designed to ensure that:

- Recruitment is transparent, fair and effective, without discrimination, except where specified as positive action by current legislation.
- Advertising, whether internal or external, reflects the role and person description.
- Selection of applicants is conducted consistently and by reference to relevant criteria only.
- Documentation is retained to provide feedback to candidates and is available for inspection if



required.

- Interview and assessment notes for all shortlisted candidates (whether appointed or not) should be kept for not less than 12 months.

Recruitment processes and outcomes should be monitored and the organisation's leadership should check for potential bias and take action where this is found.

Where appropriate, the organisation should show that it has a process in place by which it can consider making 'reasonable adjustments' (as specified by the [Equality Act 2010](#) to accommodate the requirements for people with disabilities), consider flexible working arrangements and shared parental leave and maternity leave as required by law. As with clients, you must seek to identify any potential barriers that may prevent or exclude staff and volunteers from fully participating or having equal access to opportunities and resources within your organisation (see A.3.1). You must take active steps to create an inclusive culture within the workplace that values, appreciates and welcomes staff and volunteers of all backgrounds and diverse characteristics. You should also have measures in place to enable you to monitor how effective your equity, diversity and inclusion policy is in practice and to take actions where it is failing. Staff surveys, supervision and appraisal sessions could all be used to raise these issues and collect feedback.

An [induction](#) process is essential for new staff but is also helpful when an existing staff member changes roles. The core induction process will generally be the same across the various job types and should include all volunteers, paid staff, management committee members and/or trustees. Core induction should also cover all mandatory training, including for example that required by the [Health and Safety at Work Act](#). When individual employees need a tailored approach, this should be documented on file. Any new adviser recruited to undertake legal work should understand core procedures of the organisation before giving advice.

Your organisation must ensure that all policies support the principle of Dignity at Work and that such principles underpin the [disciplinary and grievance](#) processes. All policies should reflect the service delivery model and methods adopted by your organisation. For instance, if you are operating a largely remote/home-based service using telephone and email, your health and safety policy should include how you support the wellbeing of your workers outside an office environment. If you have advisers working at a screen for continuous periods of an hour or more you need to show how you meet the [display screen equipment regulations](#). All policies need to be highlighted during the induction process, they should be open and available to all staff and should include provision for [whistleblowing for employees](#).

Wellbeing in the workplace covers all aspects of working life from the quality and safety of the physical environment to how staff feel about their work, their working environment and their organisation. The Chartered Institute of Personnel and Development states that "promoting wellbeing can help prevent stress and create positive working environments where individuals and organisations can thrive." They have produced a useful [factsheet](#) to support you in developing wellbeing policies and practices in your organisation. The mental health charity Mind has a number of [resources](#) to help you take care of your staff and support their mental health.

## FRAMEWORK AREA D: PEOPLE MANAGEMENT

### D5. Client casework must be dealt with by competent staff.

<b>Purpose</b>	It is essential that casework carried out by your service is delivered by staff who meet specified competencies.	
	Evidence D.5.1	<p>You must identify the individual caseworkers undertaking casework in the service strategy and:</p> <ul style="list-style-type: none"> <li>• Demonstrate that at least one of the identified caseworkers spends at least 12 hours per week and any other identified caseworkers spend at least 6 hours per week each dealing with cases falling within the relevant casework category; and</li> <li>• Demonstrate that the caseworkers (either individually or together) have undertaken casework across the breadth and depth of subjects within the relevant casework category within the last calendar year and subsequently every 12 months.</li> </ul>
	Evidence D.5.2	<p>You must identify a casework supervisor who meets the required criteria. These are designed to:</p> <ul style="list-style-type: none"> <li>• Demonstrate previous experience in casework.</li> <li>• Demonstrate availability to supervise caseworkers.</li> <li>• Demonstrate continued involvement in on-going casework.</li> </ul>

## GUIDANCE FOR FRAMEWORK AREA D: PEOPLE MANAGEMENT: D5

### Client casework must be dealt with by competent staff.

- Casework is taking action on behalf of clients. This is likely to include negotiation and advocacy on the client's behalf to third parties, by phone, letter or email, or face to face.
- Casework involves putting the client's case to a third party in order to move the case on, which often involves convincing them to make or to change a decision in the client's favour.
- Third parties may include central or local government departments, housing associations, private landlords, employers, people to whom the client owes money, tribunals and courts.
- Most cases will involve follow-up work, although occasionally this may take place within the interview.
- The service provider is likely to assume responsibility for further action.

Organisations providing a casework service will usually concentrate on cases within a specific area of law (e.g. housing casework). Where the service is established to support a particular client group, it may concentrate on cases that relate to the types of problems clients in that particular target group

encounter (e.g. disability casework).

It is essential that the work carried out by your service is delivered by staff who meet specified competencies or are working towards competency and are appropriately supported and supervised. When undertaking case work (defined as taking action on a client's behalf including negotiation and advocacy), it is a key requirement that the advice clients receive is correct and appropriate to their problem and circumstances. This is most likely to be achieved where caseworkers have a specified depth and breadth of experience and skills.

Organisations providing advice and casework therefore need to demonstrate that their caseworkers are competent to undertake casework in the relevant categories. It is also important that your organisation can undertake a minimum range of casework categories. This improves access for clients and reduces the need for referrals. Caseworkers will also need to demonstrate competency in the particular delivery channel they use, and an understanding of how the type of channel affects their work.

A certain amount of experience in a specified range of cases is just one of the measures the AQS Assessor will use to assess the competence of individual caseworkers. Supervisors will also need to have regard to the requirements set out in D.2 that relate to training and development of individuals with regard to their casework skills and any specific requirements of relevant regulatory bodies. This links to the requirement to provide a seamless service, as it is important that caseworkers understand the limits of their competence and provide signposting or make referrals wherever appropriate (see B.1).

## FRAMEWORK AREA E: RUNNING THE SERVICE

Holders of the Advice Quality Standard must have processes and procedures that ensure an effective and efficient service to their clients.

### E1. Client information and case files must be well organised.

<b>Purpose</b>	In order to access information quickly and easily for the purposes of supervision and audit, it is important that records are managed and stored in a secure and organised way.	
	Evidence E.1.1	You must have a data protection policy which complies with current legislation and which includes procedures for ensuring that clients are fully aware of their rights regarding the information that you hold on them.
	Evidence E.1.2	You must have procedures and measures in place to ensure the security of electronic devices, IT operating systems and personal data held and to protect it from cyber-attack.
	Evidence E.1.3	You must ensure that clients provide consent for you to process and store their information or data and that this is recorded. Consent must be gained before data can be shared with any external parties, including external organisations or service providers and AQS Assessors.
	Evidence E.1.4	Case files and information records should be clearly written, so that progress on them can be easily understood by others, and stored in an orderly way so that they and associated documents can be easily located.
	Evidence E.1.5	You must have procedures in place to identify and deal with any conflict of interest in acting for a client.
	Evidence E.1.6	You must operate a key dates and action items diary, where appropriate.
	Evidence E.1.7	Case files and information records must include a clear written record of the advice the client has received.
	Evidence E.1.8	You must have and operate a clear case closure policy to ensure that the number of cases open at any one time is manageable within the capacity of your organisation.
	Evidence E.1.9	Case files should be retained for a minimum period of six years, or longer if specified by your insurance.

	Evidence E.1.10	You should have a policy in place for the secure destruction of case files that satisfies statutory requirements.
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## **GUIDANCE FOR FRAMEWORK AREA E: RUNNING THE SERVICE: E1**

### **Client information and casefiles must be well organised.**

Case records may be kept manually or electronically but regardless which system you use, all case records must be held in a manner that allows swift identification of records and that ensures confidentiality. You must ensure that all your case management systems comply with the requirements of the Data Protection Act 2018, which introduced the General Data Protection Regulation (GDPR) into UK law. Your data protection policy must clearly set out how you comply with the Act and Regulations, including identifying the Data Controller and the Data Processors and a procedure for obtaining consent from clients to share information. Clients need to be made aware that they have the right to see any information you hold on them and to know what the process is for doing this. Where files also hold information about third parties, you need to ensure that the identity of the third parties cannot be found through the information you share. Your policy should also cover how you respond to requests from clients for the 'right to be forgotten' and when your legitimate interest as a provider of social welfare legal advice may take precedence. Guidance on developing a data protection policy and cyber security measures can be found [here](#).

The need for cyber security is becoming increasingly important given the reliance on electronic devices, remote working and digital delivery methods. You must have measures in place to protect your devices, systems and the personal information you hold from potential cyber attacks. These should include: keeping devices and software up to date; using antivirus and antimalware software; ensuring internet connections are secure through use of firewalls; manage access to accounts and applications through the use of unique and strong passwords and multi-factor authentication/2-step verification and ensure that devices are securely configured, requiring login before use. You should also ensure that each user has the correct type of user account with the appropriate level of permissions (e.g. only key personnel should have administrator permissions). This is particularly important where devices are shared by a number of users. You should also have a back-up procedure in place, appropriate to the method you use for data storage (e.g. cloud-based, server, paper), that enables you to restore information should it become lost for whatever reason. The National Cyber Security Centre (<https://www.ncsc.gov.uk/>) and the Cyber Resilience Centre for Wales (<https://www.wcrcentre.co.uk/>) have information, guidance and training modules to help you with this. You could also consider obtaining [Cyber Essentials](#) certification which may be required by some funders.

How you obtain consent from clients will vary depending on the service delivery method you are using. If advice is being given by telephone you may have an automated privacy statement that the client hears before the call is connected to an adviser. This should be reiterated by the adviser once connected. If using email, your enquiry form may have a privacy statement on it which the client can tick. Whatever method you use, it is important that you make it clear to clients what they are consenting to. Third parties such as the AQS Assessors will from time to time require access to client records. Clients need to be made aware that it is possible their file may be assessed and that they have the right to opt out from having their file included in this process.

Keeping clear and orderly case records is important for a number of reasons and you should ensure that all advisers are made aware of your case recording policy and provided with training where necessary. Advisers should be given adequate time to write up case records, preferably after each client interaction. For telephone advice, notes may need to be more comprehensive as the adviser will need to rely on the client's description or interpretation of their situation rather than being able to see supporting documents for confirmation.

You should consider what information and data requirements might be useful to monitor your service strategy and decide how to incorporate monitoring requirements stipulated by your funders e.g. clients' ethnicity, gender, postcode or borough.

How information in the file is organised is up to the service provider, however, the AQS requirement is that all relevant information about a client can be found easily and that an AQS Assessor should be able to follow a case history. Having set out how records and files should be maintained, you should ensure that this practice is adopted throughout the organisation.

The processes for opening files/records for clients are likely to vary, depending on the nature of different client problems. Procedures for identifying conflicts of interest should allow for identification to take place as early as possible. They should clearly describe how the process is undertaken and who is responsible for doing it. As a minimum, your organisation should have written procedures to deal with the following situations:

- Your organisation is advising both sides in a dispute.
- The client's case involves a member of the organisation's staff, management committee or Board of Trustees.
- The client is presenting a case that the adviser or another member of staff knows is based on false information.
- The client's case involves or potentially involves undertaking action against the organisation or a funder.

The decision as to what is a 'key date' and 'action item' will depend on the services provided. As a minimum, these must include dates which, if missed, would prejudice the client and may lead to a negligence claim. Advisers are expected to share a common understanding of key dates and action items and how they should be recorded. Key dates diaries should be kept on the organisation's premises. AQS Assessors will want evidence of who monitors the diary system (including when advisers are away) and at what intervals. Case and enquiry records may be used to test effective operation of this standard.

Service providers determine the circumstances in which it is necessary for a client to receive written information. However it is often considered good practice to ensure that clients have copies of key documents such as court submissions. Clients should be given the opportunity to correct information about themselves which is held by the organisation.

Where letters or emails have not been sent to the client, there must be some other way of substantiating the information that the client has been given, e.g. links to websites or copies of leaflets provided.

It is important that you have a clear policy and procedures covering case closure, archive and file destruction, and that it is acted on systematically. This should cover hard copies and electronic files, and comply with statutory requirements. You must provide evidence of how you implement this policy as part of the AQS assessment. Guidance on file closure management can be found [here](#) and [here](#).

## FRAMEWORK AREA E: RUNNING THE SERVICE

### E2. You must commission an independent review of quality of work and follow-up where needed.

<b>Purpose</b>	An independent and objective review enables organisations to test the quality of their advice and procedures and to identify both strengths and weaknesses.	
	Evidence E.2.1	You must ensure that samples of work are independently reviewed to assure the quality and accuracy of advice provided and adherence to service procedures. The number of case files that should be reviewed and the frequency of the reviews should be set according to each adviser's skills and experience, and the volume and complexity of work.
	Evidence E.2.2	A record of the independent file review should be retained on the case file and stored centrally.
	Evidence E.2.3	You must have systems in place to ensure that any corrective action required as a result of independent file reviews has been undertaken.
	Evidence E.2.4	Independent file reviews should be undertaken by a person with the relevant skills, knowledge and experience. This person can either be a member of staff or external to the organisation.

### GUIDANCE FOR FRAMEWORK AREA E: RUNNING THE SERVICE: E2

#### You must commission an independent review of quality of work and follow-up where needed.

You should have in place an effective system to review a sample of work undertaken on behalf of clients. The case review is an independent check of a random sample of each adviser's work. It should focus on establishing whether the adviser has followed your processes and if there are any problems in the way that the case is being handled. In determining this, the reviewer should have best practice in the area of work in mind. As a quality control sample, it can identify areas where the quality of advice, and compliance with your organisational procedures, need to improve.

The frequency with which independent file reviews need to be undertaken and the number of files looked at will be influenced by factors including the experience and skills of individual advisers, the number of clients they see, and the outcomes of previous reviews. The service delivery method will also have a bearing and whatever system you implement should be flexible enough to cover all channels. Given the increase in remote working, you might also consider increasing the number and/or frequency of reviews for those advisers who are not office based.

There is no fixed requirement as to the number of files reviewed; it will vary with each organisation



and the individuals within the organisation, and it depends on the other checks the on advisers' work (such as checks built into supervision, training and peer support) that you carry out. It is probably easier to specify a rate e.g. three reviews per worker every two months, or it could be specified as a percentage. You will need to select a process that works for your organisation. The number and frequency of reviews can be changed as the process evolves. AQS Assessors will want to understand how the decisions were made and, if they are not satisfied, they may seek corrective action to increase the number or frequency of reviews.

Independent file reviews do not have to be conducted by a supervisor and the service should consider whether another file reviewer should be used where the supervisor has themselves been heavily involved in a case. They should be undertaken by a person who is able to recognise best practice and has understands how that applies to the area of work. When supervisors delegate this task to someone else, there needs to be feedback to the supervisor so that they are fully informed of the performance of their workers. Outcomes of independent file reviews should be included within any performance appraisals, including annual appraisals. Knowing their work is being reviewed can be stressful for staff; feedback should be given to individuals as soon as possible and can be used in staff development or in coaching.

Those agencies delivering debt advice through Money Advice and Pensions Service funding will be subject to their [Debt Advice Peer Assessment](#) scheme.

All advice providers should keep the records of the results of the independent file reviews centrally and use these to inform the development of in-house learning programmes. In doing so, you will meet the continuous improvement requirement of the AQS.

## FRAMEWORK AREA E: RUNNING THE SERVICE

### E3. You must have a clear feedback process for service and performance reviews.

<b>Purpose</b>	In order to continually improve the service to clients, regular feedback to individuals is essential.	
	Evidence E.3.1	Results of independent file reviews of samples of work are fed back to the individual by the supervisor.
	Evidence E.3.2	A summary of information from independent file reviews is used in giving feedback to individuals within their appraisal. If an individual's performance is found consistently to fall below the standards set by the organisation, remedial action should be taken and recorded.
	Evidence E.3.3	Results of independent file reviews should be held centrally and the key issues and themes from them should be reviewed by the governing body, at least annually, to identify any potential organisational improvements.

## GUIDANCE FOR FRAMEWORK AREA E: RUNNING THE SERVICE: E3

### You must have a clear feedback process for service and performance reviews.

The governing body has oversight responsibility for the organisation and should use a variety of information sources to inform their strategic planning and governance. Results of independent file reviews could indicate training needs or a need for increased supervision, which will need to be budgeted for. They could indicate problems with the adviser recruitment processes or a lack of knowledge of organisational policies and procedures that need to be addressed. Reviews could be considered on a quarterly basis alongside your review of levels of service performance (C.2.1) to quickly identify issues and mitigating actions. The annual review of the central record of independent file reviews could be used to inform your strategic business plan (A.1.4).

You may also consider your approach to meeting this requirement in relation to the provisions in G.3. Any client feedback on a particular member of staff or team could be fed into service reviews and appraisals. Likewise processes for service reviews which involve clients (such as client focus groups, client surveys, and the use of consumer panels, etc.) could equally shed light on the organisation's achievements.

## FRAMEWORK AREA E: RUNNING THE SERVICE

### E4. All advisers must have access to appropriate support and supervision.

<b>Purpose</b>	Supervisors and/or managers play a key role in assuring service quality and promoting best practice on a daily basis.	
	Evidence E.4.1	You must have in place a system of supervision available to all advisers and caseworkers.
	Evidence E.4.2	All staff must be aware of the arrangements for supervision and how to access this.
	Evidence E.4.3	All staff must record on case files when supervision has been sought and the outcome of any discussions.

### GUIDANCE FOR FRAMEWORK AREA E: RUNNING THE SERVICE: E4

#### All advisers must have access to appropriate support and supervision.

Supervision is one of the most important assurance mechanisms for delivering quality advice. Good supervision is both instructive and supportive and contributes to the advisers' development. It is the key mechanism for preventing errors that could harm the client and is far more effective and less resource intensive than identifying mistakes after they have occurred.

All staff who are giving advice must have access to the resources they need to undertake the role, including reference materials and advice from others with an overview on cases (see D.3.4). Staff need to feel that they can discuss a case with someone else without judgement and that this person will help support them to make the correct decision about the advice to be given.

In most cases, this supervision will be delivered by someone within the organisation, but in some cases, external supervision will be necessary (for example in specialist areas of law or where no one with the right skills and experience exists within an organisation). All advisers need to be clear about how supervision is provided in the organisation. If an adviser is self-supervising, the organisation will need to provide a strong justification for this and the onus is on the organisation to demonstrate why it is appropriate in these circumstances.

Consideration will need to be given to the impact of remote working on access to supervision (see D.1.3). Without the physical presence of colleagues to ask questions and check understanding, advisers may feel more pressure to go it alone. Supervisors may need to be more proactive in contacting remote workers to reassure them of the support available to protect the quality of advice and adviser wellbeing. Actions taken to address this should be recorded in your risk register and will help demonstrate compliance with C.2.3.

## FRAMEWORK AREA F: MEETING CLIENTS' NEEDS

Clients using a service that holds the Advice Quality Standard are entitled to receive advice and information relevant to their needs.

### F1. Clients should receive information and independent advice relevant to their needs.

<b>Purpose</b>	How individual clients choose to resolve legal or social welfare problems will often depend not only on the problem, but also on the client's particular circumstances and experiences.	
	Evidence F.1.1	You must have processes in place that ensure clients receive independent advice.
	Evidence F.1.2	Your clients should be informed when the advice includes action that your organisation may not be able to undertake, and they should be given the reason (e.g. organisational competence or policies of funders). When the reasons involve conflict with the policies of funders or with statutory duties, the organisation will need to demonstrate that the advice given was independent.
	Evidence F.1.3	Your clients must be informed of and consulted about any potential costs from any opposing party they may become liable for as a result of any action the organisation undertakes on their behalf, before any costs are incurred.
	Evidence F.1.4	Where action cannot be taken immediately, e.g. when a client is awaiting a decision regarding an appeal, systems should be in place to ensure action is taken in the future. The procedures must address potential time restrictions, limitations or deadlines.
	Evidence F.1.5	Your systems must ensure that clients are kept informed about the progress of a case and, in particular, any change in plans for future action, and are informed of the outcome of their enquiry as soon as it is known. When this is done it must be noted on their file.
	Evidence F.1.6	You must have procedures to identify when information must be confirmed to clients in writing. Where an organisation is taking legal proceedings on behalf of a client, the client should receive a written record of advice before the proceedings commence.

## GUIDANCE FOR FRAMEWORK AREA F: MEETING CLIENTS' NEEDS: F1

**Clients should receive information and independent advice relevant to their needs.**

The purpose of the Advice Quality Standard is to ensure that clients are able to access advice on legal services based on their identified needs and priorities. The requirements in this section aim to ensure that clients receive the help they need in a way that is clearly understandable to them and which is independent.

Advice organisations should aim to provide their services in a language appropriate to the target client group wherever possible. Where this is not possible, services should show that they can make arrangements to meet the advice and language needs of the targeted client group. Organisations providing services to clients based in Wales must show that they have a Welsh Language Progress Plan; [guidance](#) is provided by the Welsh Language Commissioner's Office.

Any progress made should be recorded on the case file/enquiry record and clients kept informed of actions taken on their behalf. Clients should be provided with an authorisation-to-act or a written consent form in circumstances in which the organisation acts on the clients' behalf. When future casework actions are planned, including deadlines, the client should be informed of these and who is responsible for them. Such deadlines may well sit under the 'diary system' as required under E.1.6.

## FRAMEWORK AREA F: MEETING CLIENTS' NEEDS

### F2. Charges must be transparent and explained at the outset.

<b>Purpose</b>	Where there is a fee or a charge for a service or an action to be taken, this must be made clear at the outset before any costs are incurred, to enable the client to make an informed decision.	
	Evidence F.2.1	When a service is chargeable, clear information about the cost and pricing structure must be given to the client in writing at the start of the case. This should be done before any costs are incurred and you should tell them where they may be able to get the service free.
	Evidence F.2.2	When clients have to bear or contribute towards the cost of advice, and they agree to those charges, you must ensure that they are given clear cost updates in writing whenever there is a change from the last estimate, and at least every six months.

### GUIDANCE FOR FRAMEWORK AREA F: MEETING CLIENTS' NEEDS: F2

#### Charges must be transparent and explained at the outset.

All general advice should be free at the first point of contact. Many general advice service providers do not pass any of the costs of meeting clients' needs to the client. If this is the case in your organisation, this principle should be publicised in your service standards or equivalent document. Some general advice providers and specialists do charge for some of their services and where this is the case you should be able to demonstrate that you have considered how this decision will affect clients, for example whether particular groups may be excluded by the decision and what mitigations you have implemented to ensure that the decision does not discriminate (see A.3). This could include having a policy for dealing with clients who need the advice but cannot afford the costs or who default on costs.

When the client intends to take legal action or defend themselves in legal proceedings, they must be informed that there is a possibility that they may have to contribute towards the costs of the other side, before any costs are incurred. Where the client is asked to meet some of the costs of the action, information about the potential costs must be given at the start of the matter, or as soon as it becomes apparent if the circumstances change. At the beginning of a case this information may best be given by supplying a range of figures within which the cost of the case is anticipated to fall. As more information becomes known, this range should be adjusted.

Where your service is providing advice and client support by telephone, you must ensure that clients are informed when premium rates apply. Information about the cost per minute and, where possible,

the likely length of the call must be given at the beginning of the call and be displayed prominently on any publicity material and given clearly on audio promotional material. Clients must also be informed where the service is available elsewhere from a provider that does not use premium rates. If you are operating a premium rate service you must comply with [the Phone-paid Services Authority \(PSA\) code of practice](#).

## FRAMEWORK AREA F: MEETING CLIENTS' NEEDS

### F3. Clients are entitled to confidentiality, privacy and fair treatment.

<b>Purpose</b>	To maintain the confidence of clients, it is essential that services be provided in a private, confidential and fair manner.	
	Evidence F.3.1	You must have arrangements in place to ensure privacy for meeting or contact with clients where required. This must cover face-to-face meetings, telephone contact, video conferencing platforms, online meeting platforms and web chat facilities delivered from the office and/or remotely.
	Evidence F.3.2	You must demonstrate how the service takes into account protected characteristics and provides information and advice that is equitable.
	Evidence F.3.3	You must have a written process describing how to manage potential or actual breaches of client confidentiality. The process must be made available to all staff. Any breaches of confidentiality must be recorded.

## GUIDANCE FOR FRAMEWORK AREA F: MEETING CLIENTS' NEEDS: F3

### Clients are entitled to confidentiality, privacy and fair treatment.

Confidentiality is essential to building and maintaining trust between your service and your clients. It also ensures that your client is central to their case and protects them from potential harms or abuses. However, confidentiality has limitations and a clear service policy will make clear to staff and clients how confidentiality is observed in your advice service and what will happen when it is breached.

It has several elements including legal requirements and local data-sharing agreements as well as good client care, and will depend on the specific nature of your service. Confidentiality should be carefully thought through based on your service and made clear to staff and to clients.

Your policies should refer to the Data Protection Act and any data-sharing codes of practice or protocols that you have in place (see E.1). You should develop written procedures for ensuring that client information is treated in a confidential manner.

Your policy must include how you deal with breaches of confidentiality including the reporting and recording of any breaches and any remedial actions taken. Breaches may include accidental or careless breaches, deliberate or illegal acts of breaching and those circumstances where the service maybe legally obliged to breach confidentiality. There are exceptional and specific situations where



you may have to breach confidentiality e.g. if you suspect child abuse, for the prevention of harm, or in case of acts of terrorism. You need a clear policy on dealing with such breaches and clients should be informed of the policy. This could be referred to within your safeguarding policy (see D.3).

On a more practical level, clients should be given access to advice and guidance in circumstances that provide for privacy. This should govern all methods of consultation including face-to-face meetings, telephone calls, video conferencing/online interactions, Skype calls and webchat. Where your service provides advice and client support by telephone you should consider the implications for client confidentiality, for example:

- Callers' numbers must not be identified when the service is provided on an anonymous basis.
- The service must obtain agreement to return clients' calls.
- The service must consider blocking its number in outgoing calls; when it does not block the outgoing number, you will need to provide reasons why not.
- Clients must be told there is a possibility of 'listening in' or recording of conversations for the purposes of supervision or training, so that they can give their expressed consent or opt out into the process. Service should not be withheld from clients who do not give their consent.
- Telephone services need to have systems to ensure that confidential information held on client records is only discussed after establishing the identity of the caller.
- The service must be provided in confidential surroundings. This also applies to retrieving messages from answerphones or engaging clients using Skype and webchat.

You should also think consider confidentiality in relation to third parties such as translators or client supporters or advocacy services.

Where you are delivering services remotely, either from home or from another organisation's premises, this requirement is more difficult to manage and you might want to include it in your risk assessment (C.2.3). To mitigate the risk of a client's confidentiality being compromised when delivering services remotely you may want to consider the information provided in the Information Commissioner's Office's [top tips for working from home securely](#) and the Law Society's [guidance on COVID-19: Confidentiality and working from home](#).

As well as the rights to confidentiality and privacy, fair treatment is also concerned with ensuring that clients are treated as individuals and advice is, as far as possible, tailored to meet their needs. Clients should not be disadvantaged because they may have particular needs or requirements that must be met in order for them to access your advice service (see A.3.1).

## FRAMEWORK AREA G: COMMITMENT TO QUALITY

All holders of the Advice Quality Standard are committed to the continuous improvement of the quality of their service.

### G1. You must have a clear complaints process in operation.

<b>Purpose</b>	Complaints are important as they tell you how well the service meets people's expectations, and can provide information to help you to improve the service.	
	Evidence G.1.1	You must have a clear policy in place for identifying and dealing with complaints, which addresses the stages, timelines, who should be involved, who has overall responsibility for the complaints process, and how complaints may be escalated. The procedures must be understood by all staff and volunteers and clearly communicated to clients and other stakeholders.
	Evidence G.1.2	You must maintain a central record of the number and nature of complaints received and their outcomes. This must be reviewed by the governing body on an annual basis to support staff training and development and inform service improvements.
	Evidence G.1.3	Your processes for handling, recording and storing complaints should take account of the specific requirements of your professional indemnity insurance policy.

### **GUIDANCE FOR FRAMEWORK AREA G: COMMITMENT TO QUALITY: G1**

#### **You must have a clear complaints process in operation.**

Within the AQS, complaints are considered to be an important type of feedback that can help you to review and improve your service and should be seen as a valuable source of information. Receiving complaints can demonstrate that your policy and procedure is working well; how you subsequently deal with these will differentiate the good from poor advice services.

When clients are unhappy with any aspect of your service, they may want to complain, formally or informally. They might tell their adviser directly, ask to see or speak to someone more senior, or they may want to write or telephone. They should feel supported to have their views heard by a complaints process that provides for the effective handling of all complaints. It is essential that the service identifies complaints quickly and everyone knows the process for dealing with them. The complaints policy should provide for the fact that some clients will not want to make formal complaints but may nevertheless have serious or important issues which your organisation needs to acknowledge and act on.

AQS Assessors will look for evidence that all complaints received are handled effectively in line with

agreed policies and, particularly where no complaints have been received, staff understand the complaints policy. Critical to this process is showing an understanding of the different ways complaints are made and who complaints should be referred to.

You will need to demonstrate that analyses of complaints received are considered by your governing body and fed into your service and performance review process (C.2.1). The nature of complaints, how they were resolved and their outcomes should be used to inform staff supervision, training and professional development.

Where you are delivering services by telephone it is generally sufficient to tell clients about the complaints procedure only if they are clearly unhappy with the service, rather than during every call. This means it is vital that all staff understand the organisation's definition of what constitutes a complaint so that everyone knows when to give details of the procedure. Details of the complaints procedure should be given on client care letters and any relevant publicity materials. Where you are providing services that are regulated by the Financial Conduct Authority, you must inform clients of your complaints policy as soon as practicable.

Your complaints procedure should include timelines, stages, who should be involved, who has overall responsibility for the complaints process, and how complaints may be escalated, and should be appropriate for the size, scope and capacity of your organisation. Guidance on good complaints handling can be found [here](#)

The insurer providing your professional indemnity insurance (see C.3.3) may require you to inform them of complaints, especially where they may result in a loss to the client. You should check with your insurer and draft your complaints handling procedures accordingly.

## FRAMEWORK AREA G: COMMITMENT TO QUALITY

All holders of the Advice Quality Standard are committed to the continuous improvement of the quality of their service.

### G2. You must have a clear commitment to quality services and to regular reviews of performance.

Purpose	For quality services to be maintained and continuously improved, they must be reviewed regularly, lessons learned should inform future strategy and service development, and any changes made must be communicated to and understood by everyone in the organisation.	
	Evidence G.2.1	The organisation's governing body has overall responsibility for quality and must ensure that their behaviours and actions reflect a commitment to continuous improvement.
	Evidence G.2.2	You must have a named person appointed to act as lead for the AQS.
	Evidence G.2.3	All quality processes must be reviewed on an annual basis against the requirements of the AQS as a minimum and actions resulting from this review must be recorded by the lead person responsible for the AQS.
	Evidence G.2.4	You must have a system in place for updating your quality processes and procedures and must record the date that they came into effect.
	Evidence G.2.5	You must ensure that your staff have access to up-to-date copies of your quality processes and clearly understand their responsibilities to follow them.

### GUIDANCE FOR FRAMEWORK AREA G: COMMITMENT TO QUALITY: G2

#### You must have a clear commitment to quality services and to regular reviews of performance.

Quality services are built on a combination of systems and processes which are set out in the AQS and underpinned by the behaviours of everyone within the organisation. To help create a culture of [continuous improvement](#), the governing body and senior management will need to model appropriate behaviours and attitudes. These should include:

- a commitment to learning and improvement
- using resources responsibly and efficiently in the pursuit of organisational aims and objectives
- providing fair and open access for all; giving everyone a voice; involving and engaging staff, volunteers, service users and stakeholders
- investing time to understand how and why a problem has arisen; using a variety of data and information to inform decisions; demonstrating trust, openness and the ability to listen respectfully in order to collaborate and co-produce solutions

- looking at how others have addressed issues; learning from and share good practice.

If this is done successfully it will help to shape the organisation's culture and ways of working.

The nominated AQS lead should be familiar with the quality processes and understand the nature of the work carried out by your organisation. They should act as the point of communication between your organisation and the body overseeing the Advice Quality Standard award. They will need to have sufficient authority within the organisation to ensure that any corrective action that may be necessary is implemented. Where this role is delegated to a paid member of staff, it is advisable to have a member of the governing body act as a 'sponsor' or, where capacity permits, a quality subcommittee, so that the necessary authority is readily available to support initiatives and improvements.

An annual internal review of the AQS now forms an essential part of the quality assurance process for any AQS holder. You are expected to undertake an annual appraisal of your continued compliance with the AQS and ensure that any areas of improvement must be acted upon. Your assessor will ask to see your internal review documentation at your AQS assessment visit. The Schedule of Reviews document in Appendix 2 will help you with this requirement.

Copies of your quality processes may be kept in a Quality Manual. This should be accessible to all staff and volunteers within your organisation. You should consider ways in which you can keep these processes live for everyone, which may involve discussion at workers' meetings, trustee board or management committee meetings, and sharing of good practice and case studies through an in-house newsletter or staff update.

## FRAMEWORK AREA G: COMMITMENT TO QUALITY

All holders of the Advice Quality Standard are committed to the continuous improvement of the quality of their service.

### G3. There should be a facility for clients to participate in the development of services.

<b>Purpose</b>	Regular feedback from clients will enable service standards to be developed and improved. Effective monitoring and evaluation should be used to support service review and improvement.	
	Evidence G.3.1	You must have procedures in place for obtaining feedback from clients.
	Evidence G.3.2	Client feedback and outcomes must be analysed annually to identify trends.
	Evidence G.3.3	You must review your performance and strategy in the light of the results of the analysis of feedback and complaints.

## GUIDANCE FOR FRAMEWORK AREA G: COMMITMENT TO QUALITY: G3

### There should be a facility for clients to participate in the development of services.

A strong commitment to genuine consultation with clients and with the communities we serve underpins best practice across every sector, including the advice services sector. Undertaking an objective appraisal of the effectiveness of the service and whether it is achieving its aims in the best way possible is essential for the continual development of services. Independent research has shown that curious practitioners who engage in critical analysis and evaluation of their work are more effective in delivering outcomes than those who don't. Further, services which actively involve their communities will attract wider public support. This is the 'prima facie' case for gaining knowledge and insight into the difference your service makes to your clients through a variety of means.

Obtaining regular, meaningful feedback from clients should form a core component of your organisation's commitment to continuous improvement. Increasingly funders are looking for measurement of client outcomes and co-production of services, both of which have their place in client-focused services. Such feedback can also support the development of your business plan (see A.1.4). The quality of advice provided by a service has moved beyond a simple measure of accuracy and could include the responsiveness of the service to the client's need and situation, the effectiveness of the delivery, the timeliness of the advice, the degree to which the client is able to act on the advice provided, and enabling access to social justice. Your approach to assessing your service will need to reflect your organisation's objectives and the resources available and should focus on the following linked elements:

- Accuracy and appropriateness of the advice given to a client (through independent file reviews and peer reviews)
- Effectiveness and efficiency of the delivery (through client satisfaction, monitoring waiting times, caseloads, etc.)
- The extent that the service meets its organisational and/or funding objectives (including client outcome measures, degree to which clients act on advice provided, reaching the target communities, etc.).

Because of their nature, telephone services may not always have names and addresses for clients. However, feedback may be given at the end of a call, either by the adviser asking questions, or, for more impartial feedback, by passing the caller onto a supervisor or researcher. If you have the relevant technology, an automated feedback service can be provided. You could also ask clients for their telephone numbers and permission to call them back on a separate occasion for feedback, or for their address for surveys. If you send information out to a client, you could include a feedback form.

Much has been written about measuring meaningful advice outcomes (see [www.asauk.org.uk](http://www.asauk.org.uk)) and some funders have put considerable effort into developing metrics to assist services (for example, the Welsh Government and the Legal Education Foundation). However it is accepted that producing robust research on advice outcomes can be an extremely difficult task and will depend on the nature of the work your organisation undertakes and the relationship you have with your client groups. Some funders asked for outcomes evaluation and the Welsh Government have a requirement that all advice services consider what these outcomes might be and how they will go about measuring them (whilst not requiring services funded to do so yet).

Your approach should not be restricted to measuring client satisfaction, such as the helpfulness and approachability of advice workers or the clarity of information provided, but should strive to follow-up on wider [client outcomes](#). Putting in place appropriate systems to capture client outcomes will support you in reviewing and improving your and help you demonstrate the impact of your service to clients, funders, commissioners and the general public. You should consider the definition of positive client outcomes and consider using these outcomes to evaluate the effectiveness of your service in meeting clients' needs. The Advice Services Alliance has published [guidance on how to measure client outcomes](#).

When setting up an evaluation process you should ensure it is reasonably robust (and therefore will give you reliable results) without being too onerous. The approach you take is likely to be influenced by the size of your service, the resources available and the profile of your clients, and should be proportionate. Client and case management systems can be designed to support the production of monitoring and evaluation data and many IT-based systems will easily do this. As a minimum, the AQS Assessors will be looking for evidence of the following:

- A robust system for obtaining client feedback, which is analysed at least annually
- Key outcomes for your clients and how you measure these
- The difference the service has made to individual clients (case studies)
- How client feedback, monitoring and outcome data are used to review and improve the service
- How results are fed back to clients and other key stakeholders.

There are a range of [toolkits](#) and [resources](#) available that can help you to develop your approach to obtaining feedback from clients and measuring client outcomes. In addition, many funders and key stakeholders encourage and support the evaluation of services and provide guidance on how to do this.



## **Appendix 1: Glossary**

### **Advice:**

An advice service gives a diagnosis of the client's enquiry and the legal issues involved; giving information and explaining options; identifying further action the client can take; and some assistance, e.g. contacting third parties to seek information, filling in forms. Advice is usually completed with one interview although there may be some follow-up work. The client takes responsibility for any further action.

### **Advice with casework:**

Includes all elements of an advice service as above and also involves taking action on behalf of the client to move the case on. This could include negotiating on behalf of the client with third parties on the telephone, by letter or face to face. The advice provider takes responsibility for some follow-up work.

### **Advisers:**

Generic term for all members of the staff group, volunteers or paid, who give advice at any level.

### **Business Plan:**

The business plan is the short-term document which describes how the organisation will deliver your strategies objectives with the resources available and within specified time limits. It may also include additional elements such as how it will evaluate if these objectives have been met.

### **Caseworkers:**

This term is used to describe experienced and skilled advisers who offer more than the basic level of advice and who are able to take on cases and manage their progress over a length of time.

### **Governing Body:**

The governing body is responsible for the governance of a charity – ensuring it is effectively and properly run and is meeting its overall purposes as set out in its governing document. A governing body can be called a variety of names such as a management committee, council, executive committee, board of trustees, board of governors or some other term.

### **Information:**

An information service gives clients the information they need for them to know more and do more about their situation. It can include information about rights, policies and practices, and about national and local services and agencies. The responsibility for any further action rests with the client.

**Leadership:**

The body which is legally responsible for the day-to-day activities of an organisation. In some cases, this may be the board of trustees or other governing body; in larger organisations this may be a senior management team.

**Policy:**

A policy is a deliberative system of principles to guide decision-making within an organisation in order to achieve its desired outcomes. Policies are generally adopted by the governing body and shared with the staff group.

**Procedure:**

A written set of rules or step-by-step instructions agreed by an organisation and understood by staff which describe how staff achieve a desired result. Procedures or protocols are often developed and adopted by senior executive officers and show how policies are put into practice within an organisation.

**Process:**

A set of interrelated activities which interact in order to achieve a desired result, a specific service or a defined product.

**Risk Assessment:**

The process within an organisation by which risk areas are analysed and potential risks are identified and categorised according to level of likelihood and level of harm.

**Risk Register:**

A document which records all the main risks identified and the actions taken to mitigate against the risk occurring and/or actions to be taken should they occur. The risk register should clearly identify who is responsible for taking the actions as well as who is responsible for ensuring that they have occurred.

**Service:**

The provision for giving social welfare legal advice to the client group identified. This includes all resources within an organisation that contribute to this provision and may also include resources outside the organisation which still make an identifiable contribution.

**Service Provider:**

The organisation or the part of a large organisation where advisers and their managers are located.

**Social Welfare Law:**

Social welfare law generally refers to those categories of law which govern entitlement to state benefits and public housing; the management of personal and business debt; an employee's rights at work and access to redress for unfair treatment; and access to appropriate care and support for people with particular health problems. Within the not-for-profit advice sector,

advice is often given to members of the public on the following categories of social welfare law: Welfare Benefits; Debt; Housing; Employment; and Community Care.

**Specialist Casework:**

Specialist casework is casework (as above) requiring the presentation of complex legal arguments.

**Staff:**

Any person who makes a contribution to the delivery of an advice service, either in a paid or voluntary capacity. Staff include people in advice, managerial and administrative roles.

**Strategy:**

An organisation's strategy or strategic plan is a document which describes how the ends (goals) will be achieved with the means (resources) available. A strategy is used to communicate the organisation's goals, the actions needed to achieve those goals, and how it will mobilise the resources available to it in order to execute the actions. Generally, a strategy will take the longer-term view (3-5 years).

**Trustees:**

Trustees have the overall legal responsibility for a charity. The law describes charity trustees as 'the persons having the general control and management of the administration of a charity'.

**Written:** This can be on paper or email or other 'durable medium' (as defined by the Consumer Contracts Regulation 2013) that: allows information:

- to be addressed personally to the recipient
- enables the recipient to store the information in a way accessible for future reference for a period that is long enough for the purposes of the information
- allows the unchanged reproduction of the information stored

## Appendix 2: Schedule of Reviews

AQS requirement G2.3 requires the organisation's governing body to undertake an annual review of all quality processes against the requirements of the AQS, as a minimum, and record any resulting actions. This supports the principle and practice of continuous improvement and enables you to identify problems or weaknesses in your systems, processes and policies and take corrective action to maintain effective services and deliver quality advice to your clients.

Throughout the AQS Framework there are a number of requirements to review certain elements of the organisation and these all feed into the annual review. They should therefore be seen as interrelated, with action in one feeding into another, rather than as separate, standalone activities. When you understand the linkages between the different elements, the work should become less onerous and, rather than feeling like an annual exam, the process of monitoring and assessing your quality processes should become a continuous practice.

The governing body is responsible for oversight and accountability of your organisation; its workforce, resources, services and the policies and procedures that underpin those things. They should take the lead in these reviews as the information and evidence produced will help inform their decision-making and future planning and enable them to confidently describe how their processes and systems work effectively.

The table below lists the review requirements within the AQS and suggests questions you might find helpful to consider when carrying out the review. Whilst the governing body should take the lead, everyone within the organisation can contribute. Different roles will bring different perspectives which can help to make the activity more comprehensive as well as making quality a live and relevant issue for everyone.

This table only lists the major requirements within the AQS Framework. There are many elements of your organisation that should be monitored and reviewed on a regular basis. These include financial information, to ensure that the organisation is viable; policies and procedures, to ensure that they remain relevant; insurances and memberships, to ensure that they continue to give value for money and are fit for purpose; and a range of client-related activities to ensure that you continue to provide quality, responsive

services. The frequency and extent to which these elements are monitored and reviewed should be appropriate to the size and scope of your organisation.

AQS Requirement	Action	Frequency	Considerations
A.1.5	Review strategy (A.1.1)	Annually	Is it still relevant to your operating environment? Is it in line with your organisational objectives and governing document? Is it responsive to the needs of your local/target community? Does it set out the long-term direction of your organisation, guiding your strategic decision making? Do you have the necessary skills and resources to deliver the strategy? Who are you including in your planning? Whose voices are you not listening to?
	Review Business Plan (A.1.4)	Quarterly	Are your services delivering against your strategic objectives and meeting the needs of your local/target community? Are your processes, procedures, services and workforce flexible enough to respond quickly to changes in the operating environment and the needs of your community and to available resources? What information/evidence do you need to consider to be able to answer these questions? Who are you including in your planning? Whose voices are you not listening to?
B.1.5	Review record of referrals, including where no suitable alternative provider was available	Annually	Are clients being put at the heart of decisions around referrals? Are there sufficient alternative providers to support your clients? Are there new partnerships that you could explore?
C.2.1	Review levels of service performance against your service plan	Quarterly	Are you doing what you said you would do? How well are you doing? If performance isn't where you want it to be, do you understand why?

C.2.3	Undertake a risk assessment	Annually	Have you identified all the potential risks to your organisation and your clients? What else might happen that you need to be prepared for? Are you able to mitigate against the identified risks? What actions might you need to take to support mitigation? What procedures do you have in place for agreeing and taking actions which may carry an element of risk? Are the different risks dealt with by those with the appropriate level of authority?
D.2.1	Carry out staff appraisals	Annually	Is your workforce suitably experienced and knowledgeable to deliver quality advice? What are the levels of staff wellbeing and workload? What can you do to ease any pressure? Are there training needs that you need to budget for? Are staff getting sufficient feedback on their performance to support their learning and development?
D.2.2	Review training and development activities	Annually	Has the workforce complied with training requirements of regulatory bodies? Are there sufficient resources to meet identified training and development needs? Are all roles within the organisation accessing training and development opportunities? Has the governing body undertaken any training?
E.3.3	Review key issues/themes from central record of independent file reviews	Annually	What is the overall quality of advice given by your organisation? Are there recurring themes that need addressing? Is there a need for training and development? Are the correct number of files being reviewed to meet regulatory requirements and to give an accurate picture of quality?
G.1.2	Review nature and number of complaints and their outcomes	Annually	What is the number of complaints telling you? Are there possible issues with access, quality or service delivery? How are complaints handled? Are there particular groups of clients

			that are complaining?
G.3.2	Review client feedback and outcomes	Annually	What can you learn from your clients about your service? Can you involve clients more in developing your services? What are clients telling you that you are doing well?
G.3.3	Review service performance and strategy in light of the results of your analysis of client feedback and complaints	Annually	Do you need to make changes to your service delivery? Do you need to extend opening hours? Do you need to invest in different delivery channels? Do you need to work with others?





## **Appendix 3: Essential Reading**

There are a number of key documents that will help you to fully understand and apply for the Advice Quality Standard which can be accessed via the hyperlinks below.

### **Applying for the Advice Quality Standard**

Providers must apply for the Advice Quality Standard at the level that best fits their service:

- Level of advice offered – information only through to casework
- Categories of advice – all areas of social welfare law through to specialisation in one area (for example housing or immigration advice) and how these may apply to particular client groups

### **Awarding the Advice Quality Standard**

There are two routes to award: the first is through a passport licence arrangement with a network organisation's own quality assessment process, the second is through an independent application for the AQS.

### **Other Quality Standards**

The AQS is only one of a number which are available to voluntary advice organisations. Every quality mark differs slightly from each other and advice services should think carefully about which mark would work best for their organisation before signing up for one or another.

### **Accreditation Arrangements**

Some funders of social welfare legal advice have developed their own frameworks for assessing the quality of services that they fund and/or where they wish to drive quality and improvements. In these circumstances, the funder will assess other standards owned by other organisations but used within the sector of interest and will accredit the standards against their own quality framework.

### **Definitions of Casework Categories**

In order to apply for the AQS with Casework for either a client based category and/or an area of law, you must complete the relevant Case One Form that applies to your organisation.

### **About the Advice Services Alliance and Recognising Excellence**

Details about the background and roles of ASA and Recognising Excellence.

### **AQS Appeals Process**

What to do if you are unhappy with your AQS Assessment.