



NI ADVICE SERVICES CONSORTIUM

NI ADVICE QUALITY STANDARD

AUGUST 2014



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Introduction

1.1 Executive Summary

- 1.1.1 Generalist voluntary advice services have been delivered across Northern Ireland by a range of local community based organisations and voluntary sector organisations for many years. Those which provide a comprehensive and consistent level of provision are usually members of Citizens Advice, Advice NI, and/or The Law Centre NI. These three organisations form the Northern Ireland Advice Services Consortium. The new single Northern Ireland Advice Quality Standard (NIAQS) described in this document has been developed in consultation with the NIASC and local advice providers and takes into consideration the views of statutory sector and other funders. Currently providers utilise a range of quality accreditation mechanisms and in some cases none and it is hoped that this standard will provide consistency and quality across the sector to aid both clients and funders in meeting their objectives.
- 1.1.2 Section 2 of this document sets out views expressed by the three regional advice organisations through consultation with the Northern Ireland Advice Services Consortium. In Section 2.2 consultation with local advice providers obtained on a face to face basis is set out in detail while Section 2.3 provides information from the providers obtained through an online questionnaire. The latter was responded to by over half of local generalist voluntary advice providers in Northern Ireland and is therefore thought to be accurately reflective of their views. Section 2.4 summarises consultation with funders and statutory bodies.
- 1.1.3 Collectively this consultation showed a desire from all parties that a new quality standard should be rigorous, clear and consistent, achieving full buy-in by all parties, capable of continuous improvement and independently auditable. Those consulted also wanted 'quality of advice' to be the priority and any audit process to involve ownership by local management with external verification and reasonable cost in delivery. These factors are summarised in section 3.1. The elements of the Quality Standard are set out in section 3.2. These comply with the basic principles of generalist voluntary advice which are accepted across Northern Ireland and elsewhere. The advice standards are separated into four measures which are weighted as set out in the following table (The full



standard is set out in detail in Section 3.4). The table also shows the pass mark required in each of these measures and the percentage of maximum marks needed to achieve this. In accordance with the wishes of all parties concerned, greater emphasis has been put on the quality of advice with a higher minimum standard required to pass the overall standard in this area.

NIAQS Overview and Scoring

Quality Area	Maximum Available Marks	Pass Mark by Area	% of Max. Marks needed
Quality of Advice	30	25	83.3%
The Advice Service	30	23	76.7%
Staffing Requirements	25	17	68%
Organisational Requirements	15	10	66.7%
Totals	100	75	75%

The appendix to this report includes checklists for use by local advice provider management and by the Northern Ireland Advice Services Consortium in reviewing and auditing quality provision at a local level.

An implementation programme is set out in the appendix including appropriate cycles for internal and external audit and independent review.

1.2 Introduction

- 1.2.1 Generalist voluntary advice services in Northern Ireland are delivered at a local level by advice centres which are usually members of Citizens Advice or Advice NI and in some cases also members of The Law Centre NI. Their funding relies largely on support for core services from local government although other funding may be provided from a range of sources including Health and Social Care Trusts, Public Health Agency, The Big Lottery and others. The regional organisations have worked individually and separately over many years to assist member organisations to improve their quality standards. Citizens Advice



requires all Citizens Advice Bureaux to meet certain membership standards before they can be a CAB. Advice NI also sets membership criteria which support quality standards in the independent advice sector and encourages members to seek the highest quality standards and to gain appropriate accreditation where possible. Currently a number members of both organisations have obtained, or are seeking, Investors in People accreditation. A few providers hold the PQASSO standard although neither it nor IIP is specific to advice and both focus instead on the quality of organisation, staff development and other such factors which can contribute to the quality of advice. The Law Centre is accredited under the Lexcel quality standard which is also used by the Housing Rights Service NI, however this standard is not held by any local generalist providers.

- 1.2.2 Over many years the three regional organisations have worked together to seek to develop a consistent quality standard. While adviser training is of a similar standard, to date no shared quality standard has been implemented. In the 1990s elements of a quality standard were agreed under the banner of the Advice Services Alliance. More recently Advice NI, Citizens Advice and The Law Centre NI have come together as the Northern Ireland Advice Services Consortium (NIASC). Since October 2012 they have been funded by the Department for Social Development (DSD) to provide a single regional infrastructure contract for advice services support. The Consortium and its individual member organisations exist to provide support to frontline advice providers in a range of ways, lobbying on its behalf and working with central government and other organisations to encourage appropriate levels of funding and understanding of a range of advice issues. The Consortium is also involved in influencing government policy through a number of mechanisms including feeding back findings from local advice providers.
- 1.2.3 At a regional level, DSD is responsible for primary strategies and policies relating to the voluntary advice sector. Its primary policy document which provides the context within which voluntary advice services are funded is “Opening Doors – DSD’s Strategy for the Delivery of Voluntary Advice Services”. This document was formally launched in 2007 after extensive consultation and work with a wide range of stakeholders in the sector over a number of years. It provides the basis for the structure of the advice sector, highlights the roles of member organisations and how the sector is funded. One



of the stated purposes of the strategy was to increase councils' financial contribution to advice services at a local level. The strategy demonstrates the clear difference between local generalist advice providers and specialist organisations which provide advice, information or advocacy to individual groups of people with specific needs. The term 'generalist voluntary advice' refers specifically to organisations that are local, offer all types of advice, are accessible to anyone living within an area irrespective of their identity or circumstances and which can be offered in a wholly independent manner.

"Opening Doors" highlights five levels of information and advice giving:

1. Basic access to information
2. Interpretation of information
3. Assistance to act on information
4. Advocacy and representation
5. Challenging policy

While many public sector organisations can provide the first two and possibly part of the third they would not be able to undertake either the fourth or fifth point as they are not independent of government. The generalist voluntary advice sector is expected to address all five levels of advice. Most do so, however only the best effectively carry out the fifth, challenging policy. The Department is currently working on the development of a new Advice Strategy for Northern Ireland.

1.2.4 DSD's Area Advice Centre Location Policy Statement (DSD – October 2010)

In 2008 DSD commissioned further work to consider the location of voluntary advice services. This resulted in the policy statement "Area Advice Centre Location Policy Statement" (DSD – October 2010). This set out thirty four locations which were suitable for Area Advice Centres largely focused on locations with good transport access and a relatively densely populated area in close proximity. It reinforced the principle set out in "Opening Doors" of focusing on population size, deprivation and accessibility as key criteria for locating and developing advice. The policy statement also hinted at basic standards of provision and the range of advice that should be on offer. In an Area Advice Centre this was expected to include:





- Advisers able to offer advice on each core area of generalist advice provision and provide basic advice on particular specialist needs.
- Dedicated debt counselling and the ability to carry out tribunal and high level advocacy work.
- One adviser with a good level of knowledge in relation to disability.
- Sited on main public transport routes ideally close to where most people live.
- Meet the highest standards of disabled access.
- Within the network of Area Advice Centres, access to advisers responsible for one or more specialist areas including disability, housing, the needs of ethnic minorities, older people, lone parents and children. (It notes that advisers would not be experts but should have sufficient understanding to recognise the particular needs of the group and to understand how and when to refer them to regional voluntary bodies.)
- Good links with larger community organisations in the area to facilitate referral of clients, enabling community based telephone and online access points and provide outreach.
- Well established relationships with relevant regional voluntary and support structures at a Northern Ireland level.

The range of advice which was expected to be available in such a centre would include:

- Benefits advice including all forms of benefit, tax credits and pension credits
- Appeal and tribunal support and representation
- Debt advice
- Consumer issues
- Basic immigration (with more complex cases referred to specialist agencies)
- Administration of justice
- Human Rights



- Employment
- Housing
- Education
- Health and disability

1.2.5 Most recent guidance issued by DSD highlights the importance of developing good quality provision in an efficient manner. The Department has focused on certain principles:

- Funding should be determined using a procurement process which is open to competition and leads to a conventional trading relationship under contract.
- The advice structure must be accessible to all, targeted at those most in need, sustainable, of appropriate quality and demonstrating value for money.
- Advice agencies must meet the agreed principles set out by the Advice Services Consortium (previously Advice Services Alliance).
- Good advice should ensure appropriate diagnosis and analysis, advice, action and support to address an issue, sign-posting and referral and high quality record keeping.
- Advice provision should be managed by organisations which demonstrate appropriate management processes and good governance.
- Advice providers must meet all relevant legal requirements particularly in areas such as debt counselling or immigration.
- Increasingly organisations are being expected to record information effectively to ensure that this can be adequately measured and monitored.

1.2.6 Both the Department and the Consortium are keen to see a new single quality advice standard developed across Northern Ireland. To this end the NIASC has commissioned Williamson Consulting to develop a single NIASC quality standard to provide clarity about organisational standards, staff standards and quality of advice. This is expected to provide confidence to local councils, funders and advice clients.



1.2.7 The objectives of this work are to:

- Review in consultation with the sector and funders, in particular the DSD, the requirements of an NI standard for advice services;
- Develop a new quality standard for the advice sector in NI in consultation with advice sector and DSD ensuring that best practice within existing standards is incorporated.
- Undertake a mapping exercise to ascertain the extent to which existing standards/organisational membership criteria could act as a passport towards some/all of the new quality standard for the advice sector in NI.
- Develop a practical toolkit for use by providers seeking to meet the standard.
- Provide an evaluation framework which could be used to measure performance against the new standard.



2. Development of a Single Advice Quality Standard

2.1 NI Advice Services Consortium

2.1.1 At an early stage in this work we consulted the three regional organisations which make up the NIASC. Unsurprisingly, all three organisations felt that a single advice quality standard across Northern Ireland would be valuable as it would help funders to meet the needs and would provide a more consistent branding for the advice sector. The organisations did not want this to be an overly complicated, bureaucratic standard but one that should have practical application and should relate to existing standards.

Citizens Advice noted that it was moving to a new process based advice mechanism which would involve greater input by managers in managing quality on a day to day basis. Advice NI noted that they were encouraging providers to look at quality in terms of three strands:

- Organisational standards
- People skills
- Advice quality

2.1.2 Consortium members felt that any new quality standard must have shared ownership. It was thought if the standard was too complicated or lacked clarity it might alienate member organisations. It was also important to ensure that it was not too costly and that it achieved full buy in by funders or it would not be of use to local members. The standard must be future proofed and must ultimately provide the best quality of advice for clients. Any new standard should drive continuous quality improvement. The standard must be meaningful and substantive to have value. An external audit function was essential to ensure consistency although it was felt that the issue of costs would have to be addressed. It was felt that the issues of quality, cost and the degree to which an independent audit aspect would be required would need further discussion amongst stakeholders.

2.1.3 There was some discussion around quality expectations and the scale of the advice organisation in each case. In spite of the potential difficulties for small organisations it was thought that all advisers must meet the same high standard



and the scale of organisation should not affect the quality standard required. However it was noted that the impact of Welfare Reform, and increasing pressure on resources, may make it more difficult for small organisations to implement a new standard at a time of increasing demands upon their services. In broad terms it was agreed that obtaining the new quality standard should be a requirement of membership of regional bodies in future. However it was noted that selling the new quality standard to member organisations would be easier if they were given help with implementation and funding and saw the value of this. There was also a recognition that funders needed to be fully involved and this in turn would encourage local providers to want to achieve the quality standard.

2.1.4 The view was expressed that the current standard should start from where providers are, recognising the value of the existing standards they use and growing from there. It was noted that quality of advice was not a feature of generic standards such as IIP or PQASSO and must be the priority within any new standard. There was some discussion around the idea of a basic standard with add on modules for specific types of advice (for example, the Money Advice Service Quality Framework for Organisations in the debt advice sector). While some saw value in this the Consortium members did not see this as a priority. However, a basic standard must include quality of advice and certain standards of record keeping.

2.1.5 The elements that should be within any new standard were thought to include:

- General Principles relating to a new single quality advice standard for Northern Ireland
- Quality of advice
- Training and staff development – including supervision and support arrangements, appraisal, job descriptions and helping advisers to know their limitations.
- Governance – the existence of a proper business plan; financial management; risk register and compliance with appropriate legislation and good governance practice.
- Premises – particularly around access and independence.



- 2.1.6 It was noted that in future the standard needed to potentially include new advice organisations therefore there should be a process to assist them to reach the required standard within an appropriate timescale. There were different views on the time required to reach the new standard with three to six months seen as realistic. There was some discussion around a possible reduced standard for very small organisations although concerns about providing variable service to clients questioned this approach. It was thought that volunteers must also be included in the standard taking into consideration the minimum number of hours they should work to achieve appropriate standards and requiring volunteers to have the same training as advisers. In general there was consensus on most of these issues across the three organisations.

2.2 Advice Providers

- 2.2.1 As part of the process of developing the new quality standard the consultants held focus groups with advice providers in three geographical locations across Northern Ireland. All members of Advice NI, Citizens Advice and The Law Centre were invited to participate. The number of people participating broadly reflected the geographical and membership proportions of each organisation and was thought to represent a good cross section of independent providers and Citizens Advice Bureaux. While there were minor differences of opinion, in general there was strong consensus on most of the key issues, perhaps making it easier to ensure that the standard best meets the needs of the whole sector and those involved in funding it and utilising its services. An online questionnaire was also used and feedback through it is provided in further detail in section 2.3.

2.2.2 Current Quality Standards

There was considerable discussion around the quality standards currently utilised by providers. These varied considerably from no formal standard to the comprehensive Citizens Advice Bureaux membership standard. A number of providers were also holders of Investors in People while others were working towards this. Some also held the PQASSO quality standard. It was recognised however that neither IIP nor PQASSO was specific to the advice sector and neither indicated quality of advice, rather focusing on people development,



organisations and systems. However it was noted that these factors while not directly linked to advice provision do play a part in creating the conditions for high quality advice. The CAB membership standard was highlighted as administratively and resource intensive and due for a change. This currently involves two elements, a quality advice audit and an organisational audit. It was noted that Citizens Advice regional office was working on a new system which would address some of the limitations of the current membership standard. It was widely felt that the current three year review cycle was too long and that the sampling process was not sufficiently rigorous to adequately assess quality. Most felt that an annual review process would be more appropriate and believed that greater input by local management to the quality mechanism would be more cost effective. At a regional level NIASC membership organisations (Advice NI, Citizens Advice and Law Centre NI) could also have a key role to play whilst it was recognised that periodic independent auditing would give credibility. Some also noted that the current quality processes required excessive record keeping and at times worked against achieving value for money, particularly where clients' needs were straightforward and did not require copious analysis or information gathering.

The case of single handed or very small advice provision was also discussed. In some cases there is no mechanism for case checking and no clear quality standard and those in this situation recognised that the lack of clear standards in relation to advice left them uncertain at times as to the standards they had to meet. All involved in advice provision wanted to ensure that future quality assurance processes were not administratively burdensome and measured the right things in the most appropriate manner.

Some were also involved in using client surveys as a measure of quality. While it was recognised that clients were not well placed to determine if the quality of advice given was good, the best surveys looked at the qualitative and quantitative impacts and outcomes experienced by clients as a result of advice given. It was noted however that the least happy clients were often those that were given 'bad news' even if this was accurate, while those who gained through the process would generally be content, irrespective of the quality of advice given.

2.2.3 Providers' Views on a Single Quality Standard





Virtually all of those involved in the focus groups felt that a single Northern Ireland wide standard would be a huge improvement on the current situation. There was a strong view that funders did not understand the differences in current standards and that a single Northern Ireland wide standard would provide a “level playing field” so that all providers could be fairly compared. Providers believe that funders would welcome a quality standard however it was recognised that it may be necessary to help funders understand what should be measured and the value of this. Concern was expressed that funders are increasingly focusing on volume rather than quality and most of the providers consulted felt that funders lacked understanding of the advice process or of the importance of proper and rigorous analysis. One provider was concerned that the current flexible relationship they had with their local council could be undermined by any new quality standard however this view was not shared by any others consulted.

2.2.4 Providers' Views on Case Recording

A number of the providers consulted noted that the case management system should also link into any new quality standard. Some highlighted the fact that Advice Pro provided a manager's toolkit which could bring up alerts to assist a manager to review case files. Providers also highlighted the need for careful management of IT, particularly to ensure that individual advisers had single log-ons and that multiple users were not accessing the same account, thereby making it impossible to review individual adviser performance. This discussion also highlighted some of the limitations of both Advice Pro and CARMA in terms of the need to record excessive information or flexibility in terms of issue recording. For instance, one provider noted that Advice Pro works very well for complex cases but less well for multiple simple issues while CARMA was criticised for the level of detail required in some cases where the issues were simple and did not need this.

All of those consulted recognised the need for checking of case files by managers however the current level of checking varies substantially from 50% of cases in one situation to very low levels on an ad hoc or occasional basis. Advice providers discussed the possibility of introducing a risk assessment process to allow for variable levels of checking, depending on the experience and track record of the adviser and generally saw this as an appropriate way forward.



2.2.5 Providers' Views on the Benefit to Clients of a Single Quality Standard

Providers' views on whether a single quality standard would be of benefit to clients were mixed. While it was generally felt that clients would benefit from improved quality of advice, assuming that the standard was sufficiently rigorous and focused on the right things, most providers felt that clients would not seek out a particular provider because of their quality standard and would be unlikely to do so in future. However some thought that a quality standard would give confidence to clients. Many wanted the new quality standard to drive a client centred service. There was also a view that increasing pressure from funders to increase volume impacted on quality and the hope was expressed that a new quality standard across the board might help to create the correct balance between quality and quantity. It was also felt that a new quality standard could provide a "recognisable brand" for generalist voluntary advice provision generally. This could ensure that a client had access to the same standard and nature of advice no matter where they received it (The McDonalds model of consistency and branding was given as an example.).

2.2.6 Providers Views on the Content of a New Quality Standard

Providers all had strong views about what should be incorporated within a new quality standard. Without exception all providers, whether CABx or Advice NI members, wanted the standard to be rigorous and demanding, believing that it should ensure high quality and have longevity. All focus group participants also felt that the priority should be on 'quality of advice' with much less emphasis on factors which do not directly impact on the quality of advice provided to clients. These factors would include: training, case management, time management, 'soft' skills and monitoring/case checking. It was felt important that in addition to basic adviser training the organisation should have an annual training plan (with budget) in place and an appropriate mechanism to update advisers' skills. Most felt that there should be a standardised IT based case management system, ideally with a linked information system; although this was not considered essential. Access to relevant up to date information was considered essential, ideally on an IT based system, however it was noted that good paper systems with an appropriate mechanism to update these as required should be a minimum requirement.



Providers also felt it important that there should be relevant policies around advice giving and appropriate use of these including forms of authority, data protection, client feedback, etc. Mechanisms to support social policy work – evidence of recording trends and mechanisms for feeding these back with opportunities for policy change were also thought important. Client accessibility should be good with standard minimum opening hours, including an element of out of hours' provision (it was noted that this should be size dependent). Premises must be disabled accessible, giving adequate privacy, appropriate arrangements for confidentiality and record keeping, appropriate IT systems, etc. There should be basic standards for outreach work including IT access. Providers felt that strong community links and community input, good networking and referral mechanisms were required. There should also be minimum standards in terms of clients' waiting times.

Those consulted felt that good governance was essential, setting appropriate standards with a sound committee, regular meetings, appropriate minutes, financial records, a solvent organisation operating within budget, evidence of audits and organisational stability. Management must have clear standards, regular staff appraisals, review and management systems, etc.



2.2.7 Implementing the Quality Standard

The issue of multiple or varying quality standards was discussed at each session. Most providers felt that a single standard applied across providers (possibly allowing for some small variations for very small providers) was desirable. The idea of having multiple levels within the standard was generally rejected. When providers were asked how those who had furthest to travel to reach a new standard would be accommodated within any new standard, there was an acceptance that a period of time to reach this standard would be appropriate but that the lower standard should not be allowed even for a temporary period. There were differing views on the length of time that should be allowed although it was generally felt that one year might be reasonable with up to eighteen months in the case of very small providers. No one asked for a longer period. The idea of a single rigorous and comprehensive standard, focusing particularly on quality of advice, was accepted by virtually all participants; with concerns that diluting the standard in any way would make it less meaningful and less useful for funders. It was felt that organisations could review compliance internally; externally review compliance in association with NIASC membership organisations; and that an element of independent audit would add independence and credibility. Different processes of review were considered and it was widely recognised that management within individual provider organisations should carry primary responsibility for achieving and maintaining quality. It was also broadly agreed that this should be externally audited but that perhaps the audit should focus on ensuring that the appropriate checks and balances were in place and sound management mechanisms were being used internally to review quality, rather than externally assessing individual case work. It was noted that individual case review might also be necessary where an organisation was failing to achieve the standard but should not be the primary focus.

Once the standard was established and after the initial introduction period had elapsed, it was felt that organisations should all be expected to reach the new quality standard. It was recognised however that a range of external circumstances, often outside the control of the providers, might cause temporary dips in quality. Most providers took a fairly hard line view saying that it would be unacceptable for clients to receive poor advice and therefore such circumstances should be remedied at an earlier stage. However it was also felt



that an appropriate period should be given to allow providers to again achieve a standard which had been lost. To this end there was broad agreement that any provider checked after the initial implementation period had elapsed, who had failed to continue at the standard, should be given a three to six month period to redress any failings (three months should be the norm but perhaps up to six months allowed where there are clear mitigating circumstances such as loss of key staff). Appropriate support should be put in place in such circumstances in order that the situation would be improved. Any provider failing to get back to the standard (as verified by independent audit) after this point of time should face sanctions including loss of the standard.

Most of the providers consulted thought it likely that local Councils and other funders would adopt any new quality standard as a requirement for funding. Most also felt that the regional advice organisations should require members to reach the standard as a condition of membership. However, there was a recognition that primary responsibility for achieving and sustaining quality standards should rest with the individual providers. An internal review process should ensure consistency and compliance, while the regional organisations might provide support to reach the standard and an external review process. However, it was recognised that an element of external audit would be required to ensure consistency across providers and to give credibility to the standard.

Providers felt that some process of education of funders would need to take place as part of the implementation of a new standard to ensure that the standard was properly understood and that its relationship to client outcomes and volume of advice would need to be explained.

2.3 Advice Providers - Questionnaire

2.3.1 Through Advice NI and Citizens Advice all advice providers in membership of either organisation were contacted to invite them to respond to an online questionnaire. At time of closing, the questionnaire had 39 responses, representing a very large proportion of all generalist voluntary advice providers in Northern Ireland. Of those responding the breakdown was as follows:

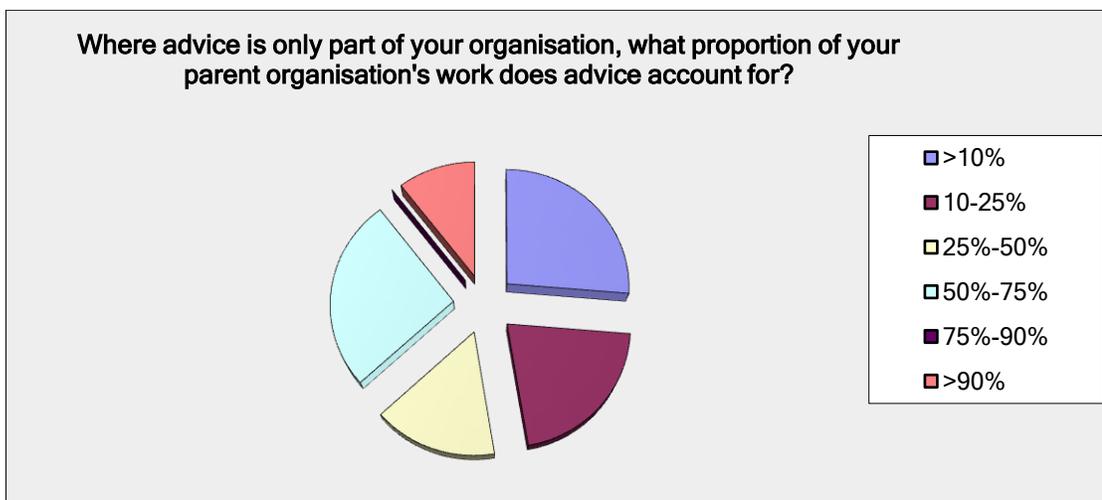
- Advice NI members – 64.1%



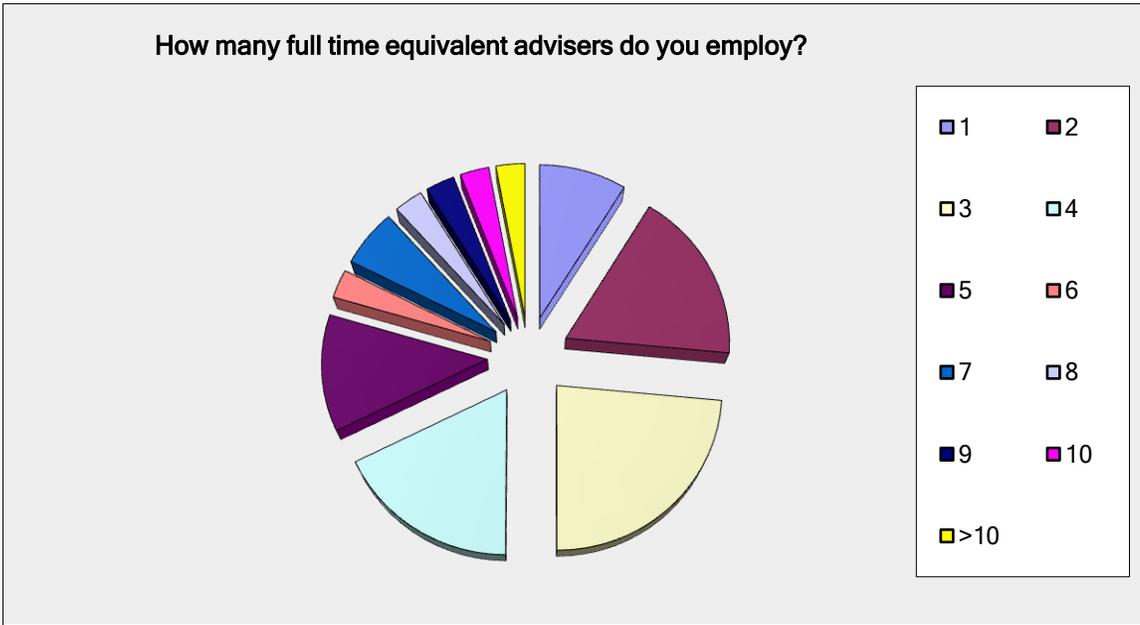


- Citizens Advice members – 33.3%
- Law Centre members – 20.5%

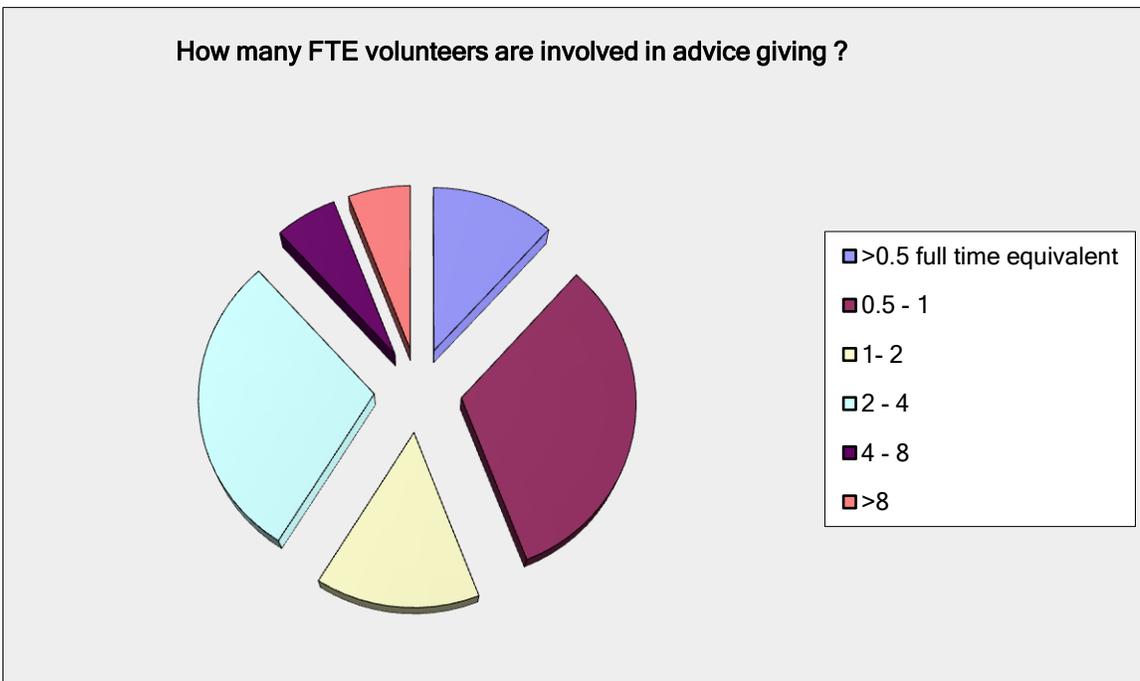
It is worth bearing in mind that there is some overlap between membership of the Law Centre and the other organisations. 66.7% of respondents stated that their advice provision was part of a larger organisation. The vast majority of these were locally based community organisations although a few were Northern Ireland wide regional bodies. The following chart shows advice as a proportion of the organisations' work for which advice work is only a part.



- 2.3.2 The organisations varied substantially in terms of size of their advice provision. The following chart shows the number of advisers employed in each case. It can be seen that only 20% of respondents employed more than 5 full time equivalent advisers, broadly reflecting the relatively small size of most advice provision across Northern Ireland.

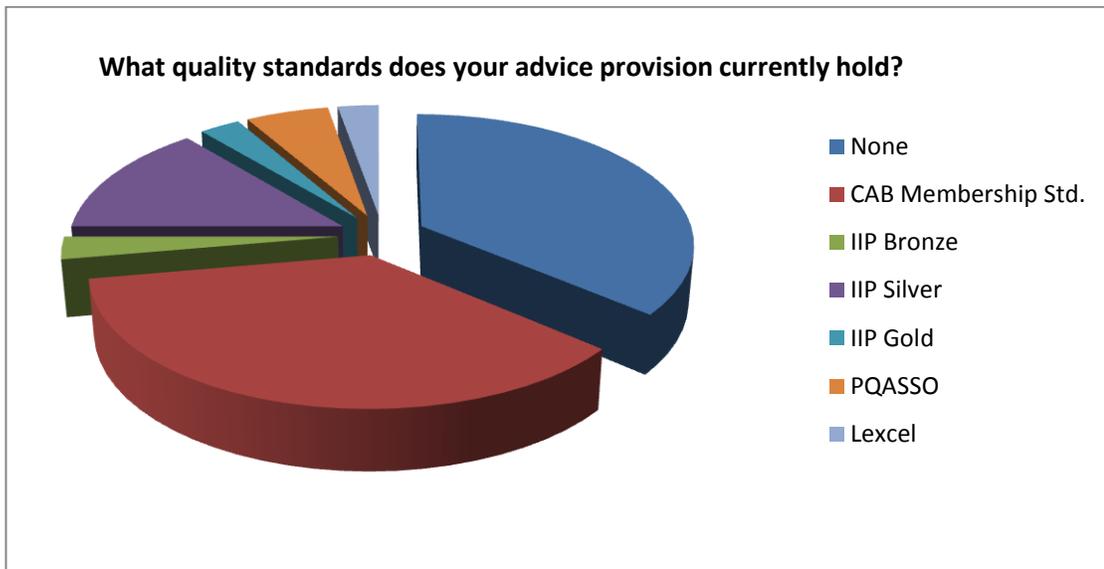


Most of the organisations also employed a significant number of volunteers. The following chart shows the volunteers expressed as full time equivalents.

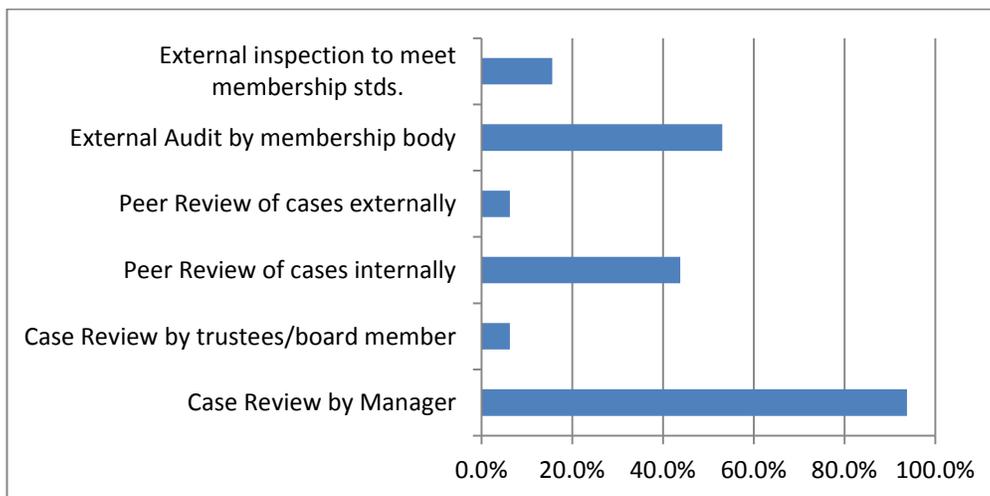




2.3.3 Providers were asked about their current quality standards. Unsurprisingly, each of the Citizens Advice Bureaux held the Citizens Advice membership standard. A similar number held no quality standard while a number also held IIP, PQASSO and Lexcel.

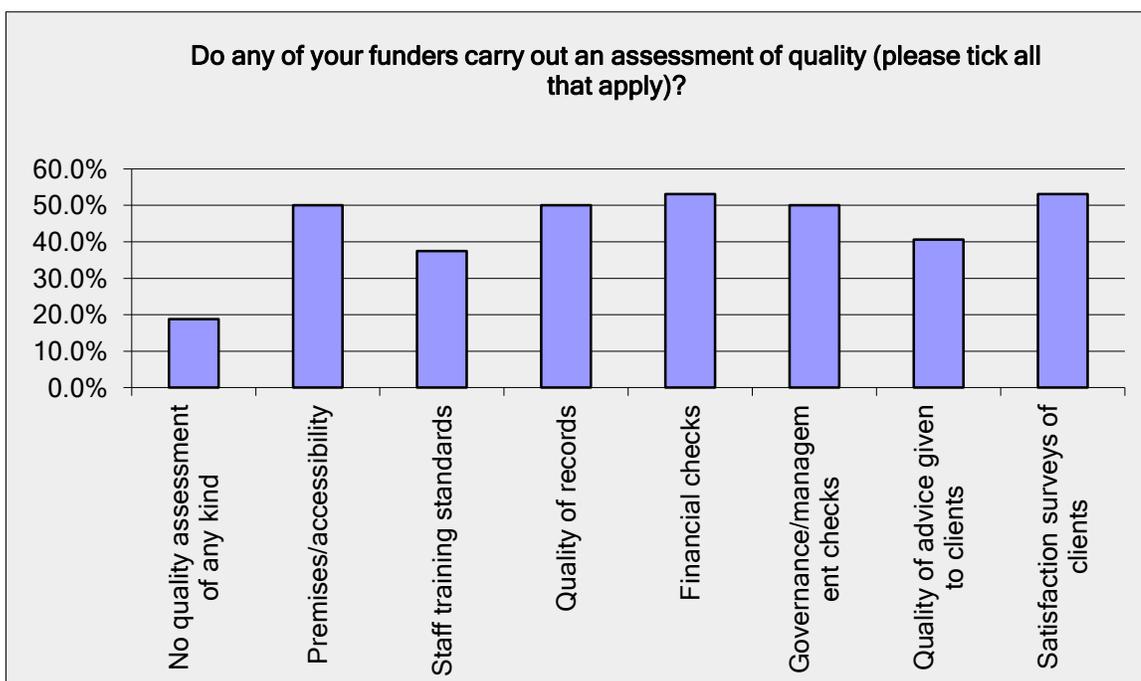


Providers were asked to comment on the methods currently used to assess the quality of advice given. It can be seen that the vast majority carried out internal case reviews by managers while external audit and peer review were also significant.





Providers also commented on quality assessments by funders. As the following chart shows, funders have tended to focus on issues such as standard of premises, records, finance and management and clients' satisfaction. In general funders do not check the quality of advice given, perhaps because they are not equipped to do so. Most commonly funders review quality on an annual basis although some funders do this as often as one to three monthly intervals.



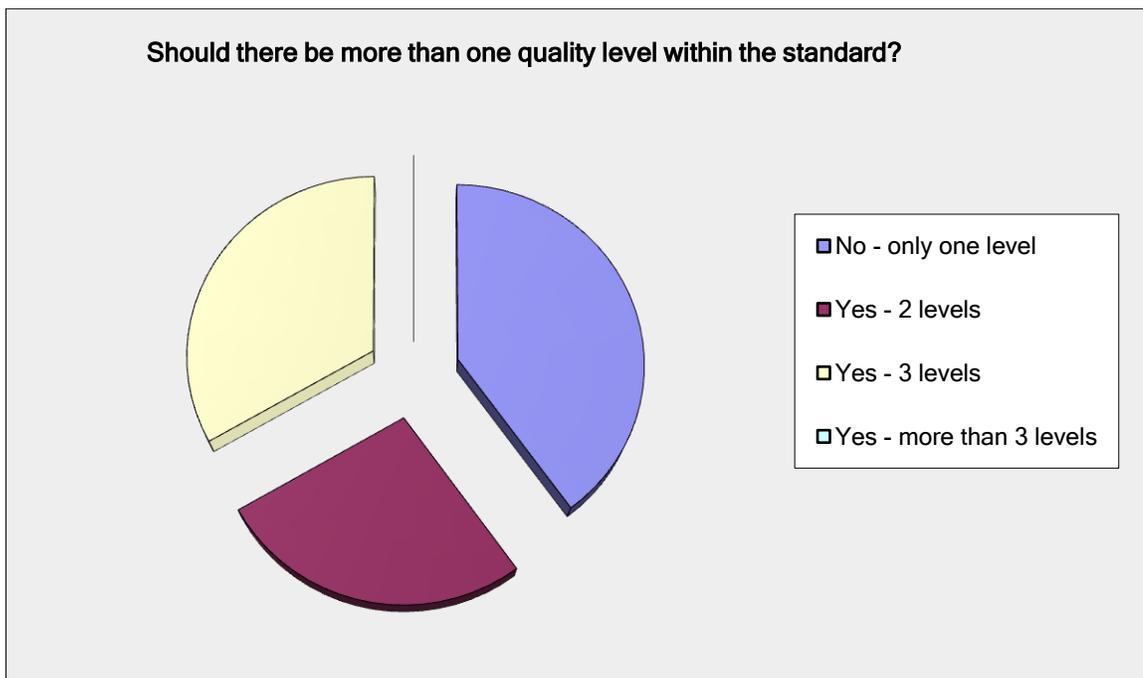
2.3.4 Providers were asked to comment on their case recording mechanisms. It is significant that 85% currently use an IT based case recording mechanism such as CARMA or Advice Pro. Some continue to use paper records although in some cases these are combined with IT based systems.

2.3.5 Providers were asked to comment on the value of a single quality standard for all generalist voluntary advice provision. 97% of respondents indicated that they would welcome a single standard. A few made relevant comments including:



- There should be a single skills and knowledge standard for specific advice areas which can be developed with a higher level for specialisms.
- Would prefer a quality standard with national rather than regional credibility.
- There are too many standards, assessed differently. One quality standard makes sense.
- With RPA coming, it is crucial that all providers are audited to a single standard to ensure equitable service.
- It is only fair that all agencies providing advice should be measured in the same way.

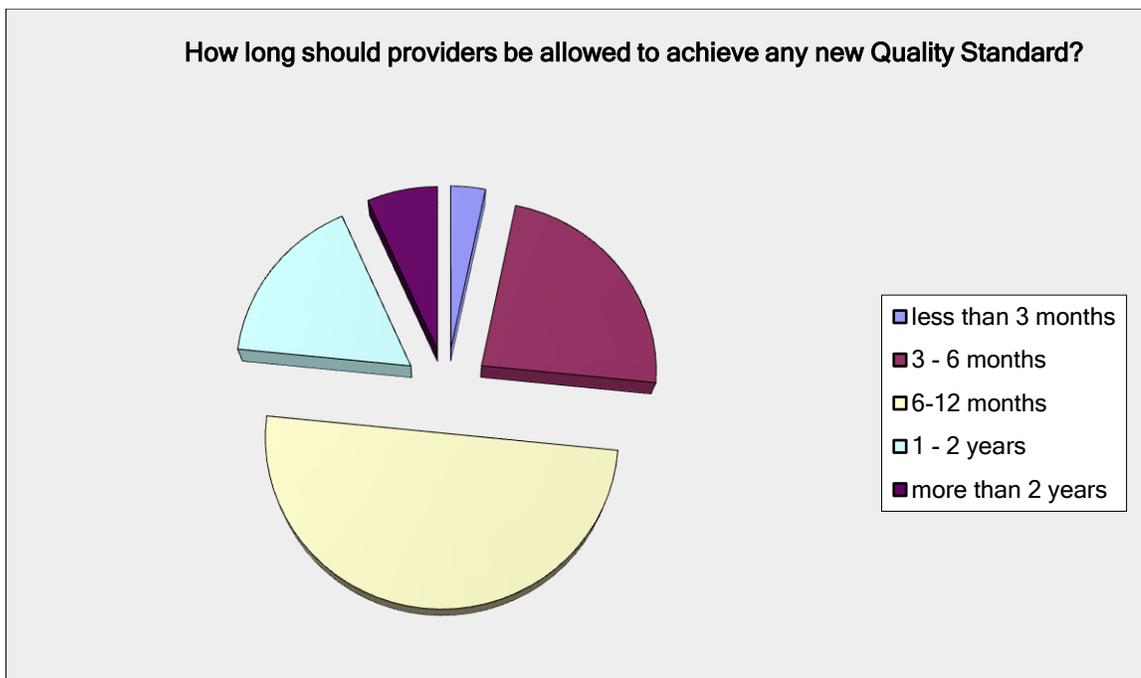
There were mixed views on the suggestion of one or more quality levels within the standard. As the following chart shows while a higher proportion wanted only one level, some did make an argument for two or three levels.



Providers were asked to comment on the length of time that should be allowed to achieve a new quality standard. As the following chart shows there were



very mixed views on this however 77% of respondents felt that this should be less than one year.



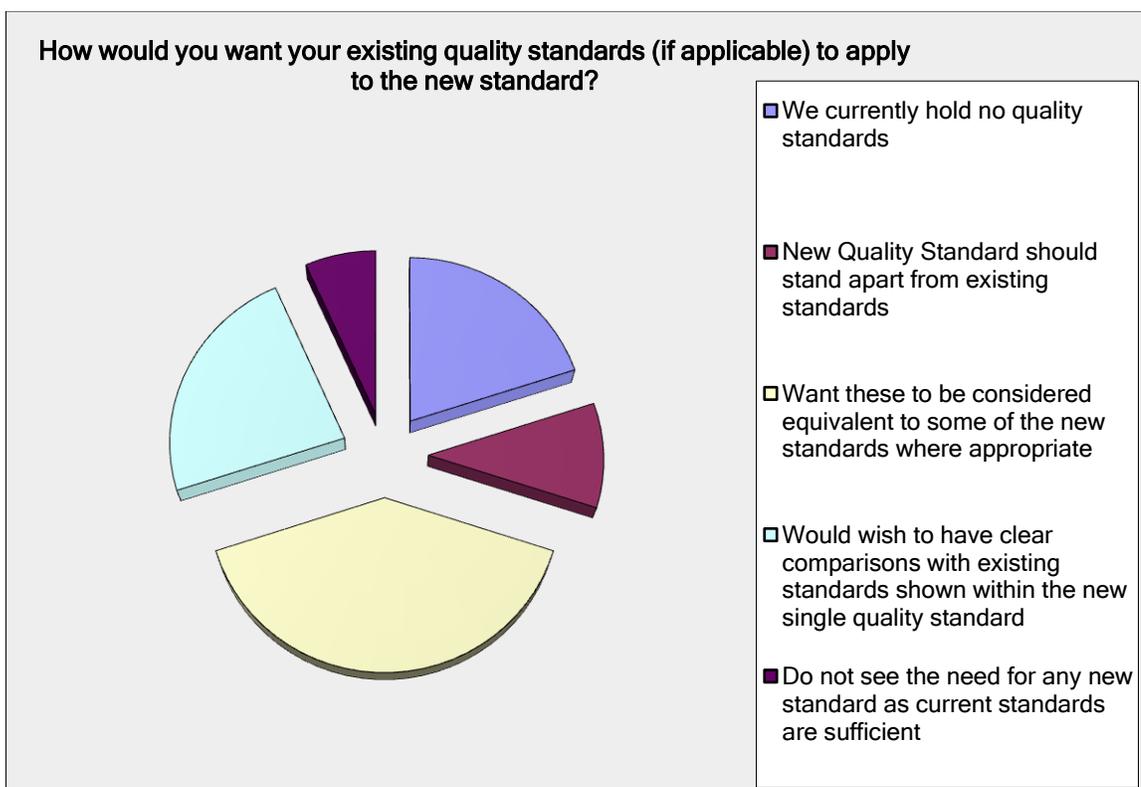
2.3.6 Providers were asked for other views in relation to a potential quality standard. One of these issues was whether the regional organisations should require providers to achieve this standard as a condition of membership. Interestingly:

- 90% of respondents felt that membership should require providers to achieve a quality standard although
- 10% felt that this should simply be encouraged.
- 13% felt there should be a lower class of membership to facilitate those who may not be able to achieve the higher standard.
- However, nearly 77% felt that as long as there was a period to allow for change, holding a quality standard should be mandatory for members of Citizens Advice or Advice NI.

Providers were asked to comment on how they would want their existing quality standards to apply to the new standard. 37% of those responding did not see the need for a comparison of any kind, either because they thought the



standard should be completely separate or because they held no quality standards at present. Interestingly, two respondents indicated that they did not see the need for any standard as current standards were sufficient. In both cases these respondents had also noted that they would welcome a single standard across Northern Ireland. The remaining 63% wanted direct comparisons with current standards, with 40% indicated that they wanted equivalents were appropriate and the remainder wanting clear comparisons with existing standards shown within the new standard.

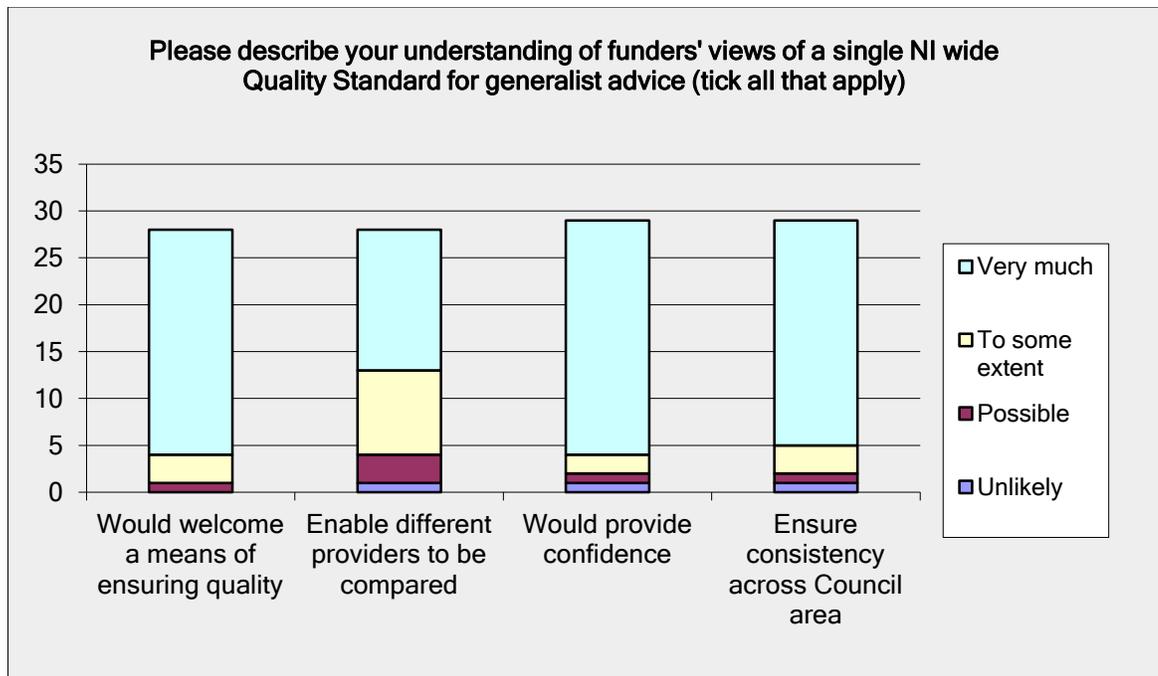


2.3.7 Providers were asked to comment on the implications of implementing a new quality standard. As the chart shows, the majority saw this a new quality standard as likely to have a significant impact on many areas of their work with particularly high scores given to cost, staff training and management time.



Answer Options	Very significant	Significant	Some impact	Little impact	No impact
Cost of implementation	10	7	11	1	0
Staff training	8	12	10	0	0
Management time to implement	8	12	9	1	0
Management time to review/manage	8	14	7	0	0
Staff time to record information	7	10	6	6	1
External audit requirement	3	12	10	4	1
Case recording system changes (IT)	9	8	8	3	2
Case recording system (paper based)	2	3	4	3	11
Effect on funders' expectations	11	7	8	3	1

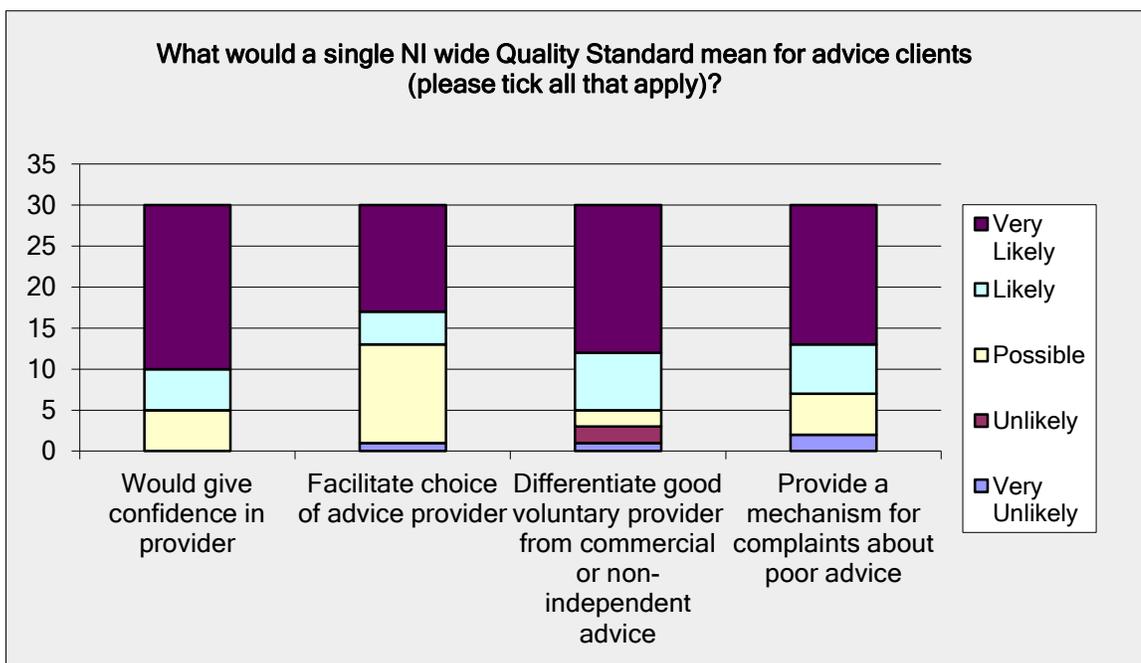
2.3.8 In the following questions we asked providers to consider how the quality scheme would be viewed by other stakeholders. Most thought that funders would very much value a single quality standard and as the table shows in a number of different ways including ensuring quality, comparing providers and delivering confidence and consistency.



Providers also felt that clients were likely to benefit from a new quality standard. A high proportion thought that this would provide confidence in the advice



provision and would enable the clients to differentiate between good and poor providers. It is noted that this response differed substantially from the discussion at focus groups and perhaps flags up the need for promoting a quality standard so that it is understood by all concerned.



2.3.9 Providers were asked to give comments on other advantages that a single Northern Ireland quality standard might bring and to offer any other comments that they felt worth including. 46% of respondents commented on this area with a range of views including:

- Would offer equality and efficiency across providers.
- The use of IIP and CSE standards has resulted in a more client focused organisation approach and has improved staff and organisational performance.
- A single standard would provide consistency.
- There would be financial benefit.
- This would lead to better qualified advisers.



- A level playing field for providers would ensure that those who do the best work and have the highest standards would be rewarded accordingly. (This comment was provided by a number of respondents).
- Would expose agencies which provide sub standard advice and allow funders to make better decisions.
- Would ensure an agreed adviser training programme for all advice services.
- Would provide organisations with guidelines around volunteering with advice.
- There should be a central approach to ongoing advice training for advisers.
- Would be keen to see some standardisation of money advice standards with existing qualifications.
- The aim should be to provide the best possible service for clients and value for money for funders.

2.4 Funders and Statutory Bodies

2.4.1 As lead department for the advice sector, it is important to ensure that any new quality standard meets the requirements of DSD. It is DSD's intention that the quality standard would provide an annex to any new advice strategy and therefore this would become good practice for use by councils and central government. DSD believes that the new advice standard must:

- Ensure that advice providers are good organisations.
- Must be charitable organisations.
- The standard must focus specifically on advice given to the client and the quality of that advice.
- The standard should not replicate what other standards already do. (It was noted that IIP focuses on people not advice – the new standard must be much more focused on advice giving).



- The standard should include training standards, monitoring and auditing mechanisms.

DSD believes that all advice providers should be expected to meet the new standard and would not wish to have a mechanism which enables providers to consistently deliver lower quality. This does not preclude having a realistic timescale to allow providers to come up to the required standard or conceivably having two levels for a period of time. The provision of management information to facilitate DSD and other funders' assessment should also be included within any quality standard as an essential requirement. This should be returned to the regional organisations for collation and submission to the Department. The Department recognises that providers may need support to reach the required standard and expects this to be provided by the regional organisations/NIASC. The standard should only address generalist voluntary advice and should not include specialist provision such as money and debt advice.

2.4.2 A sample of Northern Ireland councils was consulted as part of the review process. Those that responded provided a very consistent view on the value of a single standard and what was needed. All expressed the view that differing quality standards were hard to reconcile and not sufficiently high profile and felt that one single standard would be helpful. It was important however that it was respected as "the standard". Councils consistently took the view that a high standard of advice provision was essential and that a single standard would facilitate appropriate public procurement arrangements and would ensure that councils could be confident about the quality of provision received by local people. There was a strong view that this single quality standard should become compulsory. Independent monitoring was seen as important to ensure that vested interests did not get in the way and that the standard retained credibility and consistency. Councils took the view that an element of independent audit should be written into funding contracts in future and should become a prerequisite for funding. There were a number of views expressed in relation to the elements that should be included however the most important were seen to be quality of advice, the quality of case recording and to a lesser extent adviser training and skills, volunteer development, management and governance, policies, monitoring and review processes, membership of regional body, premises and others. Some expressed the view that increased



management of quality within individual providers was important, but that this needed to be externally monitored.

- 2.4.3 The Public Health Agency and Health and Social Care Trusts are significant funders of advice provision. Consultation with the sector showed enthusiasm for a single quality standard. Those consulted wished the standard to focus strongly on the quality of advice, case recording, adviser skills and training. There was a strong desire for consistency across the advice sector. The responses from the sector indicated a desire to ensure that any new standards primarily improved the outcomes for advice clients and should meet their needs. It was suggested that compliance with a 'DSD endorsed quality standard' should become obligatory for health sector funded advice work.
- 2.4.4 The Big Lottery Fund was consulted in relation to the new Quality Standard. Fund representatives saw the value of a single Quality Standard but noted the previous difficulties in negotiating shared procedures. However The Lottery was enthusiastic that any Quality Standard which would help measure and understand the governance procedures and capability/capacity of organisations they funded. They noted that the measurement of quality standards would need to be constantly updated and monitored and that this would only have value if the monitoring processes were of such a scope and nature as to give it credibility. They believed that a rigorous standard of this kind would streamline their analysis of applications for funding; however The Big Lottery would intend to continue to use its own policies and procedures to collect, handle and analyse data. Big Lottery representatives noted that a standardised approach across the generalist voluntary advice sector would most likely influence funding decisions. They saw it as unlikely that they would use it as a precondition of funding an organisation that could demonstrate effective service delivery by other means. They did believe that a single Quality Standard would engender additional trust in the services being provided and that they would lead to an increase in client participation and better service delivery. The Big Lottery noted that it would review any standardised quality processes applied by the sector through its own assessment and management procedures to minimise the financial or reputational risks to Big Lottery Fund.



3. The Quality Standard

3.1 The Approach to a New Quality Standard

3.1.1 The proposed approach to developing a new quality standard is as follows:

- **Rigorous but achievable** – to be of value and to be accepted by all concerned, the standard must be set at a high enough level to guarantee consistent advice provision. Yet, it must also be achievable, as an unrealistic standard is unlikely to be accepted or utilised by all advice organisations.
- **Clarity** – the standard must be clear and unambiguous. It must enable funders, providers and clients to understand what is being addressed and to see the value of any of the elements included.
- **Buy in** – the new quality standard must be accepted and owned by providers, funders and clients alike.
- **Longevity** – providers do not want to have continual change and believe that any standard must be suitable for the longer term, avoiding ongoing updates and the need for costly training and change in systems.
- **Continuous improvement** – While the standard must be rigorous, it should also encourage providers to continuously improve and to set the highest standards at a local level.
- **Quality of advice priority** – there should be a focus on quality of advice as this directly affects the client and the funder.
- **Internal Review** – the quality standard must empower and encourage managers within local provision to monitor and manage quality in a proactive manner. Quality must be primarily a local provider's responsibility.
- **External assurance by NIASC** – the regional bodies will have a key role to play in terms of providing support to frontline providers and providing an element of external assurance;
- **Independent audit** – an element of independent audit would provide added assurance to all stakeholders;



- **Risk** – a risk based approach should be taken to monitoring and audit. The level of review both internally, externally and independently should depend on the outcome of sampling and should be geared to minimising the cost with a high degree of assurance.
- **Time to achieve** – all providers should be given adequate time to achieve the new quality standard however this should not be so long as to enable providers to continue to operate with less than satisfactory quality.
- **Mechanism to remedy failure** – the standard must allow for unforeseen circumstances and must drive improvements rather than punish circumstances. Providers should be allowed a short time to redress any failures after unsuccessful external audit. This time might be extended if there are mitigating circumstances.
- **Mechanism for new providers** – the standard must allow new providers to reach the standard within a reasonable period of time.

3.2 Quality Standard Elements

3.2.1 The new single quality standard must be comprehensive and must prioritise the quality of advice given to clients. However, many other aspects of provision can create the conditions for good advice or can increase advice capacity. For instance, an efficient and effective organisation will utilise resources better and will therefore be able to service more clients. A financially sustainable and strategic organisation will plan better and will have greater resilience to external change, which in turn will create staff confidence and produce better work. The elements of the standard are set out below.

3.2.2 Principles

It is accepted that all generalist voluntary advice should comply with a number of basic standards. These should underpin the single quality standard.

- **Independence** - Be independent of political parties, statutory organisations and free from other conflicts of interest.
- **Impartiality** - Provide an impartial service open to everyone regardless of race, religion, politics, age, sex, sexual orientation or disability.



- **Accessibility** - Provide a free and accessible service to all members of the community which it serves.
- **Confidentiality** - Provide a confidential service to all its clients and meet all data protection legislative requirements.
- **Effectiveness** - Provide an effective service to all of its clients and the community which it serves. The advice centre should be able to show its effectiveness through demonstrable and measurable outcomes.
- **Accountability** - Provide a service which is accountable to users and others who work with the advice centre.
- **Free** – all generalist advice should be provided at no cost to the client

3.2.3 Quality of Advice (Measure 1)

There should be a focus on quality of advice as this directly affects the service provided to the client. This should be assessed using the following criteria:

- **1.1** - In line with advice principles (as above)
- **1.2** - Diagnosis of issues facing the client;
- **1.3** - Information collection;
- **1.4** - Identifying options, consequences and limitations;
- **1.5** - Appropriateness to the person, to the problem and to the local circumstances;
- **1.6** - Signposting and referral;
- **1.7** - Accurate and complete advice;
- **1.8** - Case management;
- **1.9** - Effectiveness of the advice overall, outcomes;

3.2.4 The Advice Service (Measure 2)

A good quality advice service must adhere to certain standards as follows:

- **2.1 - Availability** – the advice service is easily accessible to the community, including promotion of hours of service; outreach; delivery channels; and range of services available;



- **2.2 - Case management** includes clearly recording the facts of the case; the advice offered on the options available; ongoing or future action or support needs of the client; identification of signposting or referral pathways as appropriate;
- **2.3 - Information** – staff have access to accurate, up-to-date information;
- **2.4 - Case checking (internal)** – evidence of systematic case checking by managers conducted on a quarterly basis (number of cases assessed dependent upon internal ‘risk assessments’);
- **2.5 - Case checking (external)** - regional organisations assure the case checking arrangements of frontline providers on an annual basis;
- **2.6 - Case checking (independent audit)** independent assessor retained by Councils / DSD to validate the process on a 3-yearly basis;
- **2.7 - Customer satisfaction surveys** conducted and results published on an annual basis (using templates agreed by the NIASC to ensure consistency across advice providers);
- **2.8 - Client outcomes** are captured, measured and reported regularly; this information informs service changes and improvements;
- **2.9 - Complaints procedure** clearly promoted, easily accessible, with effective systems in place to deal with and learn from complaints;
- **2.10 - Social Policy** – in addition to tackling individual problems the advice service must be able to evidence engagement on a wider policy level in terms of addressing some of the issues presenting to the advice service;

3.2.5 Staffing Requirements (Measure 3)

Advice services rely on staff (paid and voluntary) as its most valuable resource. It is important that staff are recruited, inducted, managed and supported appropriately. The following staffing standards are proposed:

- **3.1 - Equal opportunities policy** with commitment that all staff will be treated fairly and selection for employment, promotion, training or any other benefit will be on the basis of aptitude and ability;



- **3.2 - Competency** – all staff have achieved identified core competencies including Welfare Rights Adviser Programme, Adviser Training Programme, Wiser Adviser Programme;
- **3.3 - Support, supervision and appraisal** arrangements adhered to for all staff involved in the advice process;
- **3.4 - Learning and development** – formal process for identifying and addressing staff learning and development needs;

3.2.6 Organisational Requirements (Measure 4)

The organisation should have appropriate governance arrangements and management processes; meet all necessary legal and regulatory requirements; plan strategically and financially and exercise financial control. The following organisational standards are proposed:

- **4.2 - Governance** including appropriate governing documentation; strategic, operational and individual planning arrangements; appropriate policies including complaints, data protection and lone worker policies;
- **4.2 - Accountable** – the Centre has a means by which it is accountable to the community. (This is normally a management committee / Board which meets regularly);
- **4.3 - Compliant with appropriate legislation** including Employment, Health & Safety; Charity; Equality; Financial Conduct Authority and other appropriate registrations;
- **4.4 - Financial controls** including accounts and financial monitoring arrangements;
- **4.5 - Risk management plans** with planned mitigation arrangements;

3.3 Implementing and using the Quality Standard

- 3.3.1 The implementation of the Quality Standard, while relatively straightforward, will require some work by a number of stakeholders. An outline implementation plan is included in section 3.5 of this report. The key elements involve:



- Finalising the Quality Standard and getting approval from all parties.
- Engaging local providers.
- Assessing the comparative position of providers and the work needed to get them up to the new Quality Standard.
- Carrying out initial quality assessment and making quality awards.
- Ongoing quality review and improvement.

The implementation plan sets out the role of the four stakeholder groups, Regional Advice Organisations; local advice providers; DSD and external auditors. The first stage of the process will involve agreement by members of the Northern Ireland Advice Services Consortium on the final Quality Standard. As this has implications for members and, in the case of Citizens Advice, membership of a wider UK association, approval will need to be sought from the governing structures (Management Committee/Boards of the three regional bodies and perhaps in the case of Citizens Advice the national body). It would clearly defeat the object for multiple quality standards to reside alongside the new single standard therefore consideration must be given to how current quality standards (in the case of Citizens Advice, which play a part in membership) will be reconciled with the new standard.

It is noted that Citizens Advice has been working on new quality arrangements and it is hoped that the proposed single quality standard can replace these however it is not beyond the bounds of possibility that the standards required for membership could add additional elements to this core standard. It is also worth bearing in mind that the core standard proposed does not take into consideration specialised areas of work such as money and debt advice. As these are currently bound by different legal boundaries and quality standards, some work may need to be done to see how these will be reconciled to avoid unnecessary duplication of work by providers. There is also some work to be done in considering how the new standard will align with other existing quality standards utilised by some of the advice providers. In practice, the two most common ones, Investors in People and PQASSO, do not address many of the aspects of quality of advice as highlighted in the new standard and there is likely to only be significant overlap in areas such as staff development and training, governance and perhaps client satisfaction.



As it is likely that the new quality standard will be a mandatory requirement for funding by many public sector bodies, the issue of whether elements of the new standard will be accepted by other accreditation bodies where an individual advice provider chooses to gain more than one standard will also need to be explored in more detail. Consideration will also have to be given to any allowances that might be made for very small providers. The standard does allow for slightly different requirements however the issue of case management and case review would be difficult to undertake in a single person provider organisation. Similarly, some elements of the standard may need to be eased for a period to allow smaller advice organisations to get up to speed.

Consideration will also have to be given to the time allowed for organisations to remedy shortfalls in their quality performance. Should this be open ended, it will seriously undermine the credibility of the standard however the nature and extent of remedial action required may in some cases dictate removal of the standard and in others be considered relatively minor and should be allowed for in a reasonable remediation period.

3.3.2 The process of “selling” the new standard to providers and funders is crucial if the standard is to have sustainability and credibility. This will require the following steps:

- The process for annual review and bench-marking will need to be agreed and documented.
- An information pack will need to be developed setting out the structure of the standard and the process for internal and external checking and independent audit. Information will need to be provided on how the standard can be obtained and kept, the process and period for addressing shortfalls and the detailed role of individual managers for maintaining standards.
- Information sessions for advice providers will need to be held, probably in at least three locations across Northern Ireland and ideally involving CAB and Advice NI members in the same sessions, thereby demonstrating the consistency of the single standard. The information session should be run by NIASC to an agreed agenda and utilising the information pack. Ideally these will be attended by as many advisers and managers as possible. Members of Management Committee



should also be involved to ensure consistent understanding of the changes.

- At least two information sessions should be run for current and potential funders including Councils, Health and Social Care Trusts, Public Health Agency, The Big Lottery and others. These should seek to achieve funders buy in to the quality concept and ensure a clear understanding of how these will affect the quality of provision being funded. It is probable that the information used for providers can also be used for funders.
- The primary responsibility for quality will in future rest with the managers of individual local advice providers. It is therefore appropriate that the managers take responsibility for providing any training of individual advisers or volunteers. However, it is possible that some may request training for advisers to be provided by NIASC. As a minimum, NIASC will need to deliver training for managers to assist them to implement the new Quality Standard and to appropriately monitor and manage this in the longer term. The elements of such training are likely to include:
 - Overview of the Quality Standard and what it is trying to achieve.
 - Information on levels of responsibility and in particular the role of the individual manager.
 - An overview of the internal assessment/review process and how the manager can ensure compliance with the Quality Standard.
 - An overview of key training elements that the managers should provide to advisers and volunteers.
 - Explanation of the annual review by regional organisations, the bench-marking process and the external audit.
 - Information on how quality standards will relate to membership of regional organisations, how they may be used by funders and what action will need to be taken if the organisations fall short of the standard.
 - Question and answer session with room for further training if this proves necessary.

3.3.3 The external case review process to be undertaken by NIASC is likely to fall into three elements:



- An initial informal review of each member organisation's current position and assistance to develop an action plan to meet the Quality Standard.
- An initial annual quality assessment (probably undertaken on a fairly soft basis) to assist compliance and support to develop a comprehensive remedial plan.
- Thereafter; an annual quality assessment carried out in a structured fashion to agreed guidelines. Subsequent annual assessments should take a more hard edged approach and should take into consideration the level of risk associated with individual providers, adapting the depth of review to the track record and distance of travel shown by the organisation in initial assessments.

The resource implications for this work are set out in the Implementation Plan.

3.3.4 For the external audit to have value it must be seen as independent. This does not preclude it being commissioned by the Northern Ireland Advice Services Consortium however it may be preferable for an external body such as the Department for Social Development, to undertake this task. Should the Department not wish to undertake this role, degrees of independence could be added by bringing in external advisers to the NIASC in commissioning and reviewing such external processes. The key steps at this stage are likely to include:

- Input to the final Quality Standard.
- An Annual Review with the regional advice organisations and DSD to ensure that progress is being made towards consistent quality and that the standard applied across the membership organisations are consistent.
- Commissioning an external audit, probably on a rolling three year process to undertake audits of all providers over this period.
- Agree the details of the external audit including reporting arrangements, mechanisms for remedying failure and action that will be taken where quality standards cannot be reached.
- Three yearly review of the external audit process to consider any changes that may need to be made to the standards or process.



- 3.3.5 All of these processes clearly have some resource implications as set out in section 3.5. Responsibility for these and where the resources will be obtained is for further discussion. This document purely sets out the likely implications in terms of staffing and other costs. It should be born in mind that many of the quality management processes that need to be undertaken by local providers are not new and should form part of good day to day management of an advice centre. There are some initial additional costs in areas such as training however these are likely to be relatively modest. In the longer term it is not anticipated that maintaining the Quality Standard should be an additional burden on local providers (that is of course assuming that they are already effectively managing the current provision and providing good quality). There will clearly be an additional burden on the regional advice organisations. In the case of Citizens Advice, this will depend on the relationship with the current membership scheme and the costs of membership. This issue will also need to be resolved with Advice NI members who currently pay for membership which does not include a membership quality mechanism. Irrespective of how this is resourced, the regional organisations will have an ongoing role in terms of support, training and external assessment.
- 3.3.6 The external audit process will undoubtedly have a cost. Again, Citizens Advice already utilises such mechanisms and it is probable that the proposed three year rolling programme, which will seek to audit quality work (done at a local level rather than looking at all aspects of the organisation) should prove more cost effective than current arrangements. However, as this will also apply to Advice NI members, additional costs may be incurred by them. Consideration will have to be given to how this external process is funded and the extent to which members will have to contribute to the cost of achieving the Quality Standard and maintaining membership. These issues need to be discussed by the three regional organisations with their membership and it is likely that the introduction of the new Quality Standard will impact on the terms and conditions of membership. A discussion with DSD will need to take place to consider the Department's role in relation to the external audit.



3.4 The Detailed Quality Standard

Quality Area	Quality Element	Detailed Standard
1 - Quality of Advice	1.1 - In line with advice principles	1.1.1 - All advice is given in line with the agreed principles
		1.1.2 - All advisors are aware of and fully accept the principles
		1.1.3 - All core advice topics (see list in Appendix 4.1) are offered by the provider
		1.1.4 - Providers must be in membership of one or more of the NIASC regional organisations
	1.2 - Diagnosis of issues facing client	1.2.1 - The background to the client's enquiry is fully explored
		1.2.2 - Clients are made aware of the wider range of advice on offer
		1.2.3 - Adviser uses the correct and current information sources
		1.2.4 - Diagnosis is adequately recorded
	1.3 - Identifying options, consequences and limitations	1.3.1 - All issues raised by the client initially or after exploration are adequately addressed
		1.3.2 - Clients are supported to understand how other factors could contribute to their situation
		1.3.3 - Clients are made aware of the consequences of any recommended course of action
		1.3.4 - Where relevant, client's personal and economic factors are fully explored
		1.3.5 - Benefits maximisation is undertaken when appropriate
	1.4 - Appropriateness to the person, to the problem and to the local circumstances	1.4.1 - Advice given is directly relevant to client following a thorough analysis of their needs
		1.4.2 - All advisers show respect for clients irrespective of their identity of circumstances
		1.4.3 - Clients are given advice in the manner most suited to their needs and circumstances



		1.4.4 - All advisers show the ability to adapt their interview style and language to suit individual client's circumstances, abilities or disabilities
		1.4.5 - Advice is provided in a cost effective way which does not compromise respect for clients or limits the effectiveness of the support given
1.5 - Signposting and referral		1.5.1 - Provider has access to and utilises a wide range of relevant, high quality referral mechanisms
		1.5.2 - Advisers are aware of a full range of alternative sources of information
		1.5.3 - Clients are made aware of other information sources relevant to their needs and abilities
		1.5.4 - Clients are referred to other sources of support when this is in their best interests
1.6 - Accurate and complete advice		1.6.1 - The adviser has access to and utilises up to date information at all times
		1.6.2 - The provider has a mechanism for regular update of information
		1.6.3 - All advisers are given regular training and updates on researching and accessing information relevant to all areas of advice covered
		1.6.4 - Advisers recognise when they should seek help from other advisers or referral agencies
		1.6.5 - Providers can show evidence of regular contact with statutory agencies which facilitate good sharing of information. Reports to funders are up to date and of good standard.
1.7 - Case management		1.7.1 - A case management system is available to all advisers, paid or voluntary, while they are working on advice cases
		1.7.2 - All case records should be updated by the adviser responsible for the advice session, ideally at the time or immediately afterwards, but in all cases within 8 hours of the advice session
		1.7.3 - Data/client records must be maintained and stored in line with current data protection



		requirements
		1.7.4 - There should be evidence of regular management checking of data security
		1.7.5 - The case record content should reflect the scale, nature and complexity of the client's needs.
		1.7.6 - Detail should only be recorded if relevant to the case
		1.7.7 - All relevant detail should be included for complex cases
		1.7.8 - All advisers have individual logins to the case management system
	1.8 - Effectiveness of the advice overall, outcomes	1.8.1 - Clients are assisted to utilise self help opportunities where appropriate
		1.8.2 - Clients are encouraged and supported to develop new skills or capabilities
		1.8.3 - Clients are regularly surveyed to seek their views and to determine the effectiveness of advice given
		1.8.4 - A complaints system in place and promoted to clients
		1.8.5 - Evidence of corrective actions as required
2 - The Advice Service	2.1 - Availability	2.1.1 - Premises should be located on main transport routes where possible
		2.1.2 - Premises should be fully disabled accessible
		2.1.3 - Premises should be welcoming to all sections of the community
		2.1.4 - Access to provision ¹
		2.1.5 - Full access to IT and internet in all principal locations
		2.1.6 - Outreach premises to meet the same confidentiality requirements as primary advice premises
		2.1.7 - All client interviews should be undertaken in private and premises should have individual

¹ Ideally NIASC would wish to be able to guarantee a certain level of client access. However this is wholly dependent on funding and cannot therefore be included within the Quality Standard. Ideally this could be specify certain minimum hours of opening depending on the size of the provider (number of advice staff).





		rooms for client interviews	
		2.1.8 - All client information must be safeguarded and should not be accessible to anyone apart from the adviser and manager or any approved external assessor	
		2.1.9 - Clients should be made aware of the provider's confidentiality policy and the right of access to information by any external assessor and the conditions applying to this	
		2.1.10 - All urgent or emergency cases to be addressed within 3 days	
		2.1.11 - All non urgent cases to talk to an adviser within 1 week	
		2.1.12 - Clients dealt with in the most efficient and effective manner	
		2.1.13 - Range of contact methods available to include telephone advice, appointments, face to face provision and email access as a minimum	
		2.1.14 - There should be a waiting area for clients of sufficient size for the nature of the provision	
	2.2 - Case management		
		2.2.1 - A secure system which is compliant with relevant legislation and regulations should exist for regular management checking of case records	
		2.2.2 - The level of risk associated with each adviser should determine the frequency and extent of case record checking (i.e. new advisers or those who have shown poor performance should be checked regularly, other less frequently)	
		2.2.3 - There should be a record of case checking and any action taken to address (i.e. staff training, clients contacted, etc.)	
		2.2.4 - Case records are comprehensive and relevant	
		2.2.5 - Records do not contain unnecessary detail	
		2.2.6 - Records clearly show the analysis of client's needs	
2.2.7 - Records clearly show evidence of appropriate information sources used			
2.2.8 - There is a record of advice given to the client			





		2.2.9 - Where follow up action is needed, this is recorded and there is evidence of this taking place within an appropriate time scale	
		2.2.10 - Case recording should be undertaken by the adviser responsible for the case in all circumstances	
		2.2.11 - Ideally case recording will be undertaken on an approved IT based case recording system	
		2.2.12 - Where paper records are used, they must conform to the same standards as an IT based system and must be kept in a secure environment at all times	
		2.2.13 - Case recording should be adequate to facilitate any transfer of case load to another adviser without any additional hand over process	
	2.3 - Information		
		2.3.1 - All advisers, paid or voluntary, have full time access to dedicated IT provision while they are working on advice (For small providers, good paper systems are acceptable but must be regularly updated and there should be a record of updates)	
		2.3.2 - Advisers should have access to all current information relevant to the topics being addressed	
		2.3.3 - All advisers have individual log on details or separate computers	
		2.3.4 - All IT provision enables access to the internet and to current information sources	
		2.3.5 - All IT provision carries adequate current antivirus software and can meet good data protection and storage standards	
		2.3.6 - There should be a system for ensuring updates are made at regular intervals and evidence of these being checked	
		2.3.7 – The provider should be registered with the Information Commissioner’s Office (ICO) as a Data Controller	
2.4 - Case checking (internal)	2.4.1 - Appropriate review of live cases should be undertaken by the adviser responsible at		



	appropriate intervals
	2.4.2 - The status of cases should be amended as appropriate
	2.4.3 - There should be evidence of management review of live cases
	2.4.4 - On a quarterly basis, managers should check an agreed number of cases for each adviser, based on a risk assessment (experience, track record, etc.). This should be documented, including remedial action, for external audit purposes.
2.5 - Case checking (external)	2.5.1 - On an annual basis, each advice organisation should be subject to external review by a regional advice organisation ² . This will include an initial review of records to ensure that internal checking has been undertaken regularly and to the set standard. There should also be evidence of corrective action being taken in a timely fashion where necessary. The level of sampling done will be determined on a risk assessed basis depending on previous performance.
	2.5.2 - Following the annual review, providers will be given a report, setting out any remedial action required, the time for compliance and any subsequent checking procedures.
	2.5.3 - The external review report may be made available to funders if required
	2.5.4 - The regional advice organisations will review standards and compliance annually across their membership and collectively to benchmark quality standards and review processes.
2.6 - Case checking (independent audit)	2.6.1 - On a 3 yearly basis, each provider will be subject to an external audit by an independent body. This will be done on a risk assessed basis and will audit internal records to ensure that appropriate management of provision has taken place. It will also consider the areas highlighted in annual inspections. If any failings are identified in either, a more in-depth audit will be undertaken.

² In all cases, this refers to Advice NI, Citizens Advice NI or The Law Centre NI





2.7 - Customer satisfaction surveys	2.7.1 - Providers should carry out customer satisfaction surveys with a randomly sampled, agreed proportion, of clients on an annual basis. This should be undertaken to a standard format (see notes)	
	2.7.2 - The results of the client surveys should be written up in a standard format and be available for external review	
	2.7.3 - An action plan to address any failing or opportunities identified through the client survey should be put in place and be available for external inspection	
2.8 - Client outcomes	2.8.1 - An appropriate update or bring forward diary system is in place and is proving effective	
	2.8.2 - There is evidence of management checking of case management and appropriate action being taken to resolve any shortfalls	
	2.8.3 - Meaningful client feedback is sought from a suitable sample of clients. This should include outcomes from advice given	
	2.8.4 - Client outcomes are compared on a year by year basis to identify trends and fed back to influence policy and regional organisations' work	
2.9 - Complaints procedure	2.9.1 - A mechanism exists and is used to address any negative feedback or practical opportunities presented by clients in a timely fashion	
	2.9.2 - Dissatisfied clients' concerns are dealt with appropriately and corrective action taken	
2.10 - Social policy	2.10.1 - An effective mechanism exists within the organisation for identifying trends and collecting social policy information	
	2.10.2 - There is evidence of social policy information being referred to the relevant regional	



		organisation or statutory body and being followed up.	
3 - Staffing Requirements	3.1 - Equal opportunities policy	3.1.1 - A current and active equal opportunities policy is in place and all staff are fully aware of its implications for staff, clients and other stakeholders	
		3.1.2 - All premises in which advice is given should be seen as neutral and acceptable to all clients who might reasonably access the advice	
		3.1.3 - No sectarian, political or other partisan signage or literature should be on display	
		3.1.4 - Advisers should treat all clients with equity and respect irrespective of their identity or any other characteristic	
		3.1.5 - Advisers should be given equality and anti-sectarian training as part of the Adviser Training Programme with updates at least every three years	
		3.1.6 - The client profile is analysed at least annually to identify any underrepresented groups and plans for appropriate action to address are put in place and delivered.	
		3.1.7 - Where an advice provider finds it is unable to meet the needs of a specific group of clients for reasons of resource or skills this should be discussed with the relevant regional organisation to identify potential remedial action.	
	3.2 - Competency	3.2.1 - Only fully trained advisers provide advice to clients	
		3.2.2 - All advisers work a minimum of 7 advice hours per week	
		3.2.3 - All advisers have successfully completed the standard adviser training deemed to be the required standard by the NIASC (currently - Welfare Rights Adviser Programme, Adviser Training Programme or Wiser Adviser Programme) as a minimum	
		3.2.4 - All full time advisers have completed a minimum of 3 days professional development in the current year (part time advisers – 2 days)	





		3.2.5 - Advisers only provide advice in specialised areas of work if they have completed the necessary training (and annual updates) as specified by legislation or the relevant regional organisation (e.g. Money and Debt, Immigration, etc.)
	3.3 - Support, supervision and appraisal	3.3.1 - Evidence of proper management procedures including individual and team meetings and briefing
		3.3.2 - Actions taken to set targets and encourage improved performance
		3.3.3 - All staff and volunteers receiving 1:1 contact, review and target setting with manager at least quarterly
		3.3.4 - All staff and volunteers have annual appraisal
		3.3.5 - Record of staff appraisal and targets set/delivered
		3.3.6 - Evidence of performance management plan and actions
		3.3.7 - All staff given update on key organisational issues at least quarterly
		3.3.8 - A volunteer policy is in place and is being observed
		3.3.9 - Volunteers feel valued and are given the same development opportunities as paid staff
		3.3.10 - All staff and volunteer personnel files are complete and up to date
		3.3.11 - Staff records are maintained securely
	3.4 - Learning and development	3.4.1 - All advisers are regularly monitored to assess their face to face people skills
		3.4.2 - All advisers are regularly assessed to review their telephone interview skills
		3.4.3 - Remedial training is given to any adviser regularly receiving negative client feedback
		3.4.4 - All paid or voluntary advisers are trained to the agreed minimum standard
		3.4.5 - All paid advisers receive a minimum of 3 days CPD training per annum
		3.4.6 - All volunteer advisers receive a minimum of 2 days update training per annum



		3.4.7 - Providers have an annual training budget at least equivalent to 2% of salary bill plus £150 per volunteer
4 - Organisational Requirements	4.1 - Governance	4.1.1 - Up to date constitution or M&As in place
		4.1.2 - Appropriate and complete records of meetings and organisation kept
		4.1.3 - Current strategy and business plan in place and being used by management and board
		4.1.4 - All relevant policies in place and up to date
		4.1.5 – All Board/Committee members adequately skilled and having undertaken governance training
	4.2 - Accountability	4.2.1 - Meetings held at least 4 times p.a.
		4.2.2 - Meetings run in line with good practice
		4.2.3 - Good quality minutes kept and sent to members within 2 weeks of meeting
		4.2.4 - Agendas and notice sent to members at least 3 weeks before meetings
		4.2.5 - General meetings held in line with constitution or M&As
		4.2.6 – Short annual report published including key advice statistics and financial information
	4.3 - Compliant with appropriate legislation	4.3.1 - Full set of current employment policies as required by law and good practice
		4.3.2 - Staff aware of policies and following policies and practices
		4.3.3 - Current employment contracts in place for all staff
		4.3.4 - All health and safety and maintenance records complete and up to date
		4.3.5 - All outreach premises to meet legal and health and safety standards
		4.3.6 - All premises, including outreach to be covered by adequate insurance
		4.3.7 - All policies relating to organisational governance or legal obligations in place and current



		(these should include: Data Protection Policy, Acceptable Usage Policy, Data Retention Policy & Schedule, Child Protection, Safe Working, basic Employment Policies, etc.)
		4.3.8 - All premises in which advice is provided must meet all relevant legislation and current health and safety standards
		4.3.9 - Premises should be kept in good decorative order and adequately heated
		4.3.10 - Clients and staff should have access to clean and safe toilet facilities
	4.4 - Financial controls	4.4.1 - Accounts prepared and externally audited (or prepared as appropriate) within 6 months of year end
		4.4.2 - Internal financial records of appropriate standard
		4.4.3 - Financial updates for Board/committee at least quarterly
		4.4.4 - Financial systems, checks and balances that can ensure accountability, probity and minimal exposure to financial risk
		4.4.5 - Ideally have financial reserves equivalent to 6 months running costs
	4.5 - Risk Management	4.5.1 - Risk Policy and Strategy in place
		4.5.2 - Risk Register up to date and reviewed at least 6 monthly
		4.5.3 - Major risks being actively reviewed by Board/Committee and managed by senior staff
		4.5.4 - Board/committee members covered by Directors and Officers liability insurance
		4.5.5 - Risks appropriately recorded and managed
		4.5.6 - Adviser supervision and case checking at appropriate level to reflect risk and track record
		4.5.7 - All premises, staff and clients to be covered by appropriate insurance





3.5 Implementation Plan

3.5.1 The following Implementation Plan sets out the key actions that need to be taken by each party in delivering the final Quality Standard. It is probable that as this is rolled out other actions will arise however it is thought that this covers the key areas that are apparent at this stage.

Responsible Organisation	Area of Work	Action	Time Scale	Time Input	Other Resources
Regional Advice Organisations	Final Quality Standard	Finalise the detail of the standard	Spring/Summer 2014	2 days, each regional org.	
		Agree annual review and benchmarking arrangements	Spring/Summer 2014	0.5 days, each regional org.	
		Get approval from own governing structures	Spring/Summer 2014	0.5 days, each regional org.	
		Develop information pack	Summer 2014	1 days, each regional org.	Materials
		Plan training for managers	Summer 2014	3 days, each regional org.	Materials
	Engaging local providers	Information sessions for providers	Autumn 2014	3 days, each regional org.	Materials, venue and travel
		Information session for funders	Autumn 2014	2 days, each regional org.	Materials, venue and travel
		Deliver training for managers	Autumn 2014	3 days (3x1day sessions)	Materials, venue and travel
	Review of distance to travel	Review of current position with all member organisations	Winter 2014	0.5 days per member	Travel



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		Assist member organisations with Action Plan to meet Quality Standard	Winter/Spring 2015	1 days per member	Travel
	Initial Quality Assessment	Initial Annual Quality Assessment	Spring 2015 onwards	1 day per member	Travel
		Assist providers with remedial plan	Summer 2015	0.5 days per member	Travel
		Update Quality Assessment	Autumn 2015	2 days, each regional org.	Travel
		Risk assess providers for annual review process	Autumn 2015	0.5 days per member	
	Annual Quality Process	Annual Quality Review	Rolling from Spring 2016 onwards	1 days, each regional org.	
		Annual benchmarking with regional advice organisations	Each Summer	1 days, each regional org.	
		Provide updated quality information to members	Each Summer	0.5 days, each regional org.	Materials
Local Advice Providers	Familiarity with new Quality Standard	Read quality standard information	Late Summer 2014	0.5 days (Manager)	
		Attend Quality Standard information session	Autumn 2014	1 day per attendee	
		Managers attend Quality Standard training	Autumn/Winter 2014	1 day per Manager	
	Reaching the Standard	Internal review of practice by Manager	Winter 2014	2 days per Manager (3 in larger providers)	
		Development of Action Plan to meet standard	Winter/Spring 2015	1 day per Manager	



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		Review of Action Plan with regional advice organisation	Winter/Spring 2015	0.5 days per Manager	
		Risk assess advisers and plan case review or training on an appropriate basis	Winter/Spring 2015	0.2 days per Adviser	
		Prepare for initial Quality Assessment	Spring 2015 onwards	Variable	
		Action Plan to remedy any failings	Summer 2015 onwards	Variable	
		First annual external Quality Assessment	Spring 2016	1 day (Manager)	
	Maintaining the Standard	Quarterly case review by Manager	Quarterly from Spring 2015	0.5 days per quarter	
		Annual review of client survey	Each Autumn	0.5 days per Manager	
		Ongoing Action Plan to remedy shortfalls	Rolling plan	Variable	
		Assemble evidence for external annual review	Rolling work	0.5 – 2 days depending on systems	
		Prepare Action Plan to address any quality issues identified by external review	Each Summer	Variable	
		Work with regional organisation to address failures	Ongoing	Variable (small for good organisations)	
		Prepare for 3 yearly external audit	Winter 2017 (3 yearly thereafter)	1-2 days (Manager)	
		Work with external assessor to address any shortfalls	Spring 2018 (3 yearly thereafter)	0 – 1 day (Manager)	
DSD	Agree Quality Standard	Work with regional advice organisations to agree final Quality Standard	Summer 2014	0.5 days	



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		Annual review with regional advice organisations	Each Autumn	0.5 days	
	External Audit	Agree external audit process with regional advice organisations	Autumn 2014	0.3 days	
		Work with regional organisations to commission external audit	Winter 2017 onwards	0.3 days	
		Meet external auditor to consider outcomes of 3 yearly review	Winter 2017	0.3 days (plus reading time)	
External Independent Auditor	3 yearly External Independent Audit	Carry out 3 yearly independent Audit of providers on a rolling programme (to be agreed)	Winter 2017 onwards	1 day per provider	
		Provide report on individual providers to local management	Spring 2018 onwards	0.5 days per provider (more if problems)	
		Review and advise on individual Action Plans to remedy shortfalls	Spring 2018 onwards	Up to 1 day per provider	
		Carry out further remedial audits or in-depth audits when required	Summer 2018 onwards	1 day per provider as needed	
		Report to regional organisations collectively on outcome of audits	Autumn 2018 onwards	2 days	
		Report to DSD on overall Quality Standard compliance	Autumn 2018 onwards	0.5 days	



4. Appendices

4.1 List of Core Generalist Voluntary Advice Topics

All Generalist Voluntary Advice Providers should be able to cover all of the following areas of advice. However it should be recognised that some of these areas' particularly involving more complex work may require specialist skills or expertise which falls outside generalist provision.

- Appeals and Tribunals (may only be offered by larger providers)
- Benefits
- Consumer
- Debt (although complex money advice requires specific skills)
- Disability (basic only – more complex will usually be referred to specialists)
- Education
- Employment
- Health
- Housing
- Human Rights (basic)
- Immigration (at a basic level only – more complex work must meet legal guidelines)



4.2 NIAQS Scoring Matrix

Quality Area	Quality Element
1 - Quality of Advice (30 points)	1.1 - In line with advice principles (3 points)
	1.2 - Diagnosis of issues facing client (4 points)
	1.3 - Identifying options, consequences and limitations (5 points)
	1.4 - Appropriateness to the person, to the problem and to the local circumstances (5 points)
	1.5 - Signposting and referral (3 points)
	1.6 - Accurate and complete advice (4 points)
	1.7 - Case management (3 points)
	1.8 - Effectiveness of the advice overall, outcomes (3 points)
2 - The Advice Service (30 points)	2.1 – Availability (5 points)
	2.2 - Case management (4 points)
	2.3 – Information (4 points)
	2.4 - Case checking (internal) (5 points)
	2.5 - Case checking (external) (0 points) ³
	2.6 - Case checking (independent audit) (0 points)
	2.7 - Customer satisfaction surveys (3 points)
	2.8 - Client outcomes (3 points)
	2.9 - Complaints procedure (3 points)
	2.10 - Social policy (3 points)
3 - Staffing Requirements (25)	3.1 - Equal opportunities policy (4 points)
	3.2 – Competency (7 points)

³ It should be noted that no points are attached to external or independent audits as these cannot be influenced by the local provider.



points)	3.3 - Support, supervision and appraisal (7 points)
	3.4 - Learning and development (7 points)
4 - Organisational Requirements (15 points)	4.1 – Governance (2 points)
	4.2 – Accountability (2 points)
	4.3 - Compliant with appropriate legislation (3 points)
	4.4 - Financial controls (5 points)
	4.5 - Risk Management (3 points)
Total	(100 points)

Application of Quality Scoring

The following table shows the maximum possible marks available in each Quality Area, along with the minimum acceptable score and the overall pass mark. It should be noted that any organisation which fails to reach the minimum marks in any individual area would be deemed to have failed to achieve the Quality Standard.

Quality Area	Maximum Available Marks	Pass Mark by Area	% of Max. Marks needed
Quality of Advice	30	25	83.3%
The Advice Service	30	23	76.7%
Staffing Requirements	25	17	68%
Organisational Requirements	15	10	66.7%
Totals	100	75	75%

Consideration may also be given to considering failing any provider which achieves a zero score on any individual element of the detailed quality standards. It is recommended that this recommendation be implemented after a 2 year settling down period.