

community legal service

Support

Quality Mark Briefing No. 10

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The specialist quality mark - getting the most out of it

Specialist help level

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Making the best use of this briefing

We are aware that some of our briefings are fairly lengthy documents. Please do not feel that you are obliged to read the whole briefing from cover to cover – the headings on our contents page will point you towards the major themes under discussion.

Further sources of support and guidance

If you need further guidance on any of the issues covered in this briefing, please contact your network, the Legal Services Commission or the CLS Support consultancy line – see the pages at the back of this briefing for contact details.

You may come across the telephone symbol  at various points in the text which deal with what we regard to be a complex issue. The symbol is there to remind you that we are able to provide further clarification and/or guidance if you need it.

Please note that the What's New pages on ASA's website www.asauk.org.uk provide guidance that highlights and clarifies both new and existing requirements for Quality Mark and General Civil Contract holders.

Disclaimer

This briefing has been checked and agreed for accuracy by the Legal Services Commission (LSC). It is not a substitute for reading the relevant documentation in full nor does it constitute legal advice. The Quality Mark and the General Civil Contract are still evolving, and therefore managers and staff will need to take responsibility for ensuring that they comply with the latest requirements. Each briefing reflects the position at the date it was published. Organisations should get further up-to-date advice on specific topics covered in briefings either from their LSC regional office or CLS Support.

CLS Support is run by the Advice Services Alliance. ASA is the representative body for national advice networks in the UK.

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1 Introduction

- 1.1 This briefing is aimed at advice agencies and law centres that have the Specialist Quality Mark (SQM), most of which will have been working with it for over three years. It will look at the purpose of the SQM Standard (SQM or Standard) and will give organisations an opportunity to:
- re-examine how they currently approach key areas within the Standard and
 - help decide if there are ways in which they can increase the value they get from complying with the Standard.
- 1.2 This briefing will not focus on all of the SQM requirements and definitions in detail. Instead, it aims to identify good practice in the key areas that the Legal Services Commission (LSC) says an organisation should address in order to ensure that it is well run and delivers a good-quality service to its clients.
- 1.3 These key areas are summarised in Appendix 1.
- 1.4 Depending on your role within the organisation, certain sections within this briefing may be more immediately relevant to you. For instance, caseworkers might find it useful to focus on the client care and referral sections, whilst managers may find the business planning and financial control sections of more relevance to them. If you were asked to or wanted to review any of your existing systems, then the guidance at section 12 would apply in all cases whatever your role.
- 1.5 Appendix 2 contains a full list of the publications that are referred to throughout this briefing.

2 Where are we now?

- 2.1 Within each key area, the SQM sets out a number of requirements that an organisation must demonstrate compliance with. These individual requirements are intended to form a framework of processes (“what we do”) that underpin how an organisation develops and delivers its service.
- 2.2 The requirement that the majority of these processes need to be documented as written procedures (“how we describe what we do”) and/or evidenced at audit has meant, by and large, that organisations have been obliged to “invent” written procedures to describe existing processes and probably, in some cases, the processes themselves.
- 2.3 This documentation exercise has been made easier over time, partly through practice and also through the availability of “off the shelf” office manual “kits”, written guidance and other sample procedures that can be amended to suit.
- 2.4 Unfortunately, once a procedure is in place and has survived scrutiny at audit, there can be real reticence about reviewing its operation and developing it further: “If it looks like it works and gets us through audits, then why change it?”
- 2.5 The obvious downside of this is that there can be a tendency for organisations, rather than appreciating any real value there may be in incorporating the SQM, to see the whole thing as lost within a compliance-and-audit agenda, becoming procedure driven and appearing to be bureaucracy for bureaucracy’s sake.

- 2.6 Further problems can arise when individuals try to second-guess what the SQM requires by either misreading requirements or by picking up hearsay or perceived wisdom from peers which has somehow become “fact” about what is supposedly required.
- 2.7 The LSC’s own newsletter, Focus 45 (published in August 2004), makes a further point:
“Overwhelmingly, the results [from a national survey of suppliers carried out in 2003] illustrated that suppliers are doing more work than is required in order to ensure that they fully meet the Standard. Suppliers appear to be relying on the knowledge of the old LAFQAS systems without fully utilising the simplicity and flexibility afforded in the SQM.”
- 2.8 At worst it can mean that processes and procedures appear bureaucratic and inflexible, slow the service down and create despondency in staff and clients alike. When staff ask “Why do we have to do it?”, the answer can become: “Because the LSC says we have to” rather than “Because we are aiming to provide a better service to our clients”.
- 2.9 These are just some of the problems that may arise from not incorporating requirements to each organisation’s best advantage – ie by seeking to “individualise” compliance against them. In particular, the Specialist Quality Mark Guidance document (SQMG) provides a large amount of flexibility in how organisations can show that they meet the particular requirements in the Standard, but the LSC feels this is largely unexplored by most organisations, with many of them over-complying “just to be safe”.
- 2.10 This briefing will now consider:
- the purpose and value of adopting a systems approach to running an organisation and ensuring quality, such as that set out in the SQM;
 - some good practice points in meeting particular aspects of the key SQM requirements in order to make sense of compliance;
 - methods and good practice in reviewing systems so that organisations can improve the benefits they may gain from complying with the SQM.

3 What is the SQM and how might it help?

How does the SQM framework work?

- 3.1 In practice, the framework that makes up the SQM is a combination of three types of requirements:
- 1) fundamental or “business critical” requirements – these must be in place as legal/contractual requirements (namely SQM requirements A1 to A3 and C2 (business planning and financial management));
 - 2) “quality assurance procedures” – these seek to ensure a high-quality service (eg supervision and client care systems) and are the systems we build into our work to ensure that what we produce is what we intended;
 - 3) “quality control measures” – those systems that evaluate the extent to which quality assurance mechanisms are working and meeting quality objectives (eg file review procedures and client satisfaction feedback).

What do we mean by a “systems approach”?

- 3.2 The SQM is based on the premise that procedures and processes are the foundations on which any organisation functions. They tend to be termed “systems” because they describe and form ways in which we can do things and accomplish tasks and they aim to ensure a consistent approach when individuals are performing the same or similar tasks. They should be based, among other things, on developed ideas of good practice in accomplishing those tasks.
- 3.3 For the purposes of this briefing, to take a “systems approach” is to coordinate these numerous processes into an inter-connected framework (of which the SQM is an example) that addresses all the key features of running an organisation and that will work to ensure efficiency and ensure that an organisation is best placed to achieve what it aims to achieve on an ongoing basis.
- 3.4 It is believed that this approach will in turn increase the likelihood that what the organisation produces, in this case advice, will be of a consistently high quality.
- 3.5 The extent to which the systems within your organisation meet the objectives described at paragraph 3.3 above will depend initially on how you implemented those requirements and then on how you re-evaluate over time the operation of those systems you have in place.

Why bother?

- 3.6 A large number of organisations have found that working to Quality Mark requirements has improved the quality of the service they are able to offer to clients and has had a positive impact on the way they work. For example, a major advice network’s survey of members published in late 2003 showed that the Quality Mark as a whole had been well received, with 78% of respondents saying that it had raised their organisational standards.
- 3.7 Notably, it is worth recognising that for an organisation, which by definition is made up of a number of people, to be successful in the longer term, such a comprehensive framework of systems should also go some way to protecting the organisation from any dangers associated with the “cult of the individual” in the shorter term. That is, individuals would have to open themselves up to scrutiny, challenge and support – in much the same way organisations do – in the pursuit of real quality for the client.
- 3.8 There may be other benefits to adopting such an approach. For instance, a clearly defined and common organisational infrastructure – which the Quality Mark presupposes – may compliment the work currently being undertaken on identifying and developing National Occupational Standards for advisers.
- 3.9 Compliance with the SQM is mandatory for organisations with, or wishing to bid for, a contract to provide Legal Aid work. It is also compulsory for those wishing to be described as specialist advice providers within the Community Legal Service (CLS), irrespective of whether they have an LSC contract or not. In respect of these organisations, and notwithstanding policy issues that ASA and the advice networks are still raising with regard to the Quality Mark as a whole, the question perhaps should not be “Why bother with such a framework?” but instead “How can we get the most out of it?”

4 Business planning

- 4.1 This requirement is one of three that come within section A of the SQM. It relates to how members of the local/target community access the services you provide, taking into account the types of legal problems they may encounter and any barriers they may face when accessing your services to seek assistance with those problems. The other two parts of section A concern how the organisation promotes its service to potential users (whether these users are clients or referrers) and equality of access, which concerns itself with how an organisation ensures that it does not discriminate (directly or indirectly) in its choice of clients on unreasonable and/or unlawful grounds.
- 4.2 Please see CLS Support Quality Mark briefing no. 5: “Service Planning”, for additional information.

What is a business plan?

- 4.3 The SQM requires (at A1.1) that you have a business plan that sets out in detail for the current year, and in outline for the following two years, the key objectives of the organisation and how you intend to work towards them – this is non-negotiable.
- 4.4 The business plan itself needs to exist as some form of written document, or collection of documents, that reflect the aims of the organisation and the objectives it has set in order to achieve those aims and that details how it plans to meet those objectives, taking into account resources available (staff, money, etc) and potential and anticipated changes that may have some effect on their implementation and success.
- 4.5 In reality, the business plan is just a piece of paper, or many linked pieces of paper. The most important points to remember, and the only ones that will give these pieces of paper any real value, are the way in which they came into being – the planning process itself – and the way in which the plan will be utilised by the organisation on an ongoing basis.

Developing the plan – the planning process

- 4.6 Business planning tends to be the province of managers and/or other senior staff, given that it is a summary of explicit statements about the organisation and what it is proposing to do. Unfortunately, it can tend to be a dusty, ambiguous document that is produced once a year only because it has to be, with a note that it was looked at partway through the year to see how it was hanging together.
- 4.7 The SQM explains what must be considered in forming the plan; it says that the three things the plan needs to show are:
- It is relevant to your organisation’s aims.
 - It is sufficiently detailed to show how each objective will be achieved: “what, when, who and how” (but this doesn’t necessarily mean it has to be a long document – there may be benefits to keeping it short!).
 - It needs to be able to show that these objectives have been developed with regard to key organisational information (eg client profile, finances, staff expertise/skills).

- 4.8 Without any stipulation as to how the planning process should be conducted (apart from the fact that you have to do a SWOT¹ analysis) the SQM leaves it to you to decide how to conduct your business planning process.
- 4.9 What would be bad practice? If the planning process in your organisation means that the manager disappears into their office for a couple of days each year and finally comes out looking more strained than usual waving a piece of paper, then it is likely that this planning process hasn't really taken advantage of what might be good practice in its formulation.

What would be better practice?

- 4.10 If you are the one who has primary responsibility for forming the plan, then at the outset you need to decide on the level of input you think others should have. Other staff will have views on what the organisation is doing and where it is going. They might also be able to give you a perspective from their particular area of expertise that you might not otherwise have considered.
- 4.11 Will you involve everyone or representatives from particular departments or teams? Logistically it might be easier to get the "movers and shakers" together rather than absolutely every member of staff. But do remember, the more you involve others in the planning process then the more likely it is that they will engage with the process and encourage others to try to achieve objectives over time and in their own work.
- 4.12 There are parallels here with the concept of "total quality management", a management theory where each individual in the organisation accepts responsibility for their part in the whole and will work to the best of their endeavours to achieve the particular objectives they have been set; staff have ownership of their work and accept the value of the quality systems that underpin it.
- 4.13 Ultimately, this approach aims to ensure that an organisation is inclusive and that staff buy in to what you are saying and proposing to do because they have had a part in forming and agreeing the objectives: It is not just the manager's plan; it is everyone's plan.
- 4.14 As a way of achieving this, some organisations hold what they term "development days", although the benefits of these can vary widely between organisations. Whether you have a development day where all staff come and have their say or whether you gain the views of staff in some other way such as meetings or service feedback and evaluation mechanisms, the keys are that there is some focus to the process, it is transparent, it aims to produce something tangible (not just a moaning session) and, importantly, that those who contribute are taken seriously.

What about SWOT?

- 4.15 The SQM states that you must conduct a SWOT analysis at least once a year as part of your business-planning process.
- 4.16 SWOT analysis is explored in CLS Support Quality Mark briefing no. 5: "Service Planning". Basically it is a planning tool for identifying and considering the implications of factors pertinent both to the current situation (strengths and weaknesses) and to the future (opportunities and threats).
- 4.17 By considering all of these factors within the same exercise and how they affect each other, any objective(s) that an organisation sets for itself will be more likely to

¹ SWOT stands for **s**trengths, **w**eaknesses, **o**pportunities, **t**hreats.

succeed because all known variables and their impact on each other have been considered at the planning stage.

- 4.18 One of the other real benefits of SWOT is that it can also save you time in the long run if conducted properly. For instance, it's great having an enthusiastic team, but frequently planning meetings can become sidetracked and ultimately inconclusive because people race ahead trying to explore ideas and answer the "how" when in fact they should still be considering the "what" and the "why".
- 4.19 If you feel that your organisation does not gain anything from using SWOT analysis then it is possible that the LSC would allow you to use an alternative. Although the LSC do not generally encourage this, as SWOT is part of the SQM requirement, it may be possible to justify the use of a combination of cost-benefit analysis and SMART² objectives in its place. If you want to do this then you will have to gain the permission of your auditor before conducting any analysis that you intend to use in place of SWOT.

Anything else?

- 4.20 After considering all the relevant information and performing the SWOT analysis, you will then be closer to identifying the objectives to include in the plan. When deciding upon these objectives, it is better to break down any qualitative statements you have made into quantitative ones that can more easily be measured and monitored. Remember, whilst it is ok to make qualitative statements when setting out your general aims – eg "We aim to improve and develop our services to homeless people" – when writing out the actual objectives (how you intend to achieve those aims) you need to be much more specific for them to have any real value.
- 4.21 So, rather than write an objective as "To improve our homelessness strategy" as a way of describing how you are going to meet the aim in paragraph 4.20, it would be much better to be more specific and say something like "Our objective is to secure funding for a homelessness project worker by September 2005" or "Our objective is to raise public awareness of housing problems". Of course, to gain maximum value from the plan you would probably further break down any objectives into specific tasks, indicating who had responsibility for performing them and any relevant timeframes for individual pieces of work.
- 4.22 How do you present your plan and decide who has access to it? The SQM states that a copy of the plan, or summary of its key aims and objectives, must be made available to all members of staff. What does this mean to you? Does this mean photocopying the key points for everyone or notifying staff via the office notice board that it is available from the manager's office if any staff member has a desire to read it? Yes, this would be an acceptable way of addressing the requirement, but it is for you to decide whether you are getting as much value from it as you could.

4.23 Example

One organisation known to CLS Support photocopied the key parts of the plan (objectives, timescales, who is responsible, etc) on to large sheets of paper and stuck these to the wall in the kitchen of the advice centre – somewhere where all staff had access.

This ensured that all staff in the organisation were aware of where the organisation was going, what was going on and who was doing it. Significantly, it was updated on

² SMART stands for **s**pecific, **m**easurable, **a**chievable, **r**ealistic, **t**imed – see CLS Support Quality Mark briefing no. 5: "Service Planning" for further information.

an ongoing basis (simply using a marker pen) when objectives were achieved and/or with any other relevant comments. This helped show that the plan was very much “alive” and as well as being transparent and informative, it helped give staff a sense of direction and achievement in the work of their organisation.

5 Financial control

5.1 The SQM requirements in relation to financial control are found at SQM C2.

What does the LSC say?

5.2 The LSC says that the purpose behind these particular requirements is to try to ensure a level of financial prudence within the organisation that is appropriate to a specialist service provider (SQMG, page 31).

5.3 Good financial management contributes to the viability of an organisation in the longer term and will be a key factor in whether or not an organisation is able to achieve many of the objectives determined in the business planning process. As well as this, it can ensure a level of stability within which an organisation can perform and deliver its service consistently and over prolonged periods of time. Being assured of this is one of the main reasons why the LSC will want to consider financial information as part of an SQM audit.

5.4 The LSC requests that organisations comply with a number of minimum requirements in relation to financial control. These are:

- nomination of a named person (or persons, in the case of trustee boards) who has overall responsibility for financial control;
- the existence of financial processes that cover the use and production of financial information;
- confirmation of independent financial review;
- a quarterly internal financial review;
- professional indemnity insurance, and meeting any network representative requirements in relation to the same (please note you must be able to produce the certificate of professional indemnity at audit unless you are a member of Citizens Advice, who hold collective professional indemnity insurance for their member bureaux).

What does all this achieve?

5.5 The purpose of financial procedures is to make clear who is responsible for what and who can authorise what. It is good practice to separate the accounting from the authorisation function and to ensure that more than one person must authorise payments of large amounts or, indeed, the signing of any large contracts.

5.6 The nomination of responsibility to a named person(s) ensures that an organisation gains a level of accountability from this person, who inevitably will have a financial reporting function to the trustee board. This person(s) will then be in a position to make decisions on operational or day-to-day financial control (petty cash, paying bills, etc) and the more strategic aspects (budgeting, fundraising, etc) in accordance with the mandate given by the organisation.

5.7 There are a number of tools that can be employed in order to keep an eye on the financial situation and ensure things are going as planned. The SQM insists, as a minimum, that the organisation produce annual profit and loss/income and

expenditure accounts and annual balance sheet. It also requires, within the annual budget, that any proposed capital expenditure is taken into account when drawing up these accounts.

- 5.8 However, depending on the nature of the organisation – eg size, funding base, aims and objectives, and the perceived usefulness of gaining further information – it may be useful to develop other financial processes, such as cash-flow forecasts and analysis of costs of the service (broken down into distinct elements with overheads apportioned).
- 5.9 Whether or not you see any immediate advantages to gaining financial information other than the minimum the SQM requires, it is vitally important for organisations to understand the actual cost of the services they are providing in order to ensure that they are spending their income appropriately. This may assist an organisation to be more acutely aware of the costs of each element of the service and the extent to which, if at all, restricted or targeted funding may be subsidising services other than that for which it was originally intended.
- 5.10 Conversely, it would allow organisations to identify whether they were subsidising specific contracts for services, such as projects or LSC contracts, from other more general funding streams.
- 5.11 Given changes in approach by government, such as asking voluntary organisations to deliver services within a competitive environment, and the gradual move from core funding to targeted grants or contracts from local authorities and others for services, this particular type of information may be extremely useful for costing those services when considering whether to apply or bid to provide them.
- 5.12 For further information on this subject, plus useful explanations of terminology, see ASA briefing: “Value for Money Questionnaire: Because You’re Worth It”.

6 Providing a seamless service

- 6.1 The aim of the LSC’s requirements relating to signposting and referral is to ensure that clients receive a timely service (ie a quick enough service given the nature and urgency of their problems) from an appropriate service provider, at whatever point they enter the CLS.
- 6.2 This is one of the fundamental principles underlying the CLS: the need to provide prospective clients with what the LSC describes as a “seamless service”. The requirements themselves and how they develop are likely to be integral to the longer-term success of the CLS.
- 6.3 The relevant SQM requirements are to be found at B1 and B2. See CLS Support Quality Mark briefing no. 7: “Signposting and Referral” for additional information.

What’s the problem?

- 6.4 These requirements are perhaps the most problematic area of the SQM, and organisations trying to comply with them have met with mixed success, most particularly when becoming involved with Community Legal Service Partnerships (CLSPs) (see paragraph 6.7).
- 6.5 Referral procedures in particular can be unwieldy and time consuming; this might explain why it is not uncommon for organisations to ignore referring clients as per

their written procedure entirely, with the majority of clients being signposted instead when the need arises.

- 6.6 Given the frequency with which clients complain of being pushed from pillar to post, it is also not uncommon for caseworkers to try to tackle all of a client's problems themselves rather than identifying which aspects they are best placed to deal with and which might be better dealt with by another advice provider at whatever level of service.
- 6.7 These problems aside, there are also significant issues around the development of the CLS, and CLSPs in particular, that impact on the usefulness and workability of signposting and referral mechanisms. See ASA briefing: "What Are They Good For? Advice Agencies' Experience of CLSPs".

What's to be done?

- 6.8 An important starting point for an organisation is to ensure that individual caseworkers (and any other staff with an interest in the procedure) share a common understanding of when to signpost or refer clients and how to go about it. This needs to include a working understanding of what the terms "signposting" and "referral" actually mean and how they differ from each other.
- 6.9 The "referral and sign-posting procedure" will be in the office manual and will probably have been held up to audit scrutiny, but how many caseworkers have read it, know when it should apply and know whether or which pro-forma to use if they choose to invoke it?
- 6.10 Those organisations that hold LSC General Civil Contracts will certainly recognise the importance of getting this right. Restrictions in the scope of the Legal Aid scheme and ongoing developments in LSC audit practice have meant a much greater emphasis on organisations dealing only with matters that fall within scope and the particular areas of expertise that they are contracted for (not including possible tolerance work).

Points to consider:

- Would your organisation gain from discussing your current referral and signposting procedure at a staff or team meeting in order to re-evaluate its effectiveness and reinforce staff knowledge of it?
- You do not have to incorporate CLSP protocols into your procedure if you feel they do not work for you, although you would need to explain why not if the matter were raised at audit.
- It is not a requirement to ask clients to give you feedback on the organisation to which you have referred them. However, you might choose to encourage clients to do this, particularly if they are unhappy about any aspect of the service which they then receive.
- You do not need to describe in your procedure how you review your referral records, although doing so may help you demonstrate to auditors how you meet that particular requirement.
- You do not need to keep any records of instances of signposting other than any record you would make during the course of writing case notes. However, such notes might be useful if reviewing where there might be gaps in local provision.

7 People management

- 7.1 There are a number of requirements within the SQM directly relating to people management, all of which are found in section D. These range from generic requirements applicable to all staff, such as the need for recruitment, induction and appraisal procedures, to requirements that are particular to staff who perform casework, such as supervision and competence requirements.
- 7.2 There are considerable similarities between these particular requirements and those in other organisational standards that focus on people management, such as Investors in People (IIP).
- 7.3 The fundamental reason standards and requirements like these exist is to recognise that if we become too task orientated – if all the emphasis is on just completing the task or getting the output – we can lose sight of the individual needs (eg professional development or job satisfaction) of those actually performing or completing the task and, in turn, of the benefits the organisation may gain from meeting those needs.
- 7.4 In order to explore this in a little more detail, we will now look at two of the key areas of people management contained within the SQM: supervision and appraisal.
- 7.5 Please note that people management is also discussed in CLS Support Quality Mark briefing no. 6: “People Management and Sample Procedures”.

Supervision

- 7.6 A definition of supervision:³
- “Supervision is an **active process** that **enables** another who is **accountable** to you to achieve the **required standard(s)**.”
- 7.7 The words in bold, in this definition, highlight the key aspects of operating the supervisory role effectively. The fact is that supervision should be an active process. You should not just assume all is going ok if those being supervised do not raise problems.
- 7.8 A key part of the SQM in relation to supervision is that the supervisor – who has acquired sufficient technical, legal and supervisory skills – should take a coaching role to the person(s) being supervised whilst maintaining control over the quality of work that is being produced. The emphasis in supervision is mainly on enabling, not evaluation (compare this with the objectives of appraisal at paragraph 7.20).
- 7.9 This is about an organisation recognising that in order to get the best from staff it has a responsibility to facilitate, to the best of its ability and within resource constraints, an individual’s attempts to perform any function or task they have been set.
- 7.10 One way to look at the supervisory role within the SQM would be to see it as pivotal between the needs of the organisation and the needs of those individuals being supervised (including the supervisor themselves). It is likely to be fundamental to the success of the organisation delivering its service and, arguably, of the SQM itself.
- 7.11 It places the supervisor in the position of having to address organisational priorities (such as those that arise out of the business planning process, or meeting target hours for contracted caseworkers) whilst also ensuring that everyday operational

³ Taken from the CLS Support training course: “Monitoring Performance: An Introduction to Supervision, File Review and Appraisal”.

issues are addressed, staff are supervised, tasks are performed, and the quality of work being produced is satisfactory.

- 7.12 If we focus on the operation of the supervisory role – what a supervisor actually should do in order to supervise someone – the SQM requires that you have in place a “system of supervision” that is tailored to staff being supervised and is responsive to the support needs of each of those staff. There is an implication here that whatever system you impose, the fact that it is responsive means that it will change as the needs and competency of the individual being supervised change.
- 7.13 A system of supervision, whilst sounding quite grand, is actually just a number of separate activities that a supervisor undertakes that together ensure that the job gets done, to a satisfactory quality, and that the development and support needs of the person doing the job are met (see paragraph 7.8).
- 7.14 It does not mean that the whole of the supervisor’s professional life should be taken up thinking solely about those being supervised – the system of supervision should mean that a supervisor can be confident that the job gets done without excessive impact on either supervisor or supervisee’s time. Remember, over-supervising someone can be as detrimental as not supervising at all, as it may actually curb development and could indicate a lack of trust. So how might all this work in practice?
- 7.15 Example
- 1) Sam is a caseworker and has been with The Advice Centre for three months. His formal induction stage has now been completed so he knows who everybody is and what he needs to do and has a good idea how to do it.
 - 2) Cecilia, his supervisor, doesn’t want to just leave Sam to it; after all, she has read section D of the SQM and is committed to developing a proper supervisory relationship.
 - 3) Cecilia recognises her pivotal role and knows that the quality of the work must be satisfactory and that they must meet the targets and objectives they have been set by the manager; she also knows that she is in an ideal position to recognise Sam’s development and support needs.
 - 4) In order to address these various factors, Cecilia implements a system of supervision, which is made up of the following supervisory activities, all of which are explained to Sam:
 - She is available during office hours if Sam has any questions.
 - All outgoing letters that Sam writes are checked and wherever necessary feedback is given on the correctness of any legal advice given, style and tactical approach.
 - All incoming post is checked before passing to Sam – this allows Cecilia to keep an eye on how Sam’s cases are progressing and whether there are any problems without her committing excessive amounts of time.
 - Cecilia keeps an eye on the diary and reminds Sam of the need to write in not only key dates and appointments but also to “z” out time for work he expects to do, such as this Friday afternoon when he needs to spend some time writing a submission – this allows Cecilia to make sure he isn’t taking too much on too early and reinforces the positives of good work planning.
 - Cecilia works in the same office as Sam so is able to hear him when he contacts clients and third parties on the telephone – this allows her to give him feedback on his manner and negotiation skills as necessary.

- Regular monthly supervision sessions are set up to discuss case progress, give guidance and direction, and discuss problems. Cecilia also finds it useful to review all open cases that Sam has at this session that seem to be taking too long or have been inactive for some time – being busy herself, it is an ideal opportunity to gain an in-depth look at his work within a short time. Sam likes these sessions best as it makes him feel that he is taken seriously and that Cecilia gives him one-on-one time without outside distraction.
- 7.16 The list above isn't meant to be prescriptive or exhaustive but to give a general idea. As Sam's competence increases, Cecilia might drop some of the activities – eg checking all his letters before posting. The more Sam increases in ability and his quality of work improves, the less necessary it is to take so involved a role in his work.
- 7.17 This doesn't mean just cutting Sam loose. On the contrary, as he gets better at the job, Cecilia is likely to recognise other development opportunities available to him – eg encouraging him to deal with certain complex cases he is particularly interested in or provide training to new staff. Ideally, these development opportunities would be objectives already set but perhaps unallocated (eg within the business plan) or considered by the organisation when the improvement in Sam's skills and abilities is observed – the aim here would be to recognise that it is possible for the organisation as well as Sam to gain from Sam's development.
- 7.18 If you have supervisory responsibility it might be useful for you to think about what system of supervision you have in place and how it came about: whether it is the same for all staff, how you address their individual development needs and whether it should change depending on the relative competency of staff members and the quality of work they are producing.
- 7.19 Questions to ask yourself could be: Are you getting the most out of your staff, and are they getting the most out of you? And if not, why not? Are you doing too much supervision or too little?

Appraisal

- 7.20 Whether you call them “joint progress reviews” or “performance review and feedback” (which is how they are titled in the SQM) or appraisal, people can have real problems with this type of one-on-one session and typically see it as just another supervision session. However, there is a real distinction between supervision, where day-to-day operational issues including the quality of advice being delivered are the focus, and an appraisal session (which is the term we shall use here), which is just that: a periodic appraisal of the individual's performance against the expectations of the organisation. Here the emphasis is on evaluation, not enabling.
- 7.21 The problem can be particularly acute if the person conducting the appraisal of a member of staff also supervises the work of that individual. Here, the purpose and content of the appraisal session can become distorted and tend towards just dealing with ongoing casework issues rather than providing a forum to discuss the big picture: how someone is doing, where they are going and how to develop them to get there if it is appropriate.
- 7.22 There might also be other conflicts involved in being both supervisor and appraiser – eg trust, issues with ones manager and accountability.
- 7.23 Rather than lots of talk about negatives, let's look at some good practice. In the CLS Support training course “Introduction to Supervision File Review and Appraisal”, we

identify the key features of a workable appraisal system and how to get the most out of complying with this particular SQM requirement.

7.24 We will come on to these in a moment. First, the SQM points out that appraisal must occur at least annually for all members of staff (with certain exceptions if working under the Criminal Defence Service). In addition, whatever appraisal system you adopt, you need to be able to demonstrate that it accomplishes the following:

- relates individual performance to the needs of the service;
- provides a two-way communication process;
- identifies training needs and development opportunities as well as setting objectives.

7.25 With this in mind, consider the following example and the reasoning behind the way in which this appraisal system has been structured.

7.26 Example

Before the session:

- Sam has been with The Advice Centre for some time now and his first appraisal is scheduled in two weeks' time.
- The manager, who is conducting the appraisal, has given Sam a form with some questions on it for him to think about and complete prior to the session.
- Sam is a little confused by the form and why the manager needs all this information – questions like “how do you think you are doing?” raise Sam's suspicions that he might be in trouble.
- Fortunately, the manager explains why it is important to complete this form: it will help Sam focus on the things that he thinks are important and wants to talk about. By spending a little time on advance preparation, Sam is also likely to provide the manager with more accurate and considered information at the session regarding his aspirations or problems he might be having.

During the session:

- Sam is a bit concerned that the manager doesn't know much about him or his work, so he is dubious that anything useful will come out of the session.
- However, the manager explains that he too has done some preparation. He has had a look through Sam's personnel file for any issues that might need to be addressed; spoken with Cecilia, Sam's supervisor, to gain her perspective on Sam's work and how he is doing; checked the minutes of the supervision meetings Sam has been having with her; and noted any general trends from the file reviews that have been conducted.
- The session goes ahead and Sam feels it is very useful. The manager tells Sam how happy the organisation is with his performance (which cheers him up, hearing this from the boss). He also agrees a number of objectives with Sam for his future work and development. Sam has an opportunity to comment on these as well as contributing a couple of his own.
- One relates to an organisational objective that had come up in the business planning process: it had been decided that it was an organisational priority to provide targeted advice to the employees of a big local firm due to close down and make staff redundant in the summer.
- Sam wonders if any of what they agreed would conflict with the objectives that Cecilia has been setting for him on an ongoing basis; the manager explains that

they will not, as he had already discussed with Cecilia the flexibility possible within Sam's future work plan.

After the session:

- Both Sam and the manager agree that the notes made during the session are a true record and both sign it – it is placed on Sam's personnel file with a copy given to Sam.
- The manager and Cecilia go through the work objectives that have been agreed and set with Sam – the manager is confident that Cecilia will carry on her supervisory role with Sam and enable him to meet these additional objectives.
- The manager knows that this one meeting each year satisfies the SQM requirement, but in order to gain maximum advantage the manager schedules an additional short meeting in six months' time to review Sam's progress. This will allow them to identify what is working and what is not at an earlier stage than the next appraisal meeting in a year's time, which will allow management input and adaptation if necessary.

7.27 The appraisal system described here isn't prescriptive and the one you have adopted might be very different. Whatever format you choose, when considering your own system you might think about the following:

- Is the preparation adequate on both sides and have any other individuals who might be affected by what is agreed been considered and/or consulted?
- In planning the session are there any organisational priorities, from the business plan or elsewhere that could tie in with Sam's development needs and so be seen as an opportunity for both parties?
- Who will support and supervise the person appraised in achieving the objectives set? If they have a supervisor it might make sense to get this person up to speed with what is being proposed so that they ensure it gets done and proper support is given.
- How are you going to make sure that objectives set are completed – if you are the person conducting the appraisal will you rely on feedback from the person appraised, or his/her line manager or supervisor, at a short review meeting in a few months' time?
- If you are the one conducting the appraisal, then don't re-schedule an appraisal meeting unless you absolutely have to. It can send negative and counter-productive messages to the person who has been "re-scheduled", including that you did not consider this one-on-one session a priority.
- Try not to have surprises at the session – if you have serious concerns about someone's behaviour/work that are likely to lead to disciplinary action, then it would generally be better to raise these separately beforehand.

7.28 It should be evident here that whilst the appraisal meeting itself is very important, in order to gain real value from the process what happens before the meeting (in terms of preparation) and after (in terms of enabling that person and monitoring progress towards the objectives set) are just as important.

8 File management

8.1 The file management requirements in the SQM are to be found at E1. First, they exist to ensure that cases are properly managed and controlled from an organisational perspective. This means doing things like maintaining file lists so you can easily keep up to date with who is doing what and with overall workload – this

will allow an organisation to monitor volumes of work and the extent to which any targets may or may not be being met. File lists might also provide useful information for supervisors on whether caseworkers are working below, at or beyond capacity, and so whether there is any need to increase or decrease referral rates to them, etc.

- 8.2 Secondly, these requirements exist to ensure that cases are managed and controlled on an individual basis: that each case is acted on punctually and appropriately. Adherence to file management procedures will therefore form a part of supervision (quality assurance) and file review (quality control).
- 8.3 Notably, file management procedures also address various issues that are externally regulated by networks and that would always need to be addressed when providing an advice service to clients, whether you work under the SQM or not, such as conflict of interest checks and storage of client information.

File management models

- 8.4 There are many different file management models that vary according to how the organisation initially interpreted and implemented the SQM requirements, the support it receives from networks, the size and type of service being delivered and what the organisation hopes to gain from the model.
- 8.5 It would not be useful to go into all the permutations available. What will be more practical is to identify some of the key file management requirements and look at how to incorporate them and gain something from this incorporation.

Conflict of interest

- 8.6 Conflict of interest, as per the SQM requirement, is covered extensively in CLS Support Quality Mark briefing no. 4: "Conflict of Interest".

Key dates

- 8.7 The key date requirement is at E1.2 of the SQM. It asks that you define in your procedure what you consider to be a key date, and that this definition, as a minimum, includes:
- court and tribunal hearing dates;
 - limitation dates when conducting litigation (eg the day by which a form must be returned to the court or other party).
- 8.8 These key dates should be recorded on the file in a prominent place and also need to be included in some form of diary system, which could be checked by someone other than the person expected to observe them – this would satisfy the aspect of the requirement which states that a "back-up" of key dates needs to be kept. Developments in information technology may save time here, particularly the computerised case management systems that are available.
- 8.9 If you are not computerised to this extent then there are other ways in which you can satisfy the need for a back-up of key dates. One way is to keep a copy of the diary records with another person (eg a supervisor or administrative worker) who would have a responsibility for monitoring that they are actioned.
- 8.10 Being obliged to use some form of diary system might make you think of ways in which you could develop the system to provide you with further advantages. A number of specialist staff, as well as recording the minimum key date requirements and their appointments with clients, also use the diary to plan work that they intend to do by recording this in the diary along with a time estimate. Good time management

and work planning help caseworkers be clear what they are able to do and can flag up issues regarding capacity and availability to perform other tasks ahead of time.

- 8.11 This type of approach would also mean that if a caseworker were unexpectedly ill then his/her supervisor would be able to check the diary and see what cases or work needed to be looked at; it might mean that the supervisor delegated or performed any urgent work or simply re-scheduled non-urgent work back into the diary for the caseworker to complete at some future date. Ultimately, it would avoid a supervisor having to check every one of the caseworker's case files to see if anything needed doing on top of the record of key dates.

Monitoring files for inactivity

- 8.12 This requirement, also found within E2.1, is designed to prevent you from missing something on a case due to some inadvertent inaction – eg where the other side has failed to respond to a letter you wrote and you were waiting for this letter before taking required further action.
- 8.13 The LSC states in the requirement that if your inactivity monitoring interval is longer than three months you would need to justify this to them at audit, but perhaps a better way to do this would be to contact them in advance and discuss the interval you were proposing and why, if it were longer than three months.
- 8.14 When deciding on an appropriate interval length, an important thing to think about is how you could incorporate this monitoring into your existing case and file management procedures.
- 8.15 If you have a computerised case management system then it may be relatively straightforward for the caseworker or other member of staff to identify cases that might be overly inactive. But the questions remain: Who would have the responsibility for monitoring and when would it occur?
- 8.16 Note that here is no requirement that you use a computerised system for monitoring file inactivity. You can use a manual system providing it is able to produce the required data. However, if you work under an LSC contract, then it would make sense to try to integrate this monitoring within the computerised system that you must have in order to comply with the particular General Civil Contract provisions such as time recording and case reporting.
- 8.17 If you are a supervisor and conducted regular supervision meetings with caseworkers less than or at the same frequency as your inactive monitoring period, then this would give you an ideal opportunity (also time efficient) for checking case inactivity as part of the standard items you discuss at these sessions. It should be relatively straightforward to identify those files that have been inactive (for whatever period you have specified) and ask the caseworker to bring them to the session.

Case files are logical and orderly

- 8.18 There are a couple of important aspects to this requirement; the first one relates to the ease with which you can access key information on the file, and the second relates to the structure and layout of that file.
- 8.19 Most organisations that use a paper-based file system (as opposed to a fully computerised case management system) will satisfy the key information aspect by producing some form of client information summary which they will stick to the front, or inside the front cover, of the file. This “client information form” contains basic information on the client, key dates and perhaps other information that you would

find useful to have at your fingertips rather than having to go through the file looking for it. Examples would be telephone and other contact details of the client, whether you can leave messages for them, case open and closed dates, special circumstances, etc.

8.20 There are many examples of client information summaries/forms available. Their use (and an example that you are free to adapt to your own use) is discussed within CLS Support Quality Mark briefing no. 8: “Case Management and Client Care”.

8.21 In terms of file structure it is important to think about what is the minimum you need to do without compromising the quality of your work, what works best for you and what is the most efficient way of doing it.

8.22 The drive to be efficient is a reflection of the limited resources that organisations have available to them set against a desire to deliver a service; the more efficient an organisation is within available resources then the higher its ability to deliver organisational objectives. Efficiency is not just a matter then for organisations working to deliver specific contracts or provide projects through targeted funds.

8.23 The SQM requirement states that, whatever file structure you adopt, it must satisfy the following:

- Most recent/latest action must be evident.
- Documents must be stored securely.
- Correspondence must be filed in chronological order.

8.24 The way in which most organisations provide evidence of the latest action (and indeed, of previous actions) is to use some form of case record, which is updated each time any case activity is performed. For further information on structuring files and completing case/attendance notes, see Email Bulletin (Contracting no. 17 and Quality Mark no. 9): A Body of Evidence: Attendance Notes and Case Recording.

8.25 Using tags, paperclips or equivalent, and keeping all the documents within some form of folder, easily satisfies the requirement of “storing documents securely”. Filing documents in chronological order means exactly that, but it allows you to decide whether the most recent is on top of the bundle or at the bottom, so that it reads like a book.

8.26 It is not uncommon for organisations to duplicate work or information on files simply because individual caseworkers are following what it says in the office manual. However, one of the key features of organisational evolution is to challenge “the way it is”: for instance, if you believe you are duplicating information, this might be a good reason to review how you are compiling that information on file and to ask yourself why.

8.27 Example

CLS Support previously advised an agency that had an SQM and also an LSC contract to provide specialist debt work. To address the requirement that case files be logical and orderly, the agency split up each file into a number of separate bundles within the same folder and kept each of these bundles in chronological order – eg separate bundles for case records, for letters to and from client, and for each of the creditors.

There was nothing wrong with this, and the files could be easily navigated and examined by someone other than the caseworker with conduct of them. However, what the agency also did was have a cover sheet for each of the creditor bundles (on

average, seven per file) summarising basic information such as the size of each debt, the agent trying to recover the debt and who the debt was originally owed to. On the face of it the agency's efforts to meet the SQM requirement were exemplary. However, further examination provided a number of reasons why not to do it in this way:

- a) With an average of seven of these sheets per file, and if we were to estimate 100 new cases per year, approximately 700 of these sheets need to be completed by hand each year, which, although taking a nominal amount of time per sheet, over the year adds up.
- b) Given the frequency for creditors to switch agents during the life of a debt matter, caseworkers were obliged to update the sheets on a regular basis – taking even more time.
- c) Given that neither the initial completion nor updating of these sheets could be claimed as direct casework time against the contract, caseworkers complained about the amount of bureaucracy involved in complying with what they saw to be a SQM requirement.
- d) By keeping the most recent letter from the creditor/collection agent at the top of the bundle, it is readily apparent who to contact even if the creditor's agent changes. This rules out the need for summary sheets altogether as well as reducing paper costs.

8.28 Although this example is of an agency performing specialist debt work, all other categories of work may be prone to similar over-compliance problems.

8.29 Given this, it might be useful to have a look through a couple of your own organisations case files and ask yourself whether they are as easy to use and efficient as they could be. Is there any duplication of information? Is all the information being gathered necessary – is it being collected because it is necessary or because there is a presumption that the LSC requires that it is collected? If the latter, is this actually true? If in doubt, why not contact CLS Support or your network to check?

9 Client care

9.1 The requirements regarding client care are in section F of the SQM, under the header "Meeting clients' needs". They break down into things you should do during the life of a case, from outset of the case to close, and requirements relating to confidentiality and use of approved suppliers.

9.2 For detailed information and guidance on these requirements, see also CLS Support Quality Mark briefing no. 8: "Case Management and Client Care".

Confirming advice in writing

9.3 One of the key factors in developing and maintaining a professional relationship with a client is to provide that client with written information confirming any advice or assistance that has been given. This shows a commitment to the quality and effectiveness of the advice being provided.

9.4 There are three points in the life of a case when the SQM requirements state that you must confirm your advice, where appropriate, or notify the client in writing. These are at the outset of the case, when the client needs updating as to progress during the case (which may happen a number of times) and at the end of the case.

9.5 Why is a “client care” letter important? Here are a few reasons:

- It sets out the client’s instructions and gives them the opportunity to clarify errors or omissions; it also demonstrates the basis for the advice given, which would be vital if any negligence claim were ever brought: eg, “On the basis of x,y,z facts/information you gave me, I advised that you had a good/bad claim.”
- It may meet network or professional requirements that exist other than in the SQM, such as Practice Rule 15 on client care and costs in *The Guide to the Professional Conduct of Solicitors* (8th edition).
- The letters act as a reference for the client when they want to remind themselves (or others, such as family members) of what might have been discussed at interview or over the telephone, or what actions are to be undertaken and when, either by the caseworker or themselves.
- During the life of a case, the letters keep the client updated with what is happening to their case and shows a professional commitment to the client from a caseworker who has accepted the client’s instructions and taken the client on – this would include what the client needs to do next and case outcomes.
- The letters act as a reference to the caseworker and may avoid future disputes – they show what actions or work were promised and relevant timescales and, importantly, the extent of any work that was promised – eg “We will take your case to the point when it becomes clear proceedings need to be issued and then refer it on to...”. See also Email Bulletin (Contracting no. 6 and Quality Mark no. 2): Managing ‘Demanding’ Clients.

9.6 What would be good practice in confirming advice in writing to a client? Here are a few examples:

- Use plain language and avoid jargon where possible – phrases such as: “notwithstanding my letter of the 5th ultimo” are meaningless to the majority of clients and will sound stuffy and arrogant and do nothing for establishing good relations.
- Beware of using abbreviations – you will probably have a range of abbreviations that you use in your agency but that doesn’t necessarily mean your clients will understand them.
- Open letters with a brief explanation of why you are writing – even if you are just saying “I am writing to update you on the progress of your case as promised”.
- Don’t go into all the detailed techno-babble of your particular specialist casework subject – you are a specialist doing your job, which means that you don’t have to teach and get the client to your level of casework competence as part of dealing with their case – summarise if necessary, but strike the right balance!
- Don’t include bits of the law that have no relevance to the client at the time of writing; if they become relevant later, that’s the time to include them.
- Close letters with a clear indication of whether the client needs to do anything as a result of the letter or when you will contact them next, even if you are just saying “I will contact you with this further information by the 27th July”. Make sure your clients are not having to guess whether they should contact you or wait for you to contact them.
- Consider the letter a “contact opportunity” – which will include clarifying and explaining important points that you suspect the client might not have understood or appreciated fully at interview or over the telephone.
- “Damned if you do and damned if you don’t”: errors of commission and omission are equally important – making a mistake and missing something important out of a letter can be just as bad as making a mistake by writing and including

something (whether this is a mistake in fact or law or something entirely irrelevant or misleading to the client).

- If you are writing what might be a longer or more detailed letter, such as your initial confirmation of advice letter, then think about developing a logical progression throughout, such as being clear about why you are writing, what the client asked you, what legal advice you gave or actions you undertook as a consequence of their enquiry, what will happen next, who needs to do it and when.
- Is it worth keeping standard information, such as who to complain to, as part of a separate leaflet or template/standard letter about the service so as to cut down on time spent drafting an initial letter confirming advice to the client? This might help the client to digest all the information you are providing.
- Remember that some clients will not be able to read your letters (because they have difficulties reading English or they are visually impaired); others might not want to receive letters for other reasons. If a client asks you not to send them letters, consider other way of confirming your advice and updating them, such as over the telephone or by audiotape. In some circumstances you might give the client a copy of your attendance record at the end of the interview.
- Always keep a copy of anything you write to a client. It should be dated and kept chronologically with other correspondence: file it!

9.7 Although written for caseworkers working under an LSC contract, the following CLS Support email bulletins contain useful points on drafting letters to clients and also on the relationship between writing letters and completing attendance notes/case records:

- Email Bulletin (Contracting no. 17): A Body of Evidence
- Email Bulletin (Contracting no. 7): Claiming Time for Incoming and Outgoing Correspondence

10 File review

10.1 File review is about internal quality control. It is how your agency checks what you are doing and the work you are producing, including the appropriateness of your outputs, whether they are to the required standard and whether they comply with any other relevant procedures. In the first instance, it provides you with an opportunity to rectify mistakes and consider and take action that might be necessary as a result of that review.

10.2 File review, and in particular method, frequency and numbers of files to be reviewed, is discussed in detail in CLS Support Quality Mark briefing no. 3: "Independent File Review". The requirements themselves are in the SQM at E2.

Value?

10.3 As well as the immediate quality control issues, the information gleaned from file reviewing can be useful in a number of ways. It might tell the reviewer that the person under review may need training in a certain aspect of the subject category, particularly when issues arise consistently across files of the same type. Or it might indicate to you that the level of supervision given to the person being reviewed is inappropriate – this could mean reviewing the effectiveness of the types of supervisory activities you are employing, increasing supervision, or decreasing it if competency has increased.

- 10.4 You might pick this information up from looking at a number of reviews over a period of time or from monitoring your file review findings on a periodic basis (at least once a year as a minimum).
- 10.5 As well as enabling you to identify issues particular to the individual caseworker, this type of monitoring is also an opportunity to consider the effect procedural, departmental or organisational factors may be having on the casework that is being conducted and may provide evidence of trends or recurrent issues that might need to be addressed.
- 10.6 For example, when performing your yearly review of file review records you identify that there were a number of cases throughout the year where clients did not bring proof of income at the outset, which led to subsequent problems trying to secure this information at a later point. You further identify that this problem was not isolated to just one caseworker. After some thought you decide to amend your standard initial appointment letter to stress the importance of clients bringing this information with them.
- 10.7 File review provides a good example of the benefits of tying systems in to one another – the inter-relationships between seemingly disparate procedures can greatly increase the value that is obtained from following each one independently and seemingly in isolation (see paragraph 10.3, on the relationship between file review and supervision, as an example).
- 10.8 There is another point that should be made here. Just because something is about quality control doesn't mean it is all about looking for mistakes – quality control is just as much about rewarding staff where their competence or achievements merit it and things are working well. This highlights some of the issues raised earlier in section 7 above, "People management", about valuing staff and encouraging ability – file review can be an effective and useful opportunity for developing staff and reinforcing desirable behaviour.

Deputise this?

- 10.9 The requirements state that the category supervisor should be able to demonstrate that the file review procedures are followed and that they are aware of the status of all reviews/findings, including reviews carried out by another person.
- 10.10 This does not mean that they need to carry out all of the reviews themselves, although they might choose to do so. It is possible to delegate file reviews to others without LSC permission providing that the reviewer meets the supervisor standards at D3.2(a) in full and the LSC has been notified (see D3.1). If they do not meet the supervisor standard then it may still be possible to delegate the reviews providing you have the permission of your auditor.
- 10.11 There are a number of reasons why it might be to your advantage to name a deputy supervisor and delegate reviews in the above circumstances:
- It frees up supervisor time for other activities.
 - It is a development opportunity for the person named as deputy and allows them to take on more varied tasks.
 - Having a deputy supervisor provides the organisation with other options if the supervisor leaves or is obliged to take extended leave of absence – it would mean that the organisation would be better able to cope with these types of situations and would be more able to provide a strategy to the LSC on how all supervisory responsibilities and ongoing casework quality could be managed

despite such a change. This may be particularly important with agencies working under an LSC contract.

11 Using client feedback

- 11.1 There are two requirements within the SQM regarding client feedback; they concern complaints (G1) and client satisfaction feedback (G2).

Complaints

- 11.2 There will be a complaints procedure in your office manual which will include details of what constitutes a complaint, how complaints are identified and recorded, and the process for dealing with them. As well as being an SQM requirement it is also likely to be a requirement of your particular network or governing body that you have and observe a written complaints procedure.
- 11.3 Such a procedure recognises that clients have the right to comment, even unfavourably, on the services they receive at a time suitable to them. For the client, it offers an accessible and predetermined route within which they are able to bring matters to the organisation's attention, express their concerns, or seek some form of redress or other acknowledgement.
- 11.4 However, to say that a complaints procedure is designed solely to benefit the client would be incorrect; the other beneficiary is the organisation itself. This is because a complaints procedure should be specifically geared up to check that correct procedures and policies have been followed by both the organisation as a whole and any individuals involved in delivering the service the complainant received.
- 11.5 A complaint gives the organisation an opportunity to investigate, first hand, the service it is delivering: it is a form of quality control. There are parallels with file review, as from this investigation of the complaint the organisation then has the opportunity to take corrective action. This corrective action might involve tackling supervision, management, procedural or process issues with staff, or formulating and making decisions on matters of policy.
- 11.6 Ultimately, a complaint can give an organisation objective information on the extent to which the service it is providing is meeting its aims.

Client satisfaction feedback

- 11.7 Note that this subject is discussed in CLS Support Quality Mark briefing no. 2: "Client Feedback", although this briefing was issued before publication of the first edition (April 2002) of the SQM.
- 11.8 It is up to you to decide on the type of client satisfaction feedback procedure that you have in place. However, whatever procedure you do adopt needs to include the following:
- a comprehensive feedback mechanism;
 - details on how and when the client gives feedback;
 - the frequency and methodology of analysis of submitted feedback.
- 11.9 Again, the purpose of seeking client feedback is not just to give clients an outlet for their opinions or to get things off their chest, even though some clients might see it this way.

11.10 Seeking and reviewing client feedback is a method of quality control, accepting that it is the client who is in the best position, as the user, to comment on particular aspects of service delivery. It is then up to the organisation/reviewer to decide on the extent to which action will be taken as a result of reviewing that feedback.

11.11 Points to consider:

- It is up to you how you collect feedback – the most common way of doing this is in some form of questionnaire.
- The LSC provides a sample questionnaire on their website (www.legalservices.gov.uk), which was developed following a pilot during 2001 with 167 organisations working at the Specialist and General Help with Casework levels.
- If you use a questionnaire you do not have to use this LSC version – you can devise your own providing your auditor agrees that it collects the information requested at SQM G2.1(a).
- Some organisations issue every client with a feedback questionnaire although this is not obligatory. Sometimes this is sent at the end of the case with the case close letter, or it may be sent at a predetermined point during cases to avoid any case outcome bias.
- At least one client feedback exercise (or review of data collected on a case-by-case basis) must take place each year.
- One way of collecting data is to conduct a client satisfaction survey at periodic intervals – eg all clients for a period of one month in the year are asked to provide feedback.
- Demonstrating your commitment to the quality of the service you provide can be improved by having feedback/comments forms available to all clients in waiting and interview rooms, allowing them either to complete them on-site or return them by post.
- If your approach is to encourage the use of ongoing feedback such as the comments form approach above, then why not extend this to allow members of staff to complete the forms and comment on the service on an ongoing basis when they feel the need?

12 Systems review

12.1 Please note that the SQM does not require you to conduct any formal review of the extent to which the systems you are operating in your organisation are working. It does, however, provide you with a number of ways in which you can comply with the requirements (eg in the SQMG) and so encourages you to individualise your compliance as far as possible.

12.2 However, given that organisations are dynamic and full of dynamic people you might now feel that you would gain more from your SQM compliance by identifying and taking some of the opportunities available to you – looking for and trimming down any unnecessary over-compliance, reducing bureaucracy and gaining in the process – remember, systems should work for you!

12.3 By this point in the briefing it is hoped you will have taken on board some of the tips and pointers mentioned, or perhaps it has helped you think of other ways in which your SQM compliance could be improved – not just to improve audit results, but to improve the service: where the people working to the requirements actually feel a benefit, things work more efficiently, and the clients get a better service.

- 12.4 Although you might conduct a review of one or more systems at any necessary or convenient time, re-evaluating your systems and how they operate might be a useful exercise to undertake as part of the following:
- the business planning process, when you are thinking about setting objectives,
- or,
- as part of the annual review of quality procedures at SQM G3.2.

Will this be a big job?

- 12.5 If you decide to take any of this forward you will probably choose one of two routes depending on the amount of effort you want or need to put into it.
- 12.6 With only a little effort you may be able to fine tune some of your procedures and create some real improvements quite quickly. This can provide a way of improvement without necessarily involving too many resources, including time, and, depending upon your style, can be very effective.
- 12.7 Many of the tips in this briefing could be implemented relatively easily and you may feel that doing this will provide your organisation with sufficient benefit and that you need not take any more time over it.
- 12.8 Alternatively, if you decide to undertake a larger review, this will involve more time, effort and resources.
- 12.9 There could be any number of reasons why you want to take the latter approach. You might just be “that kind of person” who believes that if you have got to do something then it might as well be done well. Or you might have identified some more urgent need to change, such as a need to improve efficiency in the short or longer term to meet funder obligations or to stop your organisation turning into a “process swamp”.

How do I do it?

- 12.10 If your work involves incorporating some or all of your organisation’s systems in your day-to-day working practices, then you will probably have ideas on how they could be improved, not least so that it makes your own life easier. Whatever your level of involvement, there are three ground rules that you should think of at the outset:
- Whatever I propose to do must still satisfy SQM requirements as well as my own network’s requirements where applicable.
 - Whatever I propose to do should not impact negatively on others.
 - Whatever I propose to do should aim to make things better.
- 12.11 If you don’t have the immediate authority to make improvements or implement changes then it will be very important to get other staff involved and get their approval at the outset. Additionally, if you were to present and set your proposal out in the terms below, this might help persuade them.

Stage 1: Planning to do something about it

- 12.12 Decide what is it that you want to review – is it just one system (eg the effectiveness of current supervision arrangements), or are you planning to review how you are meeting all or a number of the key areas within the SQM? You might discuss your initial ideas with other staff to see where they might like to focus, but please do not forget receptionists and administrative staff who have a unique position within the

organisation and, usually, a different perspective from those directly involved in providing advice.

- 12.13 Remember, the system doesn't have to be a mess or breaking down in order for you to decide to review it and look to see if you can improve it. If there is some urgency, however, you will want to prioritise the systems you look at.
- 12.14 If you are just looking to improve things generally and are not sure where to start, then look at the key areas described in Appendix 1 and think about which area you would like to look at first. You might consider which one, if improved, would have the greatest benefit in the shorter term, such as reducing the number of pro-forma on individual case files by combining them into one more serviceable form. If you can show the exercise is productive, then other staff are more likely to engage in a larger exercise in improvement.
- 12.15 Support: Who will support you in this endeavour? It would certainly be practical to gain the support of the people involved; depending upon who you are, what you propose to do and what you hope to achieve, you may need a mandate from superiors or the trustee board. Other sources of support include CLS Support or your network. It might also be sensible to approach your LSC Account Manager or auditor, explain what you are proposing to do and see if s/he can offer any help or guidance.

Stage 2: Gathering information and agreeing what to do

- 12.16 Before making or suggesting any changes you need to make sure that you have covered a few basics – think about making notes or gathering the documents as you consider them:
- In respect of what you are proposing to do, what does the SQM requirement say you need to show, and have you understood this clearly?
 - Is there any guidance on compliance within the SQMG that might be useful?
 - Have LSC auditors given you any feedback at previous audits that might be worth considering or exploring further?
 - Have we covered anything here in this briefing that is worth thinking about, or referred to any other document that you could look through for ideas (see Appendix 2 for a full list of documents referred to)?
- 12.17 Timescale: However extensive your review, it is important to recognise that this type of thing will not usually happen overnight. By planning properly at the outset and being clear about what is involved and what you hope to achieve, you should have a fair idea of how long things will take.
- 12.18 People: Who needs to be involved? If you are looking at one system then perhaps you can get away with just involving those affected rather than the whole organisation? If you are taking a broader approach and have aspirations to develop all or a number of systems, then obviously you will have to involve more people. Would it be sensible to set up a meeting to discuss things and agree how you might proceed? Is it worth allocating the tasks described at paragraph 12.16 above? Either way, make sure that people are clear about what it is that is being done, why, how you will monitor progress and results, and roughly how long you expect it will take.
- 12.19 Importantly, can you delegate any task(s) to someone who has particular knowledge or expertise, and would it be possible to use this as a development opportunity for that individual? If you were reviewing a number of systems you might consider

allocating tasks to certain individuals – creating “work-groups” that would focus on particular things and then report back on their conclusions and options available?

- 12.20 If you were interested in increasing the input your trustee board has in your organisation then you might also consider asking and including one member of the board in each work-group you set up.

Stage 3: Trying it out in six steps

- 1) Identify what options are available that might improve the situation – eg if reviewing a file review procedure that attracted criticism as being too onerous, options might include reducing the number of reviews, delegating reviews, etc.
- 2) Decide if the change would have any negative or counter-productive effects on any other system(s) or on the quality of work produced – if this is not immediately apparent, you might consider it again when monitoring the changes you make.
- 3) Discuss the proposed change with any others involved, including whoever is your organisation’s named Quality Representative. Make sure others are aware of what you are doing and why, and remember that the Quality Representative will have to update the office manual if there are eventual changes to any written procedure.
- 4) Implement the change – agree with those involved what the change is, agree an implementation date and communicate the change to all relevant staff members and how you intend to monitor it.
- 5) Monitor whether it achieved its purpose – are you still complying with the requirements, is the quality of work still ok, have there been any noticeable improvements due to the change?
- 6) If not, or other problems have arisen, then consider going back to step 1 above.

Stage 4: Incorporation and verification

- 12.21 If you do make changes to systems that are a requirement of the SQM, then ultimately you will need to make your auditor aware of what you have done and why. It is up to you how and when you do this; depending on the scope of the review exercise, you might want to have them on board from the beginning.
- 12.22 Alternatively, you might involve them at key stages such as when finalising the options for change that you have come up with to gain their view, or you might make them aware of it after you have implemented the change, whether by initiating contact or waiting until your next audit.

Ten golden rules for reviewing systems:

- 1) Don’t be afraid to challenge “the way it has always been done”.
- 2) Make sure that those involved and those observing know that the exercise is an effort to make things better, not to increase bureaucracy or make things worse.
- 3) Use the skills and knowledge of others in your organisation – listen to ideas and don’t assume your way of doing things is necessarily the only or best way.
- 4) Accept that things rarely go smoothly when suggesting or implementing change.
- 5) Recognise that there is never going to be a good time to do it.
- 6) Don’t let it get you down and don’t give up at the first hurdle – accept that it will take time and there may be mistakes on the way.
- 7) Do your homework and get professional help – from CLS Support / networks / LSC / colleagues.

- 8) Be committed to making improvements on an ongoing basis, as and when the need arises or when someone has a “great idea”.
- 9) Acknowledge your own part in any improvements as well as the efforts of others.
- 10) Get something out of it that has value to you, your clients and your organisation - don't let your organisation's SQM compliance become solely audit driven!

Appendix 1

1 Specialist Quality Mark Standard: key areas

- 1.1 Working on this assumption that a well-run organisation is more likely to deliver a high quality service to its' client group, the SQMS identifies seven key areas that an organisation should address in order to ensure the quality of that service; these are (references to parts of this briefing in brackets):
1. *How an organisation is aware of the environment in which it operates and develops its services to meet the needs of the client group it serves* (see section 4: Business Planning)
 2. *What an organisation does when they cannot provide the particular service needed by a client* (see section 6: Signposting and referral)
 3. *The structures and procedures necessary to ensure effective management of the organisations resources, including staff and finances* (see section 5: Financial control)
 4. *How the organisation ensures staff are treated fairly and that they have the skills and knowledge to meet clients' needs* (see section 7: People management)
 5. *File management and review procedures necessary to ensure that an effective and efficient service is provided to clients* (see sections 8 and 10: File management and File review, respectively)
 6. *That work is done with regard to accepted principles of client care; namely, that they receive advice information and other services that are timely and relevant to their needs* (see section 9: Client care)
 7. *That organisations demonstrate a commitment to quality by seeking and addressing feedback, positive and negative, on services from users; then using this, and other relevant feedback, to review and develop services in a considered fashion* (see section 11: Using client feedback)

Appendix 2

1 Bibliography

- 1.1 The documents referred to in this briefing are, in order of reference:
- (a) Specialist Quality Mark Standard (First Edition, April 2002)
 - (b) Specialist Quality Mark Guidance (First Edition, April 2002)
 - (c) Focus 45 (published by the Legal Services Commission August 2004)
 - (d) CLS Support Briefing Quality Mark no. 5: Service Planning
 - (e) ASA Briefing: Value for Money Questionnaire: Because you're worth It
 - (f) CLS Support Briefing Quality Mark no. 7: Signposting & Referral
 - (g) ASA Briefing: What are they good for? Advice agencies experience of CLSP's
 - (h) CLS Support Briefing Quality Mark no. 6: People Management and Sample Procedures
 - (i) CLS Support Briefing Quality Mark no. 4: Conflict of Interest
 - (j) CLS Support Briefing Quality Mark no. 8: Case Management and Client Care
 - (k) The Guide to the Professional Conduct of Solicitors (eighth edition, published by The Law Society)
 - (l) CLS Support Email Bulletin (Contracting no. 6 and Quality Mark no. 2): Managing 'Demanding' Clients
 - (m) CLS Support Email Bulletin (Contracting no. 17 and Quality Mark no. 9): A Body of Evidence: attendance notes and case recording
 - (n) CLS Support Email Bulletin (Contracting no. 7): Claiming time for incoming and outgoing correspondence
 - (o) CLS Support Briefing Quality Mark no. 3: Independent File Review
 - (p) CLS Support Briefing Quality Mark no. 9: Data Protection
 - (q) CLS Support Briefing Quality Mark no. 2: Client Feedback

Getting further help

Network contacts

Management Helpline

DIAL UK

St Catherine's Hospital
Tickhill Road, Balby
Doncaster DN4 8QN
tel: 01302 310123

James Kenrick

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1a Taylor's Yard
Alderbrook Road
London SW12 8AD
tel: 020 8772 9900

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25 London Bridge Street
London SE1 9ST
tel: 020 7407 6622

JJ Costello

Shelter Cymru

25 Walter Road
Swansea SA1 5NN
tel: 001792 469400

Citizens Advice

Myddleton House
115-123 Pentonville Road
London N1 9LZ
Bureau Management
Consultancy Line
tel: 0845 120 2035

John Edwards

Age Concern England

1268 London Road
London SW14 4ER
tel: 020 8765 7468

Shelter's CLS Support

Tricia Euston
tel: 01706 654867

CLS Consultancy Line

tel: 020 7833 7046/7134 or
01873 810101

Legal Services Commission Regional Office contacts

You can also contact your regional LSC office. If you aren't sure which area you are in, any regional office should be able to direct you to the one for your area. For queries about the Quality Mark only you can email the LSC at sdg.issues@legalservices.gov.uk

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South Western
33-35 Queens Square
Bristol BS1 4LU
tel: 0117 302 3000

South Eastern
3rd – 4th Floor, Invicta House
Trafalgar House
Brighton BN1 4FR
Tel: 01273 878800

North Eastern
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Newcastle NE1 5RU
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16 King Street
Nottingham NG1 2AS
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Yorkshire & Humberside
City House
New Station Road
Leeds LS1 4JS
tel: 0113 390 7300

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5 Hill Street
Birmingham B5 4UD
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Merseyside
8 Mathew Street
Liverpool L2 6RE
tel: 0151 242 5200

Office of Immigration Services Commissioner (OISC)

6th Floor, Fleetbank House, 2-6 Salisbury Square, London EC4Y 8JX
tel: 020 7211 0500 www.oisc.gov.uk

The Office of the Information Commissioner

Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF
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Consultancy service

CLS Support operates a telephone and e-mail consultancy service, providing help on the Quality Mark, the Legal Aid contract and other aspects of the Community Legal Service.

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- 7 Signposting and referral**
- 8 Case Management and Client Care**
- 9 Data protection - is your handling of client information breaking the law?**
- 10 The Specialist Quality Mark - getting the most out of it**
- 11 The Quality Mark and other quality standards - for agencies working with young people*
- 12 The General Help Quality Mark - getting the most out of it*
- 13 Data protection - sharing information in cases involving children and young people*

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- 8 The General Civil Contract: the Framework - The Access to Justice Act 1999 (2nd edition)*
- 9 The General Civil Contract: the Framework - Funding Code Levels of Service (2nd edition)*

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