The IAQF Wales:
Becoming an IAQF Wales Approved Accrediting Body

Second Edition, July 2018

ACKNOWLEDGEMENTS

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Becoming an IAQF Wales Approved Accrediting Body

Contents

INTRODUCTION
Overview

This document has been produced to provide guidance on Welsh Government's requirements for Standard Owners seeking to become an IAQF Wales Approved Accrediting Body. It is based upon extensive consultation, with key stakeholders across Wales alongside discussions with Standard Owners themselves.

Welsh Government has introduced a flexible scheme for Standard Owners that allows them to incorporate all seven of the IAQF Wales quality areas within their current scheme or to seek accreditation for individual quality areas within their scheme. Similarly, we have set minimum requirements for the assessment process which all Standard Owners must comply with to secure accreditation but do not require all Standard Owners to undertake peer reviewed quality of advice audits; members of their schemes may secure this element of IAQF Wales from other IAQF Wales approved accreditation bodies where this is not provided by their current Standard Owner.

Welsh Government is committed to working with Standard Owners to support them as they seek IAQF Wales Approved Accrediting Body status.

A Dynamic Framework

The IAQF Wales is designed to provide a dynamic Framework which will be subject to periodic reviews and improvements. For this reason we place an additional requirement on Standard Owners accredited under the IAQF Wales to report common challenges faced by their accredited services along with examples of good or outstanding practice. See Requirement on Standard Owners below.

As a new scheme, Welsh Government welcomes comments from Standard Owners on the operation of this scheme and ways in which it can be improved. Any comments on this document should be sent to FinancialInclusion@wales.gsi.gov.uk.

THE ACCREDITATION MODEL
Overview

The IAQF Wales is owned by the Welsh Government and both the content of the IAQF Wales and the associated assurance processes will be reviewed by Welsh Government periodically.

The approach to quality assurance in Wales not only seeks to ensure that all information and/or advice providers meet minimum standards in relation to safety, responsiveness and effectiveness, but also seeks to embed a culture of continuous improvement within individual providers and across the sector as whole.

The IAQF Wales builds upon the range of existing quality assurance schemes used by some information and/or advice providers in Wales. It does not establish a new set of standards but requires existing standards to address and meet the quality criteria within each quality area. Similarly, the IAQF Wales does not establish a separate assurance process for individual providers but works with existing assurance processes undertaken by Standard Owners where these are compliant with the requirements of the IAQF Wales.

It is anticipated that Standard Owners providing quality assurance services to individual information and/or advice providers in Wales will adapt both the content of their standards and their assurance processes to comply with the requirements of the IAQF Wales. The opportunity to develop standards and assurance processes compliant with the IAQF Wales and seek IAQF Wales Approved Accrediting Body status is open to any organisation.

Welsh Government has introduced a flexible process for Standard Owners in order that they may secure accreditation against the IAQF Wales for all or some of the seven Quality Areas and for all or part of the assurance process. Where an individual agency is accredited by a Standard Owner who is only accredited for some of the quality areas and/or only part of the process that agency will need to seek another IAQF Wales Approved Accrediting Body to provide assurance in those areas not held by their Standard Owner.

The IAQF Wales also seeks to work with other frameworks, such as the Money Advice Service Quality Framework and other regulatory requirements to reduce the burden on information and/or advice providers. In particular, IAQF Wales Approved Accrediting Bodies should note that If the service being accredited is part of a local authority providing an information, advice and assistance (IAA) service, as required by the Social Services and Well-being (Wales) Act 2014, there will be specific duties and requirements under the Act, Regulations, codes of practice and guidance relating to aspects which are included in this framework. Examples include needs assessments (quality criteria 2.2), safeguarding (3.6), the awareness framework (including safeguarding training, 5.1) and case requirements for IAA (4.3). Should the legal requirements relating to IAA services differ from the requirements of the IAQF Wales the legal requirements will take precedence.

The Assurance Process

The IAQF Wales not only seeks to ensure that all information and/or providers meet minimum standards in relation to safety, responsiveness and effectiveness, but also seeks to embed a culture of continuous improvement within individual providers and across the sector as a whole. To embed this culture the IAQF Wales comprises five key stages:

1. **Self-Assessment** by the information and/or advice provider against their preferred IAQF Wales accredited set of standards
2. **External desk-top audit** of self-assessment by their IAQF Wales Approved Accrediting Body
3. **On-site inspection** of the service by their IAQF Wales Approved Accrediting Body including peer review of the quality of information or advice provided by the service
4. A detailed **audit or assessment reports** completed by the IAQF Wales Approved Accrediting Body. This should be supplied to Welsh Government whether or not IAQF Wales is secured
5. Development by the audited information and/or advice provider of an **improvement plan** to address areas of weakness or to transform areas to good or outstanding practice.
6. **Interim Validation** including self-assessment by the accredited service and assessment of major changes by the IAQF Wales Approved Accrediting Body with remedial action identified and where appropriate undertaken. The IAQF Wales Approved Accrediting Body should provide summary information on this stage to Welsh Government.

The improvement cycle below illustrates the IAQF Wales approach to the different stages of assurance.
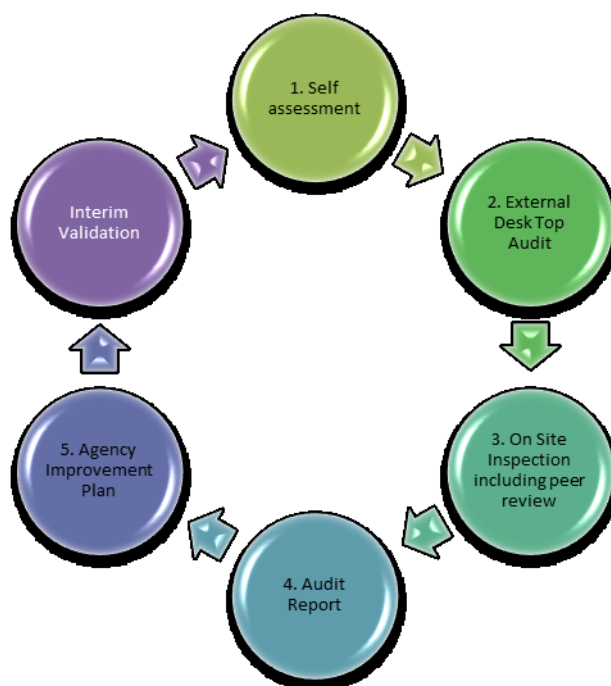
Core & Developmental Process Requirements

To reflect the dynamic nature of the IAQF Wales and to reflect comments from Standard Owners participating in the engagement events in the Spring of 2018 the requirements of Standard Owners in relation to their scheme are presented under two key headings:

- **Core Process Requirements** – These are processes which must be in place in order to secure IAQF Approved Accrediting Body Status.
- **Developmental Process Requirements** – These are processes which may not be in place prior to securing IAQF Approved Accrediting Body Status but will be expected to be developed over a reasonable period of time to be agreed between the Standard Owner and Welsh Government's Independent Assessment Service for IAQF.

In addition, one process requirement in relation to *external peer review* is identified as **"Optional"** for Standard Owners and is not required to secure IAQF Accredited Body Status. Please note the individual information or advice providing service will be expected to undertake external peer review to maintain full IAQF accreditation but this may be provided by a third party.

The Assurance Timescale

Core Requirement:
Information and/or advice providers accredited against the IAQF Wales are required to undertake a full audit programme every three years (or more frequently if required by their IAQF Wales Approved Accrediting Body). IAQF Wales accreditation issued by IAQF Wales Approved Accrediting Bodies will therefore cover a period of three years from the issuing of their audit report (or less than three years where more frequent audits are required by the Standard Owner). In exceptional circumstances this period of accreditation may be extended but such extensions are at the discretion of Welsh Government.

Developmental Requirement:
In addition to the full assurance process IAQF Wales Approved Accrediting Bodies will be required to provide assurance that at the mid point of an agency's accreditation (not earlier than 15 months and not later than 21 months after securing accreditation) that agency has undertaken an internal self-assessment of continuing compliance with the IAQF Wales and has reported major changes to their IAQF Wales Approved Accrediting Body. IAQF Wales Approved Accrediting Bodies may determine a more frequent revalidation time-table (e.g. annual). Maintenance of continued accreditation will be dependent upon the accredited service undertaking any remedial action required of them by their IAQF Wales Approved Accrediting Body.

Self-Assessment

Core Requirement:
Standard Owners seeking IAQF Wales Approved Accrediting Body status will be required to provide assurance that their process includes robust self-assessment by the service against

the requirements of the IAQF Wales prior to audit. This should include an assessment of compliance, areas for improvement and the service's view of any areas of outstanding performance.

Standard Owners will be required to provide assurance that their process includes a requirement upon the accredited agency to undertake periodic self-assessment. As a minimum this should be undertaken once during the three-year Assurance Cycle at the mid point of a service's accreditation, for example, normally not earlier than 15 months and not later than 21 months after securing accreditation. Standard Owners may provide assurance of more frequent self-assessment (e.g. annual) should they consider this appropriate to their scheme. Welsh Government will also seek assurance that the sanctions applied by the Standard Owner to non-compliance with this requirement are robust (e.g. suspension or removal of IAQF Wales accreditation).

Developmental Requirement:

In addition to undertaking this mid-assurance self-assessment Standard Owners will be required to provide assurance that they receive "self-validation" confirmation to Welsh Government that the service is still compliant with the IAQF Wales and that the service has reported on that standards risk factors which may trigger full or partial external audit or other assurance process undertaken by the Standard Owner. This does not imply that the Standard Owner must undertake a risk assessment for each standard holder in their scheme, but they have a standard-wide understanding of risk which they expect each standard owner to operate within. As a developmental requirement Welsh Government will work with and support Standard Owners to develop a mutually acceptable understanding of risk.

External Assessment

Core Requirement:

To comply with the requirements of the IAQF Wales Standard Owners will need to provide assurance that their process includes robust external assessment against the requirements of the IAQF Wales. This process should include an assessment of compliance, areas for improvement and any areas of outstanding performance. For all Standard Owners the process must include:

- **Desk top assessment** of written evidence submitted by the service as part of self-assessment and the Standard Owners application or quality assurance renewal process.
- **On-site inspection** including examination of the resources available to the service, application of policies and procedures, managers understanding of the application of the IAQF Wales and staff awareness of the quality requirements.

Optional Requirement:

All IAQF Wales accredited services will also be required to undergo external **peer review**. This may be undertaken by their current Standard Owner where that Standard Owner's scheme has been approved or by another IAQF Wales Approved Accrediting Body (including MAS's debt advice Peer Review service where applicable). Peer Review should include:

- For **Type 1, 2 & 3** services examination of case records/monitoring systems, information resources available to the service's information and/or advice workers, training undertaken by the service's information and/or advice workers, arrangements for supervision of paid and unpaid staff.
- For **Type 4 & 5** services examination of the above and in addition reviews of a random sample of case files that reflect the range of advice activity undertaken by that service. The sample size should reflect no less than 1% of that service's activity in relation to Type 4 & 5 cases. Scrutiny of case files should include an assessment of quality against the six criteria comprising IAQF Wales's definition of Good information and advice.

Core Requirement:

In undertaking external assessment Standard Owners will need to provide assurance that auditors are appropriately skilled to undertake their work and subject to regular supervision and support to ensure the consistency and objectivity of audit staff. Evidence to support compliance with this requirement will include:

- The competence requirements of audit staff (Awareness, Knowledge, Skills)
- Induction arrangements for audit staff
- Ongoing Training arrangements for audit staff
- Supervision and appraisal arrangements for audit staff
- Any qualification or certification schemes available or required of audit staff.

Optional Requirement:

For those Standard Owners undertaking Peer Review, they will need to demonstrate that their peer reviewers meet the above requirements and in addition can demonstrate:

- Appropriate levels of knowledge in the advice topics relevant to the service undergoing audit
- Appropriate levels of skills for the Type of information or advice work relevant to the service undertaking audit.

Core Requirement:

Welsh Government is keen to ensure that current and potential service users are involved in the external assessment of IAQF Wales accredited services. As a minimum Standard Owners will be required to provide assurance that their process includes consideration of the views of service users. This may include examination of service user surveys or other evidence collated by the provider.

Developmental Requirement:

Over time Welsh Government will seek greater involvement of service users in the audit process and would welcome continued dialogue with Standard Owners on the best means of achieving this.

Interim Validation

Core Requirement:

IAQF Wales accreditation issued by Standard Owners will cover a period of three years from the issuing of an organisation's audit report. All quality schemes as a minimum should require self-assessment by the accredited agency at least once during the accreditation period.

Developmental Requirement:

Continued maintenance of accreditation will be dependent upon "Interim Validation" where accredited services must undertake an internal self-assessment indicating continued compliance with IAQF Wales at the mid point of that agency's accreditation and the reporting of key changes to their Standard Owner. Standard Owners will determine major changes in relation to turnover, staffing changes etc. that the agency must report on and these form part of the application process for Standard Owners seeking IAQF Wales Approved Accrediting Body status.

As noted under "Self-Assessment" above, this does not imply that the Standard Owner must undertake a risk assessment for each standard holder in their scheme, but that they have a standard-wide understanding of risk which they expect each standard owner to operate within. In assessing Standard Owners for IAQF Wales Approved Accrediting Body status we will examine the change factors that are assessed for risk. We suggest that *major changes* may include some or all of the following:

- Significant changes to financial turnover (e.g. either substantial funding increases or substantial funding decreases)
- Excessive turnover or paid or unpaid staff (e.g. turnover exceeds more than 35%)
- Significant changes in senior leadership (e.g. where both the service manager and her/his deputy have changed or where the service director and organisation's chair have changed.
- Significant changes to the methods of information and/or advice delivery (e.g. moving from face-to-face service delivery to telephone advice).
- Significant changes to types of advice delivered (e.g. complete loss of a benefits advice department)
- Merger or acquisition.

In assessing Standard Owners for IAQF Wales Approved Accrediting Body status we will also examine the combination of change factors arising from self-assessment that would trigger a full or partial re-audit of the service or other means of providing continued assurance that the agency remains IAQF Wales compliant.

Welsh Government will work with Standard Owners to develop an appropriate and proportionate approach to the identification of risk factors and any subsequent actions.

In all cases, Standard Owners are required only to provide assurance of continuing compliance by their Standard Holder with IAQF Wales of those *Quality Areas* for which they are an Approved Accrediting Body.

Suspension or Removal of Accreditation

Core Requirement:
Standard Owners seeking IAQF Wales Approved Accrediting Body status will need to identify both the ground and the arrangements for the suspension or removal of accreditation from services where they have awarded IAQF accreditation.

Appeals & Complaints

Core Requirement:
Standard Owners seeking IAQF Wales Approved Accrediting Body status will need to demonstrate that they have a robust appeal process for decisions relating to suspending or removing accreditation and for withholding the award of accreditation or conditional award of accreditation to a service.

Similarly, Standard Owners seeking IAQF Wales Approved Accrediting Body status should have arrangements to deal with complaints about the services they deliver from and a means of reporting these to Welsh Government.

Compliance & Improvement

Developmental Requirement:
Central to the IAQF Wales is the aspiration that the framework not only seeks to ensure that all information and/or advice providers meet minimum standards in relation to safety, responsiveness and effectiveness, but also that the IAQF Wales will embed a culture of continuous improvement within individual providers and across the sector as a whole.

For this reason Welsh Government requires Standard Owners to not only provide a binary pass/fail compliance non-compliance assessment but a report which also identifies areas where the service, although compliant, may seek to make improvements and where there are areas of good or outstanding practice that could be of use to other information and/or advice providers or the sector more generally.

THE REQUIREMENTS ON STANDARD OWNERS
Overview

The section above provides details of the requirements upon IAQF Wales Approved Accrediting Bodies in relation to the process requirements for quality assuring individual information and/or advice providers against the IAQF Wales. The next section details how each Standard Owner seeking IAQF Wales Approved Accrediting Body status will need to demonstrate that the content of their standards is aligned with the quality area and quality criteria requirements of the IAQF Wales. In this section we detail the additional requirements on IAQF Wales Approved Accrediting Bodies to remain part of the IAQF Wales.

Continued Compliance with the IAQF Wales

Once a Standard Owner has secured IAQF Wales Approved Accrediting Body status they will be required to provide notice to Welsh Government of any proposed changes to the content or operation of their scheme. Welsh Government may require that IAQF Wales Approved Accrediting Body to be reassessed for IAQF Wales compliance.

Standard Owners may be included as an IAQF Wales Approved Accrediting Body subject to undertaking a number of changes to their scheme. Should this be the case, Standard Owners may be required to report on progress to full compliance against a time-tabled action plan.

In addition, as part of Welsh Government's commitment to IAQF as a dynamic framework Standard Owners will be required to agree a time-tabled plan with the IAQF Independent Assessment Service for the introduction of any process development requirements as described above.

IAQF Wales Approved Accrediting Body status may be removed by Welsh Government where the content of that body's scheme, the assurance processes undertaken by that scheme or the operation of their scheme is deemed to undermine the integrity of the IAQF Wales.

The IAQF Wales will be subject to review and possible amendment. In the event of such amendments Welsh Government will determine whether IAQF Wales Approved Accrediting Bodies require to be reassessed for continuing compliance with the IAQF.

Strategic Contribution to IAQF Wales Development in Wales

The IAQF Wales is designed to be dynamic. IAQF Wales Approved Accrediting Bodies play an important role in driving improvement to the IAQF and the ways in which it is implemented. For this reason, IAQF Wales Approved Accrediting Body will be expected to:
- Participate in at least one meeting per year with Welsh Government focussing on consistency between schemes and identification of best practice.
- Submit an annual report on their operation of the scheme including:

- A quantitative report on the number of audits, the total number of services covered by the IAQF Wales, the numbers of new services and the number of removed services.
- A qualitative report including areas of challenge faced by services and areas of good or outstanding practice for consideration as part of the Guidance and Good Practice Document.
- Other observations relevant to the further development of the IAQF Wales.
- Make publicly available fees chargeable for full or partial audits.

Assurance Reporting

IAQF Wales Approved Accrediting Bodies will also be required to report on each audit undertaken in relation to the IAQF Wales by means of a quarterly report detailing:
- The name and address for each service subject to audit
- The results of that audit (e.g. Pass/Fail or Remedial Action required).

Operational Support to the IAQF Wales

The IAQF Wales will require IAQF Wales Approved Accrediting Bodies to ensure compliance by IAQF Wales accredited services with the following actions:

Submit full details of their service to the Welsh Government's directory of information and advice providers
- Update full details of their service to the Welsh Government's directory of information and advice providers within one month of any change to their service
- Confirm their data entry on the Welsh Government's directory of information and advice providers every six months
- Prominently display the IAQF Wales accreditation logo in premises and other materials in line with any published guidance by the Welsh Government
- Remove any IAQF Wales accreditation marks within seven days of the suspension, withdrawal or removal of IAQF Wales accreditation.

The Application Process

Standard Owners seeking IAQF Wales Approved Accrediting Body status will need to complete the attached application form. This should be submitted along with supporting documentation, including a copy of their standard and three redacted audit or assessment reports undertaken within the last six months[1] to FinancialInclusion@wales.gsi.gov.uk.

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[1] For those applicants seeking to develop a new service seeking IAQF Wales Approved Accrediting Body status where examples of audit or assessment reports are not available alternative evidence of the quality and consistency of reporting will be required.

APPLICATION FOR IAQF WALES APPROVED ACCREDITING BODY STATUS

1   Contact and Scheme Details

1.1 Name of applicant organisation	
1.2 Name of Standard or Membership Code	
1.3 Name and designation of person completing this application	
1.4 Contact telephone number	
1.5 E-mail address	
1.6 Postal address of designated person	

1.7 Quality Areas for which you are seeking *IAQF Wales Approved Accrediting Body* status	**Please Mark "x"**
Quality Area 1: Well Managed	
Quality Area 2: Well Planned	
Quality Area 3: Accessible, Caring and Safe	
Quality Area 4: Information & Advice Provision	
Quality Area 5: Competent Information & Advice Staff	
Quality Area 6: A Bilingual Service	
Quality Area 7: Delivering Outcomes	

1.8 Please indicate below the types of service you plan to assess by means of Peer Review. Please Mark "x" in relevant box(es).					
Peer Review not sought		Peer Review Types 1-3		Peer Review Types 4-5	

2 Core Requirements

	Core Requirement	Doc. Ref.	Please provide additional information or commentary to evidence your compliance	Met Y/N	Further actions where required
2.1	Services are subject to a full audit at least once every three years				
2.2	Self-assessment by the service is required prior to audit				
2.3	External Assessment as part of the audit includes: • Desk Top Assessment • On-site inspection				
2.4	A written audit report is produced for every assessment and this will be made available to Welsh Government				
2.5	A written improvement plan is produced for each audited service (this may be included in the Audit Report or prepared by the audited service itself)r				
2.6	Demonstrable commitment to continuous improvement including identification of compliance, areas of challenge and areas of outstanding practice included within audit report and/or improvement plan				
2.7	Interim validation is undertaken at least once during the audit cycle comprising self-assessment and Standard Owner review of major changes				
2.8	What are the major changes factors that are assessed as part of Interim Validation?				
2.9	What are the combinations of change factors that may trigger				

			Doc. Ref.	Please provide additional information or commentary to evidence your compliance	Met Y/N	Further actions where required
		full or partial re-audit or other mitigating/remedial actions?				
2.10		What are the means by which auditor competence is ensured and maintained?				
2.11		What are the arrangements for involvement of service users in audit or assessment?				
2.12		What are the grounds for suspension of accreditation from a service?				
2.13		What are the grounds for removal of accreditation from a service?				
2.14		What is your appeal process for decisions relating to withholding or conditional award to accreditation to a service?				
2.15		What is your appeal process for decisions relating to the suspension or removal of accreditation from a service?				
2.16		What is your complaints procedure for the management of your scheme?				

For those agencies seeking to secure IAQF Wales Approved Accrediting Body status for peer review please also complete the next section:

	Core Requirement	Doc. Ref.	Please provide additional information or commentary to evidence your compliance	Met Y/N	Further actions where required
2.17	The scope of your peer review process (e.g. sampling frame etc.) t				
2.18	Means of ensuring and maintaining peer reviewer competence				

3   Commitments as an IAQF Wales Approved Accrediting Body

As an IAQF Wales Approved Accrediting Body you will be required to undertake a range of actions with or on behalf of the Welsh Government. Please indicate your consent to the following requirements:

	Commitment	Consent

3.1	Contribute to the strategic development of the IAQF in Wales through:
	• Participation in at least one meeting per year with Welsh Government
	• Provision of an Annual Report to Welsh Government including:
	   ◦ A quantitative report on the number of audits, the total number of services covered by the IAQF Wales, the numbers of new services and the number of removed services.
	   ◦ Compliance with self verification, and any actions taken arising from service risk assessments
	• A qualitative report including areas of challenge faced by services and areas of good or outstanding practice for consideration as part of the Guidance and Good Practice Document.	

3.2	Provide regular reporting on the operation of the scheme including: • The name and address for each service subject to audit • The results of that audit (e.g. Pass/Fail or Remedial Action required). • Audit report for those services accredited as IAQF Wales compliant or not accredited as IAQF Wales compliant to the Welsh Government.	
3.3	Ensure that services accredited under their scheme against the IAQF: • Submit full details of their service to the Welsh Government's directory of information and advice providers • Update full details of their service to the Welsh Government's directory of information and advice providers within one month of any change to their service • Prominently display the IAQF Wales accreditation logo in premises and other materials in line with any published guidance by the Welsh Government • Remove any IAQF Wales accreditation marks within seven days of the suspension, withdrawal or removal of IAQF Wales accreditation.	
3.4	Make any fees, costs or charges related to the operation of their role as an IAQF Approved Accrediting Body publicly available.	

Quality Area Compliance

Quality Area 1: Well Managed					
Criteria & Requirement	**Y/N**	**Document ref.**	**Please provide additional information or commentary to evidence your compliance**	**Y/N**	**Further actions where required**
1.1 The service has a clear remit based on need					
• A written remit for the service is available including Advice topics, types, methods of delivery and target population • This is included in promotional materials for the public.					
1.2 Clear management structure with defined roles and responsibilities					
• Organogram • Written description of management structure, including, where applicable, governing body. • Roles and responsibilities of everyone involved in planning, management and delivery of information and advice services					
1.3 All staff involved in the planning, management, support or delivery of information and/or advice services have regular supervision, annual appraisal and access to staff development opportunities					
• Clear policy on paid and unpaid staff supervision, appraisal and development commensurate					

with experience.				
• Staff training records demonstrating appropriate training has been provided commensurate with work roles and responsibilities				
• Health, safety and well-being of staff reflected in robust policies				
• Staff training budget in place.				
• Training records for all staff in equality and diversity are maintained				
• Monitoring in place for paid and unpaid staff by protected characteristics				
1.4 Robust system of financial management				
• Clear documentation of financial management systems with documented lines of delegated authority for budget holders.				
• Clear arrangements for establishing and monitoring annual service budgets				
1.5 Clear lines of internal communication				
• Internal communication plan				
• Team meeting cycle				
• For third sector organisations management committee				

meetings held according to constitutional requirements					
1.6 Compliance with all relevant general legislation and regulation					
• Office manual identifying relevant legislation and detailing compliance. • Legal requirements adhered to e.g. Financial Conduct Authority • Authorisation held where the service delivers regulated debt advice and/or non-commercial credit information services • Staff have knowledge of Office Manual and contents					

Quality Area 2: Well Planned

Criteria & Requirement	Y/N	Document ref.	Please provide additional information or commentary to evidence your compliance	Y/N	Further actions where required
2.1 Service Governance					
There is a documented governance structure that: • Ensures that the activities of the service are both within the law and within its constitutional remit • Determines the mission and purpose of the service and agrees strategic plans • Develops and agrees policies • Agrees the budget and monitors financial performance and accountability to funders • Ensures the service has adequate resources and that these are effectively managed • Monitors service provision • Acts as employer and actively reviews the performance of the most senior member of staff, sets salary levels. • Regularly reviews performance through monitoring and					

evaluation • Manages the service's public relations • Reviews its own performance as a governing body • Understands and manages risk					
2.2 Needs Assessments					
• Business plan for service delivery takes into account community needs assessment (commissioned or in partnership).					
2.3 Business Planning					
• Costed, 'SMART' business plan includes service objectives; details of service provided; forward strategy, action plan • Business plan clearly states, goals, values and objectives of business and where service fits into community • Business Plan reflects the service remit at 1.1 above					
2.4 Service Review					
• Review methodology built into business plan • Key outcomes of service delivery are analysed and factored into review of business planning					

• Review includes feedback from clients, staff and partners • Monitoring in place for service use by protected characteristics				

Quality Area 3: Well Planned					
Criteria & Requirement	**Y/ N**	**Document ref.**	**Please provide additional information or commentary to evidence your compliance**	**Y/ N**	**Further actions where required**
3.1 Equality, Diversity and Accessibility					
• Policy detailing how the needs of the community are to be met by the service provider, including those who may be disadvantaged or discriminated against • Policy must also detail the type of work undertaken and where service provision is limited to certain target groups • Methods of delivery of service are designed and regularly reviewed to promote accessibility • The service has a clear and public statement on equality and diversity					
3.2 Codes of Behaviour in place for both staff an d service users					
• A clear statement regarding expectations of behaviour of staff and service users is accessible to all staff and service users. • Service's staff adhere to codes					

• of behaviour at all times, via all communication channels. • Paid and unpaid staff training records in customer care				
3.3 Information Governance				
• Policies, procedures and processes ensure that service user details and client records are handled in line with data protection legislation at all times. • Training records for relevant staff evidence training in data protection issues. • Service users are made aware of how the service provider will handle their data; boundaries to confidentiality and of how to complain regarding any breach of confidentiality • Structured system in place to manage client records. • Registered with the Information Commissioner.				
3.4 Complaints and Compliments				
• Clear, publicised and accessible complaints policy, detailing all steps of complaints process including external arbiters where appropriate.				

• All staff receive training appropriate to their role in complaints handling					
3.5 Redress for service users in the event of service errors					
• The service provider has a clear policy in place for service user redress. • Appropriate professional indemnity insurance is held.					
3.6 Safeguarding					
• Policy on safeguarding of children and young people, including named responsible officer. • Policy on safeguarding of adults at risk, including named responsible officer • Staff training record on safeguarding training for all client facing staff					

Quality Area 4: Information & Advice Provision

Criteria & Requirement	Y/N	Document ref.	Please provide additional information or commentary to evidence your compliance	Y/N	Further actions where required
4.1 Ensuring information and/or advice is provided "in the best interests of service users"					
• Policies and procedures detailing boundaries to independence of service • Information provided to service user as to other sources of advice provision where there is any potential, perceived or actual conflict of interest • Costs notified to service user in a transparent and timely manner					
4.2 Networking & Referral					
• Organisation engages with a range of external stakeholders in the best interests of their service users and their own development. • Maintenance of an up to date directory of signposting / referral agencies and their remit • Minutes of local referral network meetings					

• Referral and feedback procedure.					
4.3 Service Recording & Case Management					
• Policies and procedures relating to case recording and case management that includes: initial interview; definition of case; case closure procedure • Structured case management system – IT or paper based • Review process in place of casework by suitably qualified person					
4.4 Information					
• Access to suitable and up to date information sources either online or paper based.					

Quality Area 5: Competent Information & Advice Staff					
Criteria & Requirement	**Y/ N**	**Document ref.**	**Please provide additional information or commentary to evidence your compliance**	**Y/ N**	**Further actions where required**
5.1 Compliance with Awareness Framework					
• Means of ensuring that staff have the awareness requirements specified within the main Framework document					
5.2 Knowledge Framework					
• Means of ensuring that staff have the knowledge requirements specified within the main Framework document.					
5.3 Skills Framework					
• Means of ensuring that staff have the skills requirements specified within the main Framework document					

Quality Area 6: A Bilingual Service

Criteria & Requirement	Y/N	Document ref.	Please provide additional information or commentary to evidence your compliance	Y/N	Further actions where required
6.1 The internal management of the service is moving towards full bilingualism					
• A clear *Welsh Language Progress Plan* with timelines for moving towards fully bilingual service management based upon the planning tool available on the Welsh Language Commissioner's website.					
6.2 Well Planned service with clear accountabilities for developing Welsh Language capacity					
• Needs assessment includes the needs of Welsh speakers • Business planning responds to the needs of Welsh language speakers • Service Governance includes named person for promoting development of Welsh language • Outcomes for Welsh Language speakers are monitored and action taken if this monitoring indicates that Welsh Language clients are not achieving comparable outcomes to other service users.					

6.3 Accessible, Safe and Caring services available in Welsh Language					
• Service committed to ensuring that information and advice services are accessible to clients whose preference or need is to communicate in Welsh. • Adequate internal protocols and/or referral arrangements to deliver bilingual services • Adequate resources are available to provide services in Welsh language and to fund staff training in Welsh language.					

Quality Area 7: Delivering Outcomes

NB Please note that IAQF Wales accredited services are required to identify at least four outcome areas aligned with the Future Generations objectives. There is no requirement at this stage for outcomes to gathered in a particular format or applying a specific methodology. Standard Owners seeking IAQF Wales Approved Accrediting Body status will therefore need to demonstrate that they audit services for compliance with this requirement but will not need to assess the effectiveness of services in delivering these outcomes.

Criteria & Requirement	Y/N	Document ref.	Please provide additional information or commentary to evidence your compliance	Y/N	Further actions where required
7.1 A prosperous Wales					
For this objective information and/or advice services should consider the contribution they make to tackling poverty and/or financial exclusion. Outcomes could include: • Financial Gains • Economic well-being • Securing rights and entitlements • Education, training and employment					
7.2 A resilient Wales					
For this objective information and/or advice services should consider the contribution that they make to ensuring social, economic and ecological resilience and the capacity to adapt to change. Outcomes could include: • Contribution made to reducing					

carbon emissions • Amount of procurement locally sourced				
7.3 A healthier Wales				
For this objective information and/or advice services should consider the contribution that they make to ensuring improvements in people's physical and mental health and well-being is improved and that these improvements are sustainable. Outcomes could include: • Reduced levels of stress (for example by tackling debt problems). • Reduced fuel poverty • Reducing the numbers of people in temporary/inappropriate accommodation • Reducing health adverse housing disrepair • Reductions in people at risk of domestic violence.				
7.4 A more equal Wales				
For this objective information and/or advice services should consider the contribution that they make to ensuring that people are				

able to fulfil their potential regardless of their background or circumstances. Outcomes could include: • Increased numbers of people reporting that feel involved in decisions affecting their lives. • Improved access to training, development and support				
7.5 A Wales of cohesive communities				
For this objective information and/or advice services should consider the contribution that they make to ensuring that people are able to fulfil their potential regardless of their background or circumstances. Outcomes could include: • Increased numbers of people reporting that feel involved in decisions affecting their lives. • Improved access to training, development and support				
7.6 A Wales of vibrant and thriving Welsh Language				
For this objective information and/or advice services should consider the contribution that they make to ensure a society that promotes culture, heritage and the Welsh language encouraging				

participation by people in cultural and recreational activities. Outcomes could include: • Improved access to information and advice in Welsh • Increased numbers of staff able to provide bi-lingual services • Enhanced access to recreational opportunities for services target community				
7.7 A globally responsible Wales				
• The seventh Strategic Goal is an overarching consideration for all publicly funded services in Wales. Welsh Government would welcome examples from Information and/or Advice Providers of outcomes achieved that support this goal.				