

## **Item: 12**

**Education, Leisure and Housing Committee: 7 September 2022.**

**National Standards for Information and Advice Providers.**

**Report by Corporate Director for Education, Leisure and Housing.**

### **1. Purpose of Report**

To advise on the outcome of an audit as part of the reaccreditation process, of the Housing Service, under the Scottish National Standards for Information and Advice Providers.

### **2. Recommendations**

The Committee is invited to note:

#### **2.1.**

That the advice and information functions within Housing Services were subject to an audit as part of its reaccreditation under the Scottish National Standards for Information and Advice Providers.

#### **2.2.**

That the process of reaccreditation, undertaken by the Scottish Legal Aid Board, consists of two separate parts, namely:

- Peer review.
- Audit.

#### **2.3.**

That the peer review, being a detailed review of case work, was undertaken remotely during April to June 2021, with the outcome then ratified by the Scottish Legal Aid Board and Scottish Government.

#### **2.4.**

That recommendations made during the peer review process related specifically to individual cases rather than policy matters.

#### **2.5.**

That a remote desktop audit was undertaken on a broad range of the Council's housing policies and business management processes, as well as an audit of operational aspects which was also undertaken by electronic means.

## **2.6.**

The Compliance Audit Report, attached as Appendix 1 to this report, which contains two recommendations.

The Committee is invited to scrutinise:

## **2.7.**

The Compliance Audit Report, attached as Appendix 1 to this report, in order to obtain assurance that the Council's Housing Service has met the 40 separate standards required to achieve reaccreditation under the National Standards for Information and Advice Providers.

## **3. Background**

### **3.1.**

The Scottish National Standards for Information and Advice Providers, formerly known as HomePoint, are a national accreditation provider, owned by the Scottish Government, which is applicable to a range of advice providers including Local Authorities.

### **3.2.**

The Council's Housing Service was subject to a review during 2021/2022, as part of the accreditation/reaccreditation process under the National Standards for Information and Advice Providers: A Quality Assurance Framework 2009.

### **3.3.**

The overall objectives of the audit were to review and report on the internal controls surrounding the:

- General Management and Standards.
- Standards for Planning.
- Standards for Accessibility and Customer Care.
- Standards for Providing the Service.
- Standards around competence.
- Resourcing standards.

### **3.4.**

The Scottish National Standards for Information and Advice Providers are designed to help not-for-profit organisations providing housing, welfare benefits and money/debt advice to the public in Scotland to assess and improve the quality of their advice services.

### **3.5.**

The main purpose of the standards is to encourage agencies to adopt a culture of continuous improvement for their advice work. Accreditation also demonstrates to the public and funders that the advice service is well managed and provides good quality advice.

### **3.6.**

Accreditation is voluntary, approximately one-third of councils hold the accreditation but more commonly for money, debt or welfare benefits advice. A limited number of councils hold accreditation for housing advice.

### **3.7.**

Accreditation is available at three different levels as follows:

- Type 1: Signposting.
- Type 2: Case work.
- Type 3: Representation.

### **3.8.**

The Council received its first accreditation, at Type 2, under the Scottish National Standards for Information and Advice Providers, then called HomePoint, in 2008. Reaccreditation was obtained in 2012 and again in 2018.

## **4. Reaccreditation Process**

### **4.1.**

The reaccreditation process consists of two main parts being peer review and audit.

### **4.2.**

Initially a process of peer review was undertaken remotely which focussed on a detailed assessment of case work crossing the main topics of advice. This was undertaken during April to June 2021 and successful completion was confirmed in August 2021.

### **4.3.**

During the second phase, a desktop audit was undertaken remotely of the Council's policy structure and business processes, across matters relating to housing advice, financial management, quality of staffing, performance management and matters relating to equalities and accessibility. This is a significant process covering a broad range of information specifically requiring evidence to be presented to meet 40 separate standards, which includes staff being required to meet certain qualification requirements and the Council presenting what amounts to 40 separate policies, 60 leaflets and a broad range of information presented on the Council's website as some of the information presented. Staffing information is also provided.

#### **4.4.**

As a result of the COVID-19 pandemic, the entire process was undertaken remotely. This included the area that normally involved an on-site inspection.

#### **4.5.**

Throughout, the Council provided significant levels of information to the Scottish Legal Aid Board in order to be able to evidence what is an extremely in-depth process.

#### **4.7.**

Several submissions of information were undertaken, initially in line with the self-assessment and later in response to specific requests from the Scottish Legal Aid Board.

#### **4.8.**

Information on the Scottish National Standards for Information and Advice Providers Framework and inspection process can be found at [here](#).

### **5. Inspection Outcomes**

#### **5.1.**

The Council's Peer Review Assessment Report is operational and has not been attached for reasons of client confidentiality.

#### **5.2.**

The Scottish National Standards for Information and Advice Providers' Compliance Report is attached at Appendix 1 to this report.

#### **5.3.**

Any recommendations within the Scottish Legal Aid Board's compliance reports are graded as either red or amber. Red is used when, following the audit being undertaken, the Scottish Legal Aid Board is not confident that the Standard has been achieved. Amber is used in situations where some action has been taken to meet the Standard but further work is required.

#### **5.4.**

Two amber recommendations were made as a result of the Compliance Report as follows:

- To comply with the Standard (2.4) the Service Delivery Plan should be produced annually. As a direct result of our discussions OIC has already produced separate plans for 2021/22 and 2022/23 which are in the process of approval. In addition, monitoring the service against the plan should be formally recorded. The Head of Community Learning, Leisure and Housing has already arranged for this to be formally considered as part of the quarterly Performance Management meetings.

- To comply with the Standard (2.6) an independent review and evaluation covering the following topics must be undertaken at least once every three years:
  - Service remit (see Standard 2.1).
  - Efficiency – the functioning of administrative systems, data collection methods, staffing records, caseloads and value for money.
  - Effectiveness – the extent to which the targets in the annual or business plans have been achieved and future plans for meeting any shortfalls.
  - Impact – the outcomes of the advice on individual service users and the wider community.
  - Relevant – the view of service users and other stakeholders on the future priorities for the service.

## **5.5.**

Arrangements to address the recommendations referred to above were made while the audit was ongoing and outlined below:

- Agencies that are audited through the Scottish National Standards accreditation scheme are able to use the audit to demonstrate that they have reviewed the quality of outputs and the efficiency of their service (bullet points 2 - 4). The first and last bullets require to be covered separately. If an external review is not possible, an internal review by an independent party, must involve, as a minimum, consultation with service users and other stakeholders.
- The Head of Community Learning, Leisure and Housing is arranging for an external consultant to complete the points outstanding.

## **5.6.**

The Scottish Legal Aid Board expect that any recommendations outlined within the report should be addressed within one year from the date of the formal decision.

## **5.7.**

By being reaccruited, the Council can continue to use the logo for the Scottish National Standards for Information and Advice Providers accordingly.

## **6. Corporate Governance**

This report relates to the Council complying with governance and scrutiny and therefore does not directly support and contribute to improved outcomes for communities as outlined in the Council Plan and the Local Outcomes Improvement Plan.

## **7. Financial Implications**

There are no significant financial implications associated directly with this noting report.

## **8. Legal Aspects**

There are no legal implications arising directly from this noting report.

## **9. Contact Officers**

James Wylie, Corporate Director for Education, Leisure and Housing, extension 2477, Email [james.wylie@orkney.gov.uk](mailto:james.wylie@orkney.gov.uk).

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## **10. Appendix**

Appendix 1: Scottish National Standards for Information and Advice Providers Compliance Report.



**SNSIAP Compliance Audit Report**

**Audit of Orkney Islands Council, Housing Services**

**Financial Year 2022 / 23**

**Date Issued June 2022**

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## 1. INTRODUCTION

- 1.1 We conducted a review of Orkney Islands Council, Housing Services (OIC) as part of the reaccreditation process as defined in the Scottish National Standards for Information and Advice Providers: A Quality Assurance Framework 2009.
- 1.2 We would like to express our appreciation for the co-operation and assistance given by staff of OIC during the course of the audit.

## 2. SCOPE

- 2.1 The overall objectives of the audit were to review and report on the internal controls surrounding the:-
  - General Management Standards,
  - Standards for Planning,
  - Standards for Accessibility and Customer Care,
  - Standards for Providing the Service,
  - Standards around Competence, and
  - Resourcing Standards.

## 3. CONTINUOUS IMPROVEMENT

- 3.1 SNSIAP is designed to help and encourage organisations providing Housing, Welfare Benefits and Money / Debt advice in Scotland to adopt a culture of continuous improvement for the quality of their advice work.

The '[Scottish National Standards for Information and Advice Providers Self Assessment Guidance](#)' document sets out that an advice provider will be expected to evidence how they meet each Standard and the procedures they have in place to monitor and review this on a regular basis. OIC has addressed the recommendation raised following the previous audit in 2018 and as such this shows a culture of continuous improvement as required under the Standards.

Where an organisation is 'recommended for accreditation', with recommendations made by the Performance Auditor, it is expected that the recommendations in this report will be addressed within one year from the date of the formal decision

being notified to you by Scottish Government. Please send details including evidence of how you have met the recommendations via email to [AdviceAudit@slab.org.uk](mailto:AdviceAudit@slab.org.uk).

## 4. CONCLUSIONS

### 4.1 General Management Standards

- 4.1.1 OIC has provided an organogram supported by job descriptions which outline the management structure of the advice function.
- 4.1.2 OIC has established a Document Control Database which includes all policies and procedures. This is supported by a Document Control Procedure which outlines the standard format and content to be followed for individual documents. Staff and volunteers are aware of, and have access to, the policies and procedures relevant to their role.
- 4.1.3 The service has a clear financial strategy and financial management processes in place including BMRs (Budget Monitoring Reports) and REMR (Revenue Expenditure Monitoring Reports).
- 4.1.4 The advice service has an internal communication strategy, approaches and channels including monthly Housing Staff Meetings and regular emails to the team that meet people's needs. Staff also receive emails issued to all Council staff.
- 4.1.5 OIC are able to demonstrate knowledge of the legislation relevant to its role as service provider & employer. Arthur J Gallagher, as Risk and Insurance Managers to the Council, have confirmed that cover for both Public and Employers' Liability is in place.
- 4.1.6 Overall the controls governing the general management Standards are good.

### 4.2 Standards for Planning

- 4.2.1 The strategic aims and objectives of the advice service are clearly identified in the Advice and Information Strategy and communicated to clients and other members of the public through the Housing Advice Service Client Charter available on the Council website.
- 4.2.2 OIC maintains deprivation indices of the local community, with documents such as the Profile of Homelessness 2021 - 2026 stating that the analysis of the data is used to plan and target service provision.

- 4.2.3 A Homelessness Strategy 2021 - 2026 has been documented and is current in draft, with finalisation delayed due to COVID and other projects. This estimates future need, states that further resource may be required and considers options to enhance efficiency, including the provision of an 'app' for mobile phones. The Strategy also mentions interactions with key local organisations including Orkney Housing Association and Orkney CAB.
- 4.2.4 OIC has produced a Service Delivery Plan which meets the requirements of the Standard with the exception of the review frequency. As OIC consider this a strategic document it is reviewed every three years whereas the Standard requires an annual review. In addition, whilst we are advised that those responsible for the management of the service monitor the service against the plan these reviews are not formally recorded.
- 4.2.5 The Service Delivery Plan and Profile of Homelessness provide evidence of the collation of service statistics, analysis and consideration by those responsible for advice service planning. These statistics along with the outcome of the Customer satisfaction Survey are made available to the public through the Council website and signposted through articles in the quarterly Tenants' Newsletter.
- 4.2.6 Reviews or evaluations are tools for ensuring the relevance, efficiency and effectiveness of a service. They are an essential management tool to ensure the ongoing development of a quality service and provide means of demonstrating an agency's competence to the public and other stakeholders. The Standard requires that such a review be completed at least once every three years. SNSIAP accreditation covers some, but not all, of the requirements defined by the Standard and OIC need to address two requirements separately.

Standard	Issue	Recommendation	Status
2.4	The Service Delivery Plan meets the requirements of the Standard with the exception of the review frequency. As OIC consider this a strategic document it is reviewed every three years whereas the Standard requires an annual review.	To comply with the Standard the Service Delivery Plan should be produced annually. As a direct result of our discussions OIC has already produced separate plans for 2021 / 22 and 2022 / 23 which are in the process of approval.  In addition, monitoring the service against the plan should be formally recorded. The Head of Community Learning, Leisure and Housing has	

	<p>Whilst we are advised that those responsible for the management of the service monitor the service against the plan these reviews are not formally recorded.</p>	<p>already arranged for this to be formally considered as part of the quarterly Performance Management Meetings.</p>	
<p>2.6</p>	<p>Reviews or evaluations are tools for ensuring the relevance, efficiency and effectiveness of a service. They are an essential management tool to ensure the ongoing development of a quality service and provide means of demonstrating an agency's competence to the public and other stakeholders. The Standard requires that such a review be completed at least once every three years.</p> <p>SNSIAP accreditation covers some, but not all, of the requirements defined by the Standard and OIC need to address two requirements separately.</p>	<p>To comply with the Standard an independent review and evaluation covering the following topics must be undertaken at least once every three years:</p> <ul style="list-style-type: none"> <li>• Service remit (see Standard 2.1);</li> <li>• Efficiency - the functioning of administrative systems, data collection methods, staffing records, caseloads and value for money;</li> <li>• Effectiveness - the extent to which the targets in the annual or business plans have been achieved and future plans for meeting any shortfalls</li> <li>• Impact - the outcomes of the advice on individual service users and the wider community and</li> <li>• Relevance - the views of service users and other stakeholders on the future priorities for the service</li> </ul> <p>Agencies that are audited through the Scottish National Standards accreditation scheme are able to use the audit to demonstrate that they have reviewed the quality of outputs and the efficiency of their service (bullet points 2 - 4). The first and last bullets require to be covered separately.</p>	

		<p>If an external review is not possible, an internal review by an independent party, must involve, as a minimum, consultation with service users and other stakeholders.</p> <p>The Head of Community Learning, Leisure and Housing is arranging for an external consultant to complete the points outstanding.</p>	
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4.2.7 Overall the controls governing the Standards for planning are satisfactory.

### 4.3 Standards for Accessibility and Customer Care

- 4.3.1 OIC has an Equality and Diversity Policy that explains how the advice service meets the needs of the whole community, including those with protected characteristics defined in the Equality Act 2010, and how this is measured. Staff also have to undertake training.
- 4.3.2 OIC has issued an Advice Service Client Charter which details how the advice function will deal with the client, how interviews will be undertaken, what the client can expect from OIC and what OIC expects from the client. This is available to members of the public through the Council website.
- 4.3.3 Reviews are completed of the advice providers' premises and how these meet the needs of service users as part of two yearly Customer Satisfaction Surveys.
- 4.3.4 Section 6 of the Homelessness and Advice Service Delivery Plan 2021/22 to 2023/24 sets out that data obtained from a number of sources is analysed with a view to continually improving the service delivery. This includes 'consideration of other methods of service delivery including our website' which is delivered through Customer Satisfaction Surveys.
- 4.3.5 Opening hours of the advice service are reviewed as part of the Customer satisfaction Survey completed every two years.
- 4.3.6 The Service Delivery Plan includes details of how OIC advertise their services. This primarily includes leaflets, a Tenants Newsletter and on the Council website. The Plan also mentions use made of radio advertising.
- 4.3.7 The Accessibility Policy issued by OIC details the arrangements for the provision of information in alternative formats.

- 4.3.8 OIC has developed and implemented an Accessibility Policy supported by an Accessibility procedure for providing information in other languages and formats.
- 4.3.9 OIC has Data Protection and Confidentiality Policies in place which cover the holding of client information and restricting access to it.
- 4.3.10 OIC has a Documents Retention and Disposal Schedule which was last updated in February 2018. This includes details of processes to be followed for the destruction of documentation whether in hard copy or electronic format.
- 4.3.11 A Corporate Complaints procedure is available to members of the public through the Council website. As the Risk and Insurance Managers to the Council, Arthur J Gallagher have confirmed that Professional Indemnity Insurance is in place.
- 4.3.12 OIC has procedures in place that enable service users to provide feedback on the quality of service they have received. These include the completion of Customer Satisfaction Surveys which also support the Annual Assurance Statement to the Scottish Housing Regulator.
- 4.3.13 Overall the controls governing the Standards for accessibility and customer care are good.

#### 4.4 Standards for Providing the Service

- 4.4.1 The Staff Code of Conduct and Confidentiality Policy both refer to potential Conflicts of Interest and how members of staff must not use their position to further their own interests or that of others who do not have a right to benefit under the Council's policies.
- 4.4.2 The service has a documented Library Procedure which covers maintaining up-to-date reference materials and journals (paper and/or online) relevant to the service they provide.
- 4.4.3 Through the Useful Contact List, OIC are able to demonstrate that they have a good knowledge of other relevant service providers in their locality. Referral policy and procedures are also in place.
- 4.4.4 OIC has an effective and efficient case management system that meets the requirements of the Standard. Whilst the number of cases is recorded, the time spent on each is not. A calculation is however completed and included in the Service Delivery Plan to show current use of staff resources and how this is sufficient to manage the caseload.
- 4.4.5 OIC has casework procedures, covering the outset of the case, progressing and closing the case, that are consistently applied by advisers.

- 4.4.6 Arrangements are in place for case files to be reviewed by a supervisor, or other adviser under the control of the supervisor, who has not been involved in the day to day conduct of the case.
- 4.4.7 The service gathers relevant client data along with the number of cases by type and topic.
- 4.4.8 Overall the controls governing the Standards for providing the service are good.

## 4.5 Standards around Competence

- 4.5.1 OIC has an Equality and Diversity Policy which is effectively applied to its employment practices
- 4.5.2 There are systems, procedures and processes in place including Job Descriptions, Training and Development Policy and on-going Line Management Supervision Process that ensure staff have the relevant skills and knowledge to meet users' needs.
- 4.5.3 OIC has induction procedures, an appraisal system, and training and development plans and procedures in place to ensure all advisers undertake the minimum annual training required (35 hours for staff with less than five years' experience; 20 hours for those with more than five years' experience).
- 4.5.4 OIC has evidenced that those delivering the service have the skills and knowledge to provide advice to the public, including the relevant core competences listed in the SNSIAP. Testing was carried out to evidence that the Type II competencies for advisers and supervisors were available with regards to: 2.5 - Housing Options; 2.6 - Discrimination in Housing; 2.7 - Eviction; 2.10 - Homelessness and 2.14 - Statutory Tenancy Rights. In addition OIC obtained the required compliance score as part of the Peer Review Process.
- 4.5.5 OIC can demonstrate that the adviser, whether paid or unpaid, undertakes advice work for no less than six hours per week (Type II). Supervision arrangements are also in place to oversee the work of the advisers as required by Standard 5.6.
- 4.5.6 OIC can demonstrate that the supervising adviser undertakes information and advice related work for Type II cases for no less than twelve hours per week.
- 4.5.7 There are adequate mechanisms in place for sharing experience and knowledge with other agencies operating in similar fields. These include ALACHO (Association of Local Authority Chief Housing Officer) where the Head of Community Learning, Leisure and Housing is Vice-Chair.
- 4.5.8 Overall the controls governing the Standards around competence are good.

## 4.6 Resourcing Standards

- 4.6.1 OIC can demonstrate through policies and reviews that they have taken action to ensure premises are accessible and meet the needs of service users. This includes consultation with Orkney Disability Access Panel where feedback is sought on any issues with accessibility to Council Buildings.
- 4.6.2 The service has adequate staff to deliver the service now and monitors demands on staff time to inform future planning.
- 4.6.3 Maintenance of SNSIAP accreditation is mainstreamed within budgets covering provision of staffing across the Homelessness and Advice Service.
- 4.6.4 Overall the controls governing the resourcing Standards are good.

## 5. APPENDICES

There are no appendices to this report.