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1.3 Quality Mark Framework (pg7)
Foreword

This is the first revision of the Quality Mark standard for Mediation (MQM) since its launch in 2002. The revision is intended to keep the standard up to date and in line with the other Quality Mark standards.

The prime purpose of the MQM is to ensure that mediation services are well organised and managed and provide a competent service. To this end, the focus of this standard is on the individual competence of mediators and on client care – a milestone in Quality Mark development.

I hope that you find the revised MQM, continue to be a standard that helps organisations ensure they are well run, profitable, and provide clients with an excellent value for money, high quality service.



Patrick Reeve
Director, Strategic Development
Legal Services Commission

The Quality Mark

1. The Quality Mark is a quality standard for legal information, advice and specialist legal services. It comprises a set of standards designed to ensure that a service is well run and has its own quality control mechanisms that assure the quality of the information or advice the service provides.
2. There are three essential elements to the scheme:
 - The specification of standards of quality assurance
 - The independent audit of the standard to ensure that standards are being achieved and maintained
 - Continuous improvement in the service offered by suppliers of legal services to their clients.
3. The Specialist level of this standard is described in this document.

1.1 The Community Legal Service (CLS)

Membership of the Community Legal Service (CLS) is achieved following certification to any one of the Quality Mark standards.

The CLS, launched in April 2000, aims to improve access for the public to quality information, advice and legal services through local networks of quality-assured services supported by co-ordinated funding, based on an assessment of local need.

The CLS Legal Adviser Directory provides information on Quality Marked suppliers in England and Wales, including the level of service and categories of work they provide. The Directory is accessible via the internet on www.communitylegaladvice.org.uk and via the Community Legal Advice national helpline **0845 345 4 345**. Community Legal Advice is designed to help the most vulnerable in society tackle their problems by providing free information, help and advice direct to the public on a range of common legal issues. Providers of legal services who have been awarded the Quality Mark are entitled to order for display any of the series of free printed legal information leaflets produced by Community Legal Advice.

1.2 CLS/CDS Logos

There are separate logos for the CLS and CDS, which Quality Mark holders may use according to guidance published separately (see Appendix 1).

*Criminal
Defence Service*



*Community
Legal Service*



1.3 Quality Mark Framework

The standards cover seven key quality areas, known as the Quality Mark Framework:

- **Access to Service:** Planning the service, making others aware of the service and non-discrimination
- **Seamless Service:** Signposting and referral to other agencies
- **Running the Organisation:** The roles and responsibilities of key staff, and financial management
- **People Management:** Equal opportunities for staff, training and development, supervision and supervisors' standards
- **Running the Service:** Case management, independent review of files and feedback to caseworkers
- **Meeting Clients' Needs:** Providing information to clients, confidentiality, privacy and fair treatment, and maintaining quality where someone else delivers part of the service
- **Commitment to Quality:** Complaints, other user feedback and maintaining quality procedures.

1.4 Benefits of Achieving the Quality Mark

The experience of Quality Mark holders since 2002 has shown that the implementation of formal management and administration systems, as required by the standard, brings numerous benefits in terms of increased efficiency and improved use of resources. These benefits include:

- **Improved risk management:** Effective risk management can reduce the likelihood of insurance claims being brought against the organisation. Some of the areas identified by insurers and underwriters as being the main causes of claims against organisations are addressed by the Quality Mark, which encourages:
 - Increased management responsibility
 - Diary control
 - Conducting conflict of interest checks
 - Effective supervision of staff
 - Provision of comprehensive information about cost and other case matters including client care and complaints. For solicitors this is also covered Code of Conduct Rule 2.
- **Improved client care:** Where effective client care and supervision procedures are in place, the risk of complaints from clients, including those reaching the Legal Complaints Service and umbrella bodies, is greatly reduced. A large number of complaints from clients are due to misunderstandings caused by insufficient or incorrect information provided by the solicitor or adviser

- **Efficient management practices and reduced costs:** Having effective management systems leads to a reduction in administrative failures, preventing wasted costs and poor service to clients
- **Effective deployment of resources:** Where effective staff supervision, training, assessment and support are provided, staff motivation and morale are improved, and each staff member is able to contribute to the running of the organisation to the best of their ability
- **Increased client confidence:** Holding a recognised quality assurance standard demonstrates a commitment to the provision of quality services
- **Funder confidence:** Funders, including the LSC, currently require or may require in the future, certification to the Quality Mark to ensure that the services they fund meet minimum competence standards.

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A ACCESS TO SERVICE

One aim of the Community Legal Service (CLS) is to improve access to services, which offer help in preventing or settling or otherwise resolving disputes, and to base the delivery of services on local needs and priorities. Members of the CLS should be aware of the environment in which they operate, and develop their services to meet the needs of their community.

Requirement A1	Business Planning
Purpose:	To ensure that members of the local/target community have access to mediation services that have been developed taking into account the day-to-day problems that the community may encounter, and the barriers that they may face in seeking mediation.
Requirement A2	Promoting Your Service
Purpose:	To ensure that members of the community can access services by finding out what services are available and how to make contact with the relevant organisation. The same information is also required for signposting and referral purposes, allowing organisations to access one another's services as necessary.
Requirement A3	Equality of Access
Purpose:	To ensure that in planning and delivering the service, organisations do not discriminate (directly or indirectly) in their choice of clients on unreasonable and unlawful grounds.

A1 Business Planning

Requirements:

A1. Your business plan

1

- A1. 1 A current business plan is available that sets out, in detail for the current year, and in outline for the following two years, the key objectives of the organisation.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

A1.1 Your business plan

- A copy of the plan (or a summary of the main aims and objectives of the service) **must** be available to all members of staff, as appropriate, and to Quality Mark auditors (when requested).

Plan content

- The plan (which may be a number of related documents or a single plan) **must**:
 - Be relevant to your own organisation’s aims and objectives.
 - Include details about how each objective is going to be achieved.
 - Have been developed having regard to the following information (to which you can demonstrate that you have access; see guidance):
 - Description of the client group(s) to be served – i.e. the actual market you intend to target.
 - Details of services to be delivered, as well as details for any additional or enhanced services planned (e.g. what is to be offered, to whom, on what basis, and from when).
 - Details of opening hours and access arrangements – i.e. How you deliver services and whether you offer facilities to aid access (e.g. hospital or home visits, and access arrangements for people with disabilities).
 - A summary of mediators’ areas of expertise and any (as appropriate) professional/legal qualification(s). This includes mediator specialisms in victim/offender or other applications of mediation that are applicable to the service.
 - A finance plan/budget – The monetary impact, in broad terms, of the planned service on income and expenditure (and any capital investment), i.e. an analysis that shows how you can afford to deliver the planned services (including steps to secure funding or to generate investment capital if necessary).
 - A SWOT analysis – Covering assumptions you have made and taken into account when planning your services (e.g. IT provision, interest rates, other available services), and including reference to any available needs

assessment/community profile.

- For the plan to be “current” it **must** include all the changes required as a result of the most recent review (see A1.2), plus details of any issue likely to have a significant impact on delivery of the planned service.
- *Note* that to demonstrate compliance with the requirement, you will either need to provide the auditor with access to your plans (current and old) and any background information, or provide other suitable evidence (see guidance).

A1 Business Planning

Requirements:

A1. Reviewing your business plan 2

- A1. The current business plan is reviewed, at least every six months, and a record of that review is kept until the next audit, as a minimum.
2

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

A1.2 Reviewing your business plan

- Specific projects or action proposals **must** be reviewed (against actual performance) at least every six months, while background information about the organisation, opportunities for development and client feedback, **must** be reviewed at least annually.
- The evidence of the review **must** be available to the auditor, and you **must** be able to demonstrate that action has been taken (or there is a timetable for impending action) wherever required changes to the plan have been identified.

A2 Promoting Your Service

Requirements:

A2. Providing service information

1

A2.1 Details are provided to clients and members of the public about the type of work you do, and you take action to amend this and other information you distribute, where there is any change that has an impact on access and/or the services offered.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

A2.1 Providing service information

- You **must** complete the Community Legal Advice questionnaires LSC’s Directory questionnaire (provided by Resource Information Services; (RIS) giving relevant details about the service you offer. If you wish your details to be displayed on the Community Legal Advice Directory.
- *Note* that you should additionally consider promoting your services by providing your details to other likely points of public contact (see guidance), although also note that leafleting and cold-calling the general public are not encouraged.
- A change in the service you offer that has an “impact on access and/or the services offered” would include changes to opening hours or cessation of a certain service. In these circumstances you **must** be able to demonstrate that action has been taken to amend the relevant information at the earliest opportunity.
- *Note* that it is not a requirement for you to retrieve any information that has already been distributed, although it is good practice for you to do so wherever possible.

A3: Equality of Access

Requirements:

A3.1 Non-discrimination in the provision of services

A3.1 A written non-discrimination policy is in place and available to all staff covering the provision of services to clients, which precludes discrimination on the grounds of race, colour, ethnic or national origins, sex, marital status or sexual orientation, disability, age or religion or belief.

A3.2 Targeting a specific client group

A3.2 Where organisational principles or charter provide for the service to be offered only to a specific client group, this is detailed in the business plan (A1.1) and reflected in your signposting and referral procedures (B1.2).

▪ Definitions:

The definitions below qualify the requirement and are mandatory where the word “must” appears.

Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.

A3.1 Non-discrimination in the provision of services

- “Provision of services” **must** cover both the planning of services, and decisions about whether or not to accept clients. In respect of the latter, it **must** also outline the action to be taken if any breaches occur.
- *Note* that this policy is only part of the equal opportunities framework required by the Quality Mark; a single document may cover all areas (see also D1.3 and F5.1).
- *Note* that you may adopt an existing model policy, but may need to include additional information or procedures in order to meet the Quality Mark minimum requirements (see Guidance).

A3.2 Targeting a specific client group

- Where your organisational principles or charter require you to offer services to a specific group, your procedure (at B1.2) **must** specify the arrangements for explaining your approach to all those who are not in the target client group(s) and for signposting and/or referring them to alternative providers.
- The arrangements you have for people who are not in your target client group **must** be understood by all members of staff who may need to signpost (or possibly refer) them, and be practised whenever the need arises.

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B SEAMLESS SERVICE

Where a member of the Community Legal Service (CLS) cannot provide the particular service needed by the client, they must inform the client and direct them to an alternative service provider, where available.

Requirement B1	Signposting and Referral
Purpose:	<p>To enable individuals to receive the right help at the earliest opportunity, and to ensure that, if the mediation service being offered is not appropriate for the client, a procedure for signposting or referral is operated that assists them to find another more suitable service.</p> <p>To review the use of signposting and referral in order to make improvements, where appropriate, to the service your organisation offers.</p>
B1 Signposting and Referral	

Requirements:

B1. 1	Staff knowledge about when to use signposting and referral
B1. 1	Members of staff know when to use signposting and referral, with clear information given verbally, or in writing, about the mediation service being offered.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

B1.1 Staff knowledge about when to use signposting and referral

- Staff **must** be able to demonstrate how they identify when to signpost and when to refer. See notes below and guidance for examples.
- *Note* that the need for signposting will usually arise when the individual first provides information about the type of legal problem they have, and you realise they require a service that your organisation cannot provide. Often this will be when they make their first contact with you to seek help, though sometimes it may become apparent only after an initial diagnostic interview/appointment. *Note* also that although it is not a requirement for you to decide which alternative provider they should see or to offer assistance in making arrangements for them, you are likely to consider this appropriate in certain circumstances (see guidance).
- *Note* that the requirement for referral arises only where you have an established client relationship in a current matter. Good referral practice means that you will usually identify the need for, and make, a referral before you reach the point where you cannot offer further help. *Note* also that in case of referrals (unlike signposting), you are expected to make arrangements for the client to see someone from the new organisation, and you will need to meet minimum requirements (see B1.2 below) about information provided to both the client and the new organisation.

B1 Signposting and Referral

Requirements:

B1. A procedure for conducting signposting and referral
2

B1. A procedure and process for conducting signposting and referral exist, and are in effective
2 operation.

▪ **Definitions:**

The definitions below qualify the requirement and are mandatory where the word “must” appears.

Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.

B1.2 A procedure for conducting signposting and referral

Signposting

- For signposting - your procedure **must** confirm that, as a minimum, you will signpost any individual whom your organisation is unable to help. Signposting means that you **must** do at least *one* of the following:
- Provide access to details of other Quality Mark holders through the CLS Legal Adviser Directory (www.communitylegaladvice.org.uk or national helpline number **0845 345 4 345**) and offer of assistance to guide them through it.
- Provide a list of local (or specialist) organisations that you have produced by area of law, or provide your own recommendation (as long as, in both cases, preference is given to, or you clearly identify, organisations that hold a Quality Mark).
- *Note* that it is good practice to provide direct assistance wherever possible.

Referral

- For referrals – your procedure **must** include, as a minimum, the practical steps to be taken to identify appropriate service providers, including giving first consideration to those with a Quality Mark, and the circumstances in which use of a service without the Quality Mark might be appropriate.
- The process you adopt for referrals (usually documented in your procedure) **must** ensure that in *all* instances:
- The client is told what role your organisation will take and what service(s) they should expect from the new service provider.
- Any feedback that is later given (by the client) on the service provided by the new service provider is recorded and reviewed.
- Information about advice or assistance already given (and any relevant documentation) is forwarded to the new service provider.
- Any cost implications identified are discussed with the client (i.e. as a minimum this means explaining the relevant charging information shown in the CLS Legal Adviser Directory) and noted on file.

B1 Signposting and Referral

Requirements:

B1. Maintaining and reviewing referral records and data
3
B1. 3 Records of referrals are maintained (including records of all instances where no suitable service provider could be found), and reviewed at least annually.
B1. Ensuring that supplier information is up to date
B1. 4 Access to the CLS Legal Adviser Directory is available, and there is a process to ensure that details about alternative service providers are kept up to date.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

B1.3 Maintaining and reviewing referral records and data
<ul style="list-style-type: none"> • You must have a process (usually documented in your procedure) to ensure that: <ul style="list-style-type: none"> ○ Records for all referrals identify, as a minimum, the client or case, who made the referral, to whom the client was referred (justifying the selection of any service without a Quality Mark), and the reason for referral (e.g. related to the scope of the matter type, case capacity or to the limits of the mediator’s competence). ○ Records are kept every time a suitable provider could not be found when the need for a referral had been identified, and these records include the subject matter and what (if anything) was done to progress the client’s case further.
B1.4 Ensuring that supplier information is up to date
<ul style="list-style-type: none"> • Access to the CLS Legal Adviser Directory must be available and must contain correct information about your organisation (or steps must have been taken to correct errors). • Note: The CLS Legal Adviser is accessible either via the Community Legal Advice website (www.communitylegaladvice.org.uk) or via the Community Legal Advice national helpline (0845 345 4 345) • You must demonstrate that you have access to current details (i.e. telephone number(s), type(s) of service offered, opening times, charging information, languages offered and disabled access availability) for any alternative service providers used.

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C RUNNING THE ORGANISATION

Members of the Community Legal Service (CLS) must have structures and procedures that ensure effective management of the organisation and its resources.

Requirement C1	Organisational Structure
Purpose:	It is important that all members of staff know to whom they report and who reports to them, and can identify those with relevant key departmental and organisational responsibilities. In addition, it is fundamental that organisations are independent of any undue pressure, and that they abide by agreed practices for dealing with serious misdemeanours.
Requirement C2	Resource Provision
Purpose:	It is important that organisations produce key information about their resources, and that they monitor the information to ensure that their service strategy can be fulfilled.
Requirement C3	Financial Control
Purpose:	It is important that organisations produce key financial information and monitor this information regularly, in order to ensure that financial resources are properly and effectively managed.
Requirement C4	Suitable Premises / Off-Site Facilities
Purpose:	It is important that organisations have arrangements in place to ensure that their facilities are suitable for dealing with two or more parties before, during and after the mediation process. The facilities must ensure privacy for clients.

C1 Organisational Structure

Requirements:

C1.1	Your staff structure
C1.1	A document is available to all members of staff that identifies them, their current jobs and lines of responsibility.
C1.2	Key roles and decision-making structure
C1.2	A document is available to all members of staff that identifies those with key roles and decision-making responsibilities.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

C1.1	Your staff structure
	<ul style="list-style-type: none"> As a minimum, your document must show details for all individuals who work within the part of your service for which you are seeking, or want to maintain, the Quality Mark, including all support staff. Details must include each person’s name and job title, and the document must demonstrate to whom they report (if anyone) and who (if anyone) reports to them. As a minimum, the structure must include the name and job title for every member of staff (including volunteers) working in the relevant Quality Mark area(s), and must be accessible to all those individuals.
C1.2	Key roles and decision-making structure
	<ul style="list-style-type: none"> The person’s name, job title and main responsibilities must be given for: all individuals responsible for the management of the organisation as a whole (including any working outside the part of the service for which you are seeking, or want to maintain, the Quality Mark); individuals responsible for the management of a department; and for the individuals with overall responsibility for finance and quality. The person with ultimate responsibility for meeting the Quality Mark must be identified (see requirement G3.1). Those with authority to deal with complaints, those with mediation review responsibilities, and supervisors (including professional practice consultants) must be identified. Where any of these responsibilities falls with external personnel, these individuals must be shown. The document must be updated to reflect changes of staff or to job titles or responsibilities within three months of that change.

C1 Organisational Structure

Requirements:

C1.3 Management committees	
C1.3	Where a management committee runs an organisation, the committee demonstrates independence.
C1.4 Membership of recognised representative bodies	
C1.4	The Ultimate focus of the Quality Mark is on the client. Mediators who undertake publicly funded family mediation should be members of and regulated by a member organisation of the Family Mediation Council.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

C1.3 Management committees	<ul style="list-style-type: none"> • Funding bodies must remain a minority within the committee membership (no more than 50% of members on the committee should be funders), the governing document must be detailed, and the relationship between the committee and those running the organisation must be clear. • Where a management committee is involved in running the organisation, the decision-making process must be identified from its written constitution, together with the definition of its role, quorum and terms of reference (including any sub-committees). • Up-to-date lists of members must be kept, together with an identification of roles and responsibilities. You must have a written description of the management structure and designate the responsibilities of individuals within it. The relationship between the responsibilities of the management committee and those of any paid or volunteer staff of the organisation must also be clear. This information could be provided as a family tree.
C1.4 Membership of recognised representative bodies	<ul style="list-style-type: none"> • Mediators who undertake publicly funded family mediation should be members of and regulated by a member organisation of the Family Mediation Council. Charities should comply with regulation by the Charity Commission, while local authority organisations should comply with the requirements of their local authority. •

C2 Resource Provision

Requirements:

C2.1	Annual service performance review
C2.1	A process for reviewing levels of service performance against the service delivery aims on an annual basis.
C2.2	Analysing resource/service capacity
C2.2	An analysis of the resources required in order to meet the service delivery aims outlined in the business plan.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

C2.1 Annual service performance review

- You **must** have a written procedure that is in effective operation so that those responsible for running the organisation can keep service performance under review. Your procedure **must** detail how and what you intend to monitor in terms of actual performance, and the key targets against which you will compare. The items to be monitored might include:
 - Number of new clients seen.
 - Hours of mediation carried out.
 - Number of mediation cases completed.
 - Percentage of clients from target area(s).
- Findings from reviews **must** be noted and fed into the annual business plan review process (at A1). Even where a review identifies no danger to the plan’s objectives and no major opportunities for expansion, a note to this effect **must** be made. Where a review does identify something that may impact on your ability to deliver, you **must** demonstrate that action has been taken.

C2.2 Analysing resource/service capacity

- You **must** consider your service’s capacity in the light of available resources, so that you plan to deliver a service that is based on individuals’ caseloads and responsibilities.
- The background information for this review will be detailed on personal files and in the job specification for any position being recruited (see Section D). However, for this purpose, information about mediators’ estimated capacity (in terms of numbers of cases and responsibilities) and availability **must** be compiled for the department(s) or organisation, so that decisions can be made about the overall capacity of the service.
- Performance information **must** be collected on an ongoing basis, and this **must** be cross-checked with your service delivery aims to ensure that your business plan remains on track. In addition, you **must** feed into the process any other information relevant to service delivery which has been collected (e.g. from monitoring questionnaires, from complaints or from referral feedback). The main resources reviewed will be human; however, other resources, such as buildings and equipment, may feature.

C3 Financial Control

Requirements:

C3.1	Financial processes
C3.1	Financial management must be exercised in line with agreed statements of financial policies, procedures and authorities.
C3.2	Independent financial review
C3.2	Financial review by an independent source.
C3.3	Financial reviews and service provision
C3.3	An analysis of financial information that has been used to assist in reviewing the provision of services.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

C3.1	Financial processes
	<ul style="list-style-type: none"> You must be able to provide the auditor with evidence that you produce the required minimum financial information (and any additional financial information that you say you produce). You must be able to provide the auditor with evidence as to how often financial information is produced, and how it is used to assist in the financial management of the organisation (i.e. who reviews the figures, how often, and for what purpose). This may be documented in your procedure where you choose not to disclose the content of financial documents to the auditor. Auditors will not need to consider the content of financial information produced in terms of the detail contained in the information, but will require sight of the relevant documents. You can maintain financial information in any recognised format.
C3.2	Independent financial review
	<ul style="list-style-type: none"> You must provide written confirmation from an independent accountant that the organisation’s accounts have been either certified or audited to their satisfaction. An accounting period must last no longer than 18 months, and each one must begin immediately the previous one ends, and confirmation that accounts have been certified/audited to the accountant’s satisfaction must cover the last accounting period.
C3.3	Financial reviews and service provision
	<ul style="list-style-type: none"> Financial information, like service performance (in C2) must be reviewed at least every six months to ensure confidence in the continuing financial position of the organisation. Findings must then feed into the business-planning process, so that decisions can be taken about what changes (if any) need to be made to the service being delivered. You must be able to provide the auditor with evidence to confirm that the review of overall finances has been carried out every six months (alongside the review of the business plan as required in A1.2), usually evidenced by providing the documents reviewed or the minutes of a review meeting (see guidance).
C3.5	Public liability insurance
C3.5	Display of public liability insurance certificate in each office.
C3.5	Public liability insurance
	<ul style="list-style-type: none"> Public liability insurance certificates must be on display in every office where mediation takes place.

C4 Suitable Premises / Off-Site Facilities

Requirements:

C4.1	Facilities to ensure that clients wait separately
C4.1	Facilities to ensure that, where appropriate, clients can wait separately prior to the mediation.
C4.2	A minimum of two suitable rooms
C4.2	A minimum of two suitable rooms to ensure that clients can be seen separately or separated if necessary.
C4.3	Identification of the mediation service
C4.3	In mixed services, the mediation service is clearly identified when answering the telephone.
C4.4	Facilities for children
C4.4	Suitable child facilities, are available where appropriate.
C4.5	Privacy for clients
C4.5	Privacy must be ensured for both clients, both in the room where mediation takes place, and prior to the commencement of the session.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

C4.1	Facilities to ensure that clients wait separately
	<ul style="list-style-type: none"> Facilities must be available to enable clients to wait separately prior to the mediation, where appropriate.
C4.2	A minimum of two suitable rooms
	<ul style="list-style-type: none"> In some instances, clients will need to be seen separately, or a form of shuttle mediation will take place. In such situations, there must be two separate rooms, thereby ensuring client privacy. Additionally, in some other circumstances, clients may need to be separated, and for this reason it is important to have two rooms.
C4.3	Identification of the mediation service
	<ul style="list-style-type: none"> It is essential that, in mixed services, the mediation service is clearly identified as being separate from any other service (i.e. advice service) run from the same premises.
C4.4	Facilities for children
	<ul style="list-style-type: none"> Where a service consults children as part of the mediation process, it must ensure that suitable child facilities, such as play materials, are available.
C4.5	Privacy for clients
	<ul style="list-style-type: none"> The service must have access to facilities to ensure client privacy as appropriate.

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D PEOPLE MANAGEMENT

Members of the Community Legal Service (CLS) must ensure that members of staff and volunteers are treated fairly, and that they possess or develop the skills and knowledge required to meet clients' needs.

Requirement D1	Roles, Responsibilities, Recruitment and Equal Opportunities for Staff and Volunteers
Purpose:	To ensure that everyone is clear about what their job entails, so that their contribution to the service is recognised and their potential is realised, without discrimination.
Requirement D2	Induction, Appraisal and Training
Purpose:	Attention must be given to staff and volunteer development if your service is to meet its potential, with clients given a quality service.
Requirement D3	Supervisors – Including Professional Practice Consultants (PPC) - Family Mediation Services and Community Mediation Services
Purpose:	To ensure that supervisors are in place with the requisite skills and experience to underpin the delivery of quality mediation sessions for the client. <i>Also see D4 for operation of the supervisory role.</i>
Requirement D4	Operation of the Supervisory Role – Family Mediation Services and Community Mediation Services
Purpose:	To ensure that members of staff and volunteers are supported so that they deliver a quality service, and so that their professional knowledge and skills are being developed continuously.
Requirement D5	Individual Competence – Family and Community Mediators
Purpose:	To ensure that all mediation and intake/suitability sessions undertaken are conducted by competent staff.

D1 Equal Opportunities Policy/Fair Treatment of Staff

Requirements:

D1.1 Job descriptions, person specifications, key responsibilities and objectives & D1.2

D1.1 A current job description is available for every member of staff, and a job description and person specification is available for every post to be recruited.

D1.2 All staff know their current key responsibilities and objectives, and these are documented.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

D1.1 & D1.2 Job descriptions, person specifications, key responsibilities and objectives

- Documents **must** be available for all staff who are directly or indirectly involved in that part of your service for which you are seeking, or wish to maintain, the Quality Mark
- Documents **must** be sufficiently detailed and accurate to ensure that:
 - Staff are clear about what is expected of them in their roles.
 - Documents can be used for appraisal purposes (see D2.2).
 - Documents can be used as a basis for reviewing training and development needs (see D2.3).
 - Documents identify the skills, knowledge, experience and attributes required for the post, and outline the job purpose and lines of accountability.

D1: Roles, Responsibilities, Recruitment and Equal Opportunities for Staff**Requirements:****D1.3 Non-discrimination in the provision of services - Equality and Diversity Standard**

D1.3 You **must** have a written Equality and Diversity Policy that is in effective operation. This policy **must** be available to all staff and **must** as a minimum meet the requirements of the Equalities and Diversity standards as shown. The standard is tailored to the size of the organisation.

There **must** be a named person with responsibility for implementing E & D in the policy and in any document showing lines of responsibilities and key decision makers.

It must also outline the action to be taken if any breaches occur.

D1. Non-discrimination in the provision of services - Equality and Diversity Standard

LEVEL 1 (Fewer than 5 employees)

Organisations with fewer than 5 employees, are required provide a written document that demonstrates the organisations commitment to Equality and Diversity legislation. In addition, you will be required to provide written assurance that the appropriate level of the Equality and Diversity Standard will be achieved following any recruitment that will increase the organisation to 5 or more employees.

LEVEL 2 (5 to 49 Employees)

All organisations with between 5 and 49 employees must have a standard that achieves criteria 1-4 listed below

1. All organisations must provide an equal opportunities policy in respect of race, gender, disability, sexual orientation, age, religion/belief that covers at least:
 - a. Recruitment, selection, training, promotion, discipline and dismissal
 - b. Discrimination, harassment and victimisation making it clear that these are disciplinary offences within the organisation
 - c. Identification of senior position with responsibility for the policy and its effective implementation
 - d. How this policy is communicated to your staff
2. Effective implementation of the policy in the organisation's recruitment practices, to include open recruitment methods such as the use of job centres, careers services and press advertisements
3. Regular reviews of the policy (at least every three years)
4. Regular monitoring of the number of job applicants from different gender, disability and ethnic groups (at least annually)

LEVEL 3 (50 or more Employees)

All organisations with 50 or more employees must have a policy that achieves criteria 1- 4 in Level 2 and the additional criteria 5 –9 listed below

5. Provide written instructions to managers and supervisors on equality in recruitment selections, training promotion, discipline and dismissal of staff.
6. All managers, and any staff responsible for recruitment and selection have undergone equality training. This should be in effect by April 2011.

Continued over

7. In addition to criteria 4 (level 2) carry out monitoring, annually, on the number of employees from different gender, disability, age and ethnic groups by grade when:
 - a. In post
 - b. Applying for posts
 - c. Taking up training and development opportunities
 - d. Promoted
 - e. Transferred
 - f. Disciplined and dismissed
 - g. Leaving employment
8. There is a process in place to review monitoring data which includes details on how to deal with circumstances where under representation of the groups listed above is identified (e.g. taking positive action, identifying specific training etc)
9. Regular reporting and consultation on equality issues with the workforce.

LEVEL 4 (250 or more Employees)

All organisations with 250 or more employees must have a standard that achieves criteria 1-9 and

10. Check that criteria 1- 9 are being used effectively
11. Where the review of monitoring data (set out in criteria 8 above) identifies under representation, you should:
 - Seek professional advice on the employment issues identified. This could be from EHRC or an in-house equality representative the equality unit in their employment advisory services
 - Take appropriate action. This may include identifying specific training needs or taking positive action to increase employee diversity where under representation is identified.

Notes

Employees in relation to the E&D standard refers to staff employed in the services of the organisation covered by the Specialist Quality Mark

Guidance on an equality and diversity policy and categories for Ethnic monitoring forms will be available on the LSC website.

A definition of positive action is available on the EHRC website:

<http://www.equalityhumanrights.com/your-rights/rights-in-different-settings/shops-and-services/when-discrimination-is-lawful/positive-action/>

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D1.4	Operating an open recruitment process
D1.4	An open recruitment process.
D1.5	Safety
D1.5	A documented procedure to ensure staff, volunteer and client safety throughout the mediation process.
D1.4	<p>Operating an open recruitment process</p> <ul style="list-style-type: none"> • For your recruitment process to be considered “open”, you must be able to demonstrate that, for each available permanent vacancy, the job is offered to the most suitable individual, on the basis of an objective and consistent assessment against requirements that you set relating to the role’s key tasks and responsibilities, as well as any relevant personal attributes that you seek. <ul style="list-style-type: none"> ○ Notes show that the process assessed the skills, experience and attributes advertised as being required, and that it was applied consistently. ○ All short-listed candidates (as a minimum) must be able to obtain feedback from assessment (if they request it), with assessment records being kept for all applicants and candidates, whether short-listed or not, for at least 12 months.
D1.5	<p>Safety</p> <ul style="list-style-type: none"> • As a minimum, your written procedure must: <ul style="list-style-type: none"> ○ Ensure that a sole member of staff/volunteer is never left alone with client(s) on the premises. ○ Detail the procedures to be followed in the event of any violence toward staff, volunteers or clients.

D2 Induction, Appraisal and Training

Requirements:

D2.1	Induction
D2.1	An induction process for people who join the organisation.
D2.2	Performance review and feedback
D2.2	Performance appraisal of all members of staff is undertaken at least annually.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

D2.1 Induction

- Induction **must** begin within two months of joining (unless justifiable reasons have been recorded), and your process **must** cover *all* of the areas listed below:
 - The organisation’s aims.
 - The management/staff structure and where the new post fits into it.
 - The recruit’s role and the work of their department or team.
 - The organisation’s policies on non-discrimination, quality, customer care and complaints.
 - The office procedures manual and/or other work instructions/processes relevant to the post.
 - Terms and conditions of employment, and welfare and safety matters.
- Records confirming induction (content and date(s)) for each individual **must** be kept.

D2.2 Performance review and feedback

- Annual appraisals **must** be conducted for all members of staff other than with the auditor’s agreement.
- Appraisal records **must** detail existing and future objectives, and be signed by the individual being appraised and the person performing the appraisal.
- *Note* that these records may be kept on individuals’ personal files (i.e. not necessarily in a central file).

D2 Induction, Appraisal and Training

Requirements:

D2.3 Individual training and development plans
D2.3 Individual training and development plans are produced, which are reviewed at least annually, and with the review recorded.
D2.4 Training records
D2.4 All training is recorded.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

D2.3 Individual training and development plans
<ul style="list-style-type: none"> • Plans must include any training needs and/or development opportunities identified: <ul style="list-style-type: none"> ○ During appraisals, mediation reviews and supervisory sessions. ○ From business or service reviews (see A1.2). ○ As a result of recognising that a required skill is not available in the organisation. • The plans must outline what is to be achieved (i.e. the aim), how it is to be achieved (i.e. the method), and over what timescale. • Assessment of training needs and development opportunities must cover organisational, managerial and/or mediation competence as necessary. • Training records must include the dates of external and in-house training courses attended (or given), the course titles, and the names of course providers.
D2.4 Training records
<ul style="list-style-type: none"> • Training records must include the dates of external and in-house training attended, the course titles and the names of the course providers. • These records may be kept on individual’s personal files as opposed to central records.

D3a Supervisors

Requirements:

D3.1 Named category supervisor

D3.1 A named supervisor or professional practice consultant (PPC) to supervise mediators for each category of work (Property and Finance, Children only or AIM (All Issues Mediation: Property and Finance, and Children matters)), who is accessible to mediators.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

D3.1 Named category supervisor

- The Auditor **must** be sent details (in writing and within four weeks) whenever a supervisor leaves or is changed, including the name and date of leaving of the outgoing supervisor and the name of the new person, their date of appointment and how they qualify as a supervisor, or outlining satisfactory arrangements to recruit, and steps taken to control, quality of work in the interim.

External Supervisors (from other organisations):

- External supervisors may be authorised at the auditor’s discretion. In order to be considered, they **must** meet D3.2, D3.3 and D4.2 in full, their role **must** be formalised by a contract, and supervisory arrangements **must** be documented in detail. External supervisors **must** be included in the staff plan and key roles structure (see C1.1 and C1.2), and their performance appraisals **must** be appraised. Finally, an external supervisor **must** be able to demonstrate that such an arrangement will not be detrimental to supervisory duties they carry out for any other Quality Mark organisation (see guidance for further details).

Accessibility:

- The organisation **must** show how the supervisor maintains accessibility, and **must** be able to demonstrate control over the quality of work (e.g. by the supervisor being accessible by telephone or email), especially if the supervisor is not office based (e.g. by being accessible by telephone or e-mail).

Deputy Supervisors:

- A deputy supervisor (who may not meet all the requirements at D3.2 and D3.3) can be named and can carry out functions usually performed by the supervisor, under their supervision (i.e. the supervisor **must** demonstrate that they maintain overall responsibility). Deputy supervisors **must** be denoted as such on the key roles structure (at C1.2) and they **must** have a training and development plan (D2.3) that is specifically designed to provide the skills and experience necessary for them to be able to meet all of the supervisory requirements in the future. A deputy may also act as a temporary supervisor in the supervisor’s absence, and in such instances you need not justify the nomination nor carry out an appraisal after ten days.

Temporary Supervisors:

- A temporary supervisor (who may not meet all the requirements) can be nominated to cover periods of absence or sickness, but you **must** be able to explain the

grounds on which that person was nominated, and one performance appraisal **must** be carried out (within 28 days) should the period of cover extend beyond ten consecutive working days. *Note* that delegation to a deputy **must** not extend beyond four weeks continuously, or eight weeks in any calendar year, without the authority of the auditor.

D3 Supervisors

Requirements:

D3.2 Supervisory skills

D3.2 Supervisors must be registered as a supervisor by a member organisation of the Family Mediation Council and have successfully completed a mediation supervision training course organised by a Member Organisation of the Family Mediation Council.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

D3.2 Supervisory skills

- The supervisor **must** demonstrate that they are registered as a supervisor by a Member Organisation of the Family Mediation Council
- The MQM standard may in future recognise other organisations to register supervisors who have similar registration systems as the named body above.

D4 Operation of the Supervisory Role

Requirements:

D4.1	Case allocation
D4.1	Processes to ensure that staff are allocated cases according to the role they are required to fulfil and on the basis of their competence and capacity.
D4.2	Systems of supervision
D4.2	Effective systems of supervision exist that are tailored to the competence of individual members of staff.
D4.3	Limits of individual competence and referral
D4.3	All members of staff know the limits of their own capacity and are aware of the need to inform their supervisor if a case is beyond their capacity.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

These requirements apply to all mediators and to all supervisors.

D4.1 Case allocation

- Supervisors **must** be able to demonstrate that staff only undertake work that is appropriate for their role (see individual job profiles at D1.1), and that it falls within their limits in terms of competence and capacity. It is not a requirement that supervisors allocate work on a day-to-day basis, but, where they do not, services **must** be able to demonstrate how work is allocated so that it incorporates the supervisor’s assessments.

D4.2 Systems of supervision

- Arrangements for supervision **must** be tailored to each member of staff and each volunteer according to their knowledge, skills and experience, and **must** be not less than one hour per quarter one-to-one supervision.
- Supervisors **must** be able to demonstrate control over the quality of work produced by the staff and volunteers they supervise (including work that has been the subject of a transaction criteria audit), and **must** demonstrate how they ensure that the skills and knowledge of staff and volunteers skills and knowledge are being developed continuously through supervision.
- Supervision sessions **must** be recorded, including date, type of session, cases and issues discussed, areas of action /change and relevant timescales. Supervision sessions do not have to be one-to-one sessions with individual mediators, and can be performed with a group of mediators at the same time.
- If services make use of group supervision, they **must** also ensure that at least two of the supervision sessions per year for each individual mediator are one to one. If there are issues of bad practice, these **must** be dealt with by way of one-to-one supervision.
- The supervisor **must** make the decision as to whether group supervision or one-to-one supervision is the most appropriate, and this decision **must** be justifiable to the auditor.

D4.3 Limits of individual competence and referral

- Staff and volunteers **must** be able to demonstrate referral of cases internally (or externally where appropriate), or explain the point at which they would refer a case that had reached the limit of their competence.
- Exceptions may be made on a case-by-case basis, only where the referral is not possible due to the specific circumstances of the client (e.g. their mental state), the urgency of the case, or the lack of availability of an appropriate person to refer to.

D4 Operation of the Supervisory Role

Requirements

D4.4	Access to reference materials
D4.4	Ready access to current relevant and up-to-date reference material, as documented by the service provider.
D4.5	Updating information on best practice and procedure to staff
D4.5	A process exists for giving timely information to staff about changes in law, practice and procedure that are pertinent to the service they deliver.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

These requirements apply to all mediators and to all supervisors.

D4.4 Access to reference materials

- Current reference materials **must** be available.
- You **must** be able to demonstrate how materials are kept up to date and made available to staff.

D4.5 Updating information on best practice and procedure to staff

- Supervisors **must** demonstrate how they become aware of relevant changes in legislation, practice and procedure, and then how they make sure that the knowledge of the staff they supervise is also kept up to date.

D5a Individual Competence – Family Mediators**Requirements:****D5.1 Individual competence**

D5.1 Mediators must be assessed as competent by one of the following routes:

- Successful completion of the competence assessment process managed by member organisations of the Family Mediation Council.
- Practitioner membership of the Law Society Family Mediation Panel.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

D5.1 Individual Competence

- Member Organisations of the Family Mediation Council provide competence assessment.
- Where organisations choose The Law Society Panel Membership route, the following membership is required:
 - At preliminary audit, general membership **must** be obtained;
 - At pre Quality Mark audit, practitioner membership **must** be obtained.

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E RUNNING THE SERVICE

Members of the Community Legal Service (CLS) must have processes and procedures that ensure an effective and efficient service to their clients.

Requirement E1	File Management
Purpose:	To ensure that cases are properly managed and controlled, both overall (from an organisational perspective) and individually (so that they are acted upon appropriately and punctually).
Requirement E2	File Review
Purpose:	An independent review of work enables organisations to monitor the quality of mediation and service being provided, as well as allowing early intervention where concerns are raised, and for training and development needs to be quickly identified and acted upon.

E1: File Management

Requirements:

E1.1 Access to files

E1.1 Quality Mark auditors must have access to appropriate files/client records.

▪ Definitions:

The definitions below qualify the requirement and are mandatory where the word “must” appears.

Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.

E1. Access to files

- Auditors will require access to client files for audit purposes. Arrangements must be in place to ensure that client confidentiality must not be breached (see Section F6.2). Clients need to be made aware that it is possible that their file may be audited, and permission should be obtained from the client.
- Where an organisation holds an LSC contract for the mediation work, additional requirements are in place for producing lists of client files from the date of the Quality Mark application; see contract for further information.

E1.2 File management procedure(s)

E1.2 Documented procedures are effective in:

- (a) Identifying potential conflicts of interest.
- (b) Locating files and tracing documents, correspondence and other items relating to any case that has been closed for less than six years.
- (c) Maintaining a back-up record of key dates.
- (d) Monitoring files for inactivity at pre-determined intervals.

▪ **Definitions:**

The definitions below qualify the requirement and are mandatory where the word “must” appears.

Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.

E1.2 File management procedure(s)

Conflict of interest

- The procedure **must** identify when a potential conflict of interest could arise, the process that is followed, and who is responsible for the process, and as a minimum, how to deal with circumstances where:
 - The case may involve disputes with the organisation, a member of its staff or management committee, or a funder.
 - A dispute that the mediator or service knows to be based on false information.
 - A case where the mediator has acquired any relevant information in any private or professional capacity.
 - Where mediation services are offered as part of a practice/consortia offering other professional services, a mediator from that practice/consortia may not act as a family mediator for any client who has received other professional services from that practice/consortia unless the mediator is able to demonstrate that the information given to other professionals at the practice/consortia has no bearing on the issues to be addressed in the mediation, and that the client has given personal consent to that person acting as a mediator, having been informed of the potential conflict of interest.

Locating files and tracing contents

- The procedure **must** allow you to access files (at least those containing correspondence) from your on-site filing system or from archive, for files closed up to six years ago.

Back-up recording of key dates

- Definitions of “key dates” **must** be documented, which, as a minimum, **must** include court return dates, where they apply. The procedure(s) **must** outline the back-up system mediators use to ensure that they are alerted (other than by their own diaries), as well as identifying who is responsible for recording and monitoring key dates records and how often this is done.

Monitoring files for inactivity

- The procedure(s) **must** outline the process and identify how frequently reviews will take place. There **must** be justification for any interval longer than three months.

E1 File Management

Requirements:

E1.3 Mediation files are logical and orderly
E1.3 Mediation files presented in an orderly and logical manner, with key information readily apparent to someone other than the person who normally has conduct of the case.
E1.4 Confidentiality in mixed practices
E1.4 In mixed practices, mediation files are must be stored confidentially.
E1.5 Recording information in client files
E1.5 A documented procedure must be in place to detail the information that is to be recorded on the file during each mediation session.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

E1.4 Confidentiality in mixed practices

- A mixed practice is one that offers both mediation and other services (e.g. solicitor/mediator practice). Files relating to the mediation service **must** be kept confidentially, separate from any files relating to another service.

E1.3 Mediation files are logical and orderly

As a minimum, key dates and any funding limitations must be shown together in a prominent place on the file (i.e. on the outside or on the flysheet/inside cover of a paper file, or in a summary section of a computerised file), and the case status or latest action must be evident from the file. Documents must be stored securely and correspondence must be filed in chronological order.

E1.5 Recording information in client files

- The written procedure **must** detail the information that should be recorded on client files during or after each mediation session, and as a minimum **must** include:
 - Who attended each session (and, if others attended, their relationship to the clients).
 - The agreement of both parties to mediation (unless a formal written agreement exists), and any appropriate ground rules.
 - Information relevant to the mediation.
 - Relevant issues and proposals of either party.
 - Relevant options identified during the session.
 - Any action to be taken (by either party or the mediator).
 - The outcome of the session and issues for the next session where appropriate.

E2 Mediation Review**Requirements:****E2.1 Mediation review procedure(s)**

E2.1 Documented procedure(s) ensure that:

- (a) For each mediator member of staff, both the number of mediations to be reviewed, and the frequency and method of reviews, have been determined according to that person's experience, expertise and quality of work (subject to minimum requirements).
- (b) The sample of work reviewed for each member of mediation staff can be demonstrated to be representative of their overall caseload.
- (c) Review findings are communicated in accordance with a (written) procedure to relevant member(s) of staff.
- (d) Corrective action is completed within a reasonable timescale and to the satisfaction of the reviewer in accordance with a (written) procedure.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

E2.1 Mediation review procedure(s)

- The independent review of mediation delivered by individuals can be performed in two ways. Either:
 - Review of files containing a record of the mediation session(s) and evidence that internal procedures have been followed, *or*
 - Review of the mediation session as it happens (i.e. by a co-mediator or an additional mediator observer) together with a review of the file to ensure that internal procedures have been followed.

Numbers, frequency and method

- You **must** document the number of files to be reviewed, the frequency, and (where other than file content only, e.g. one to one) the method(s) of review, for each mediator (to whom cases have been allocated) and you **must** be able to justify these to the auditor on the basis of experience, expertise, caseload and on any findings that have implications for the quality of their work (e.g. previous mediation reviews). *Note* that while review frequency **must** be justified (as above), it will not ordinarily be possible to justify mediation reviews that are less frequent than every three months. If mediators are not currently working or there are a small number of cases available to review, it may not be appropriate to review files if this would mean reviewing the same files over and over again. However when mediator begin work again, it may be appropriate to increase the number of files reviewed to ensure that the period spent not working has not resulted in a reduction in quality.

Representative samples

- You **must** be able to demonstrate that the files selected for review reflect the range of work conducted by each individual over the period of a year. You are likely to have a process to ensure that this happens and may want to document the categories of work covered alongside the numbers of files to be reviewed and the method to be used (see E2.1(a)), although it is not a requirement to do so.

Communicating review findings

- Your procedure **must** outline how the individual is to become aware that a file has been reviewed, how the review findings (including any corrective action identified) will be communicated, and within what timescales. You may want to have different processes and/or timescales for reviews in which corrective action is identified, as opposed to those where it is not.

Corrective action

- Your procedure **must** set out the process you use to ensure that corrective action has been completed to the satisfaction of the reviewer, and within the timescale agreed (and that the timescale for completion and for review of corrective action can be justified to the auditor in terms of the significance of error, the risk posed to you, the client or a funder, and the urgency required).

E2 Mediation Review

Requirements:

E2.2 Process management	
E2.2	The review process is managed by the mediation supervisor.
E2.3 Mediation reviews	
E2.3	All reviews are independent and carried out by a suitably qualified individual (see definitions).
E2.4 Review (and any corrective action) is evident on file	
E2.4	Conduct of a mediation review (and details of any corrective action to be taken) is evident from the case file.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

E2.2 Process management	<ul style="list-style-type: none"> • The supervisor must be able to demonstrate that mediation review processes and procedures are followed, and that they are aware of the status of reviews and all findings, including any reviews not carried out by them personally, and of findings from periodic monitoring.
E2.3 Mediation reviews	<ul style="list-style-type: none"> • Reviews must be carried out by a mediator who has not had conduct of the mediation, and who has successfully undergone the competence assessment process in the appropriate area of work (see section D), ideally by the supervisor, although the following also applies: • All reviews (other than for supervisors, of their own work; see guidance) must be carried out by the supervisor, other than where one of the following applies: <ul style="list-style-type: none"> ○ Reviews by a temporary supervisor may occur for short holiday periods and in exceptional circumstances (where the conditions for temporary supervisors will apply). ○ Reviews have been delegated to deputy supervisors with the prior authority of the auditor, unless the individual also meets D3.2 in full (i.e. the competence requirements for supervisors), in which case prior authority is not required. ○ Procedural checks (only) have been delegated to other members of staff. ○ Prior authority has been granted (by the auditor) to allow someone else to conduct routine or specific reviews (to a maximum of 50% of files to be reviewed) (see guidance).
E2.4 Review (and any corrective action) is evident on file	<ul style="list-style-type: none"> • Files that have been reviewed must contain a note that, as a minimum, confirms the date of review and the identification of the reviewer. Where corrective action was

identified, it **must** also include details of the action to be taken and the timescale within which it **must** be completed. *Note* that it may also be appropriate to identify the person whose work is being reviewed, where more than one person has conducted work on the file.

- A separate note is not required where you retain a copy of the review record (see E2.5 below) on file, and where this details any corrective action to be taken, and relevant timescales (as required above).

E2 Mediation Review

Requirements:

E2.5 A detailed record is kept of all mediation reviews

E2.5 A comprehensive record of findings is produced for each mediation review.

E2.6 Monitoring mediation review records

E2.6 Records of mediation reviews are monitored at least annually, with action taken to improve performance where negative trends are identified.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

E2.5 A detailed record is kept of all mediation reviews

- Records **must** be kept together (centrally and/or on the individual’s personal files), but **must** be presented in a way that is easy to manage (e.g. to monitor samples and corrective action, to identify trends and to conduct performance appraisals).
- Each record **must** provide:
 - Key mediation review information, including:
 - File reference.
 - Date of review.
 - Mediator and reviewer identification.
 - Method (where it may be other than file content only, e.g. one to one).
 - A note which confirms that each of the following has been checked and found satisfactory, or details of any adverse findings in respect of:
 - Quality of mediation.
 - Action proposed or taken.
 - Adherence to organisational procedures.
 - Evidence about corrective action (i.e. whether corrective action was required or a training need identified, and, in either case, a summary of the problem or scope for improvement, the action proposed and subsequent confirmation of completion).
- The record may be in the form of a single document completed at the end of each review, or may be a collection of copies of the review forms if a standard form is used.

E2.6 Monitoring mediation review records

- **From October 2003**, as a minimum, you **must** show that all records are reviewed at least once a year to identify recurring or emerging trends in performance (for individuals and/or departments and/or the organisation as a whole), and that action is taken wherever negative trends are identified.

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F MEETING CLIENTS' NEEDS

Members of the Community Legal Service (CLS) must have processes and procedures that ensure that clients receive information and mediation services to meet their needs.

Requirement F1	Before Mediation
Purpose:	To ensure that the relevant systems are in place to inform the client about the mediation service prior to the commencement of mediation.
Requirement F2	During Mediation
Purpose:	To ensure that the relevant systems are in place to inform the client throughout the mediation process.
Requirement F3	After Mediation
Purpose:	To ensure that the relevant systems are in place to inform the client of the outcome of the mediation process.
Requirement F4	Children
Purpose:	To ensure that the relevant systems are in place to protect any children who might be at risk, and to consider the views of any children directly involved in the mediation process.
Requirement F5	Costing Structures
Purpose:	To ensure that clients are aware of any costs that they may incur during the mediation process.
Requirement F6	Confidentiality, Privacy and Fair Treatment
Purpose:	To ensure that clients receive a confidential and private service, and are treated fairly throughout the mediation process.
Requirement F7	Use of Approved Suppliers
Purpose:	To ensure that quality is maintained where part of the service is delivered by another supplier, i.e. translators, etc.

F1 Before Mediation

Requirements:

F1.1 Suitability of mediation
F1.1 A system to identify the suitability of mediation for a case, based on consideration of the clients, dispute and all the circumstances of the case.
F1.2 Information regarding the mediation process
F1.2 Information provided to the client regarding the mediation process, before the process begins.
F1.3 Right to seek independent legal advice
F1.3 A system to ensure that mediators check at the beginning and throughout the mediation process that parties have considered the need for, and/or received, independent legal advice.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

F1.1 Suitability of mediation
<ul style="list-style-type: none"> • A screening system must be in place to identify whether a case is suitable for mediation. The system must consider: <ul style="list-style-type: none"> ○ The clients. ○ The dispute. ○ The circumstances (including previous instances of domestic violence or abuse and other power imbalances). • Where it is concluded that mediation is not suitable, potential clients must be informed of this in writing (note, the letter does not need to state the reasons for unsuitability of mediation). A note should be kept on file. • Evidence of the operation of the system will be required on audit, either by reviewing of case files or by reviewing a central system.
F1.2 Information regarding the mediation process
<ul style="list-style-type: none"> • Organisations must ensure that information is given to the client (either verbally or in writing) about the mediation process. This information must be given before a mediation session begins and must include information on: <ul style="list-style-type: none"> ○ An overview of the mediation process. ○ Note-taking. ○ Confidentiality, including where confidentiality may be waived due to safety issues arising in respect of the other parties and associated people (including children). ○ The independence and impartiality of mediators.

- The voluntary nature of participation.
- Other complementary services where relevant, e.g. Relate.
- Information from all organisations regarding their complaints processes.
- Where this information is given to the clients verbally, a note **must** be made on the file to reflect this.

F1.3 Right to seek independent legal advice

- Organisations **must** ensure that clients are made aware of their right to seek independent legal advice at the start of, and throughout, the mediation process, including the availability of publicly funded legal help where appropriate. This information may be given in writing or verbally to the client, and, where it is given verbally, a note of this **must** be recorded on the file.

F1 Before Mediation

Requirements:

F1.4 Client/Mediator safety

- F1.4** A written procedure/statement detailing how client and mediator safety is maintained.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

F1.4 Client/Mediator safety

- There **must** be a written procedure/statement in place which details how client safety on arrival and departure is ensured, and, further, how client and mediator safety is maintained throughout the mediation.

F2 During Mediation

Requirements:

F2.1 Specifics relating to the mediation process

- F2.1** A process in place to ensure that specific information relating to the commencement of the mediation process is confirmed in writing to the parties as soon as possible.

F2.2 Information to clients during the process

- F2.2** A process in place to ensure that clients are kept informed during the mediation process.

F2.3 Specific complementary services

- F2.3** A process to ensure that mediators consider specific complementary services throughout the process.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

F2.1 Specifics relating to the mediation process

- There **must** be a process in place to ensure that the following information will be confirmed in writing to the parties as soon as possible after the decision has been made that the case is suitable for mediation:
 - Date and venue of the mediation session.
 - Name of the mediator(s) involved, and to whom complaints should be addressed.
 - Any relevant key dates the client(s) has/have told the mediator about.
 - Any action to be taken (by either party or mediator).
 - Any limits on the mediator’s ability or willingness to mediate.
 - The availability of independent legal advice.

F2.2 Information to clients during the process

- There **must** be a process in place to ensure that, during the mediation, you write to clients, at a minimum, in the following circumstances:
 - When there is any change in planned action.
 - If it becomes clear that mediation is no longer appropriate.
 - If there is a change in mediator responsible.

F2.3 Specific complementary services

- Family mediation services **must** have a process in place to ensure that mediators consider whether either party has a need for information on the following:
 - A welfare benefits supplier who has obtained the Specialist Quality Mark.
 - A marital counselling agency.
 - A financial adviser.
 - A child counselling service.
 - An organisation with a Legal Services Commission (LSC) civil contract in family law.

F3 After Mediation

Requirements:

F3.1 Outcome of the mediation process
F3.1 A process to ensure that the outcome of the mediation process and follow-up actions are communicated in writing to all parties.
F3.2 Independent legal advice
F3.2 Clients are reminded in writing of their right to independent legal advice.
F3.3 Additional information
F3.3 A process in place to ensure that: <ul style="list-style-type: none"> • Clients are reminded that reconciliation remains an option, if appropriate. • Where financial disclosure has been made, all parties sign to state whether financial disclosure has been full or partial.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

F3.1 Outcome of the mediation process
<ul style="list-style-type: none"> • There must be a process in place to ensure that: <ul style="list-style-type: none"> ○ For family mediation involving property or financial matters, a written memorandum of understanding is produced, together with a letter confirming its meaning and effect if the document itself does not already make this clear. ○ For non-financial and non-property family mediation issues and for community mediation issues, a written outcome statement is produced listing key actions that parties are willing to take. (<i>Note for community mediation services this must be signed by all parties.</i>) ○ If no agreement is reached, the mediator writes to all parties explaining the outcome of the mediation and any further action that is to be taken by either party or the mediator. ○ In all cases, original documents are returned to the client, if appropriate. ○ In all cases, clients are told in writing of any storage arrangements for their files. ○ If appropriate, clients are offered, in writing, a review in the future. ○ Copies of the memorandum of understanding, outcome statement or result of the mediation, where an agreement has not been reached, must be provided or sent to all parties within ten working days of the last mediation session.
F3.2 Independent legal advice
<ul style="list-style-type: none"> • Clients must be informed in writing of their right to independent legal advice, regardless of the outcome of the mediation. A standard blanket statement at the bottom of the memorandum of understanding, outcome statement or written letter,

where no agreement has been reached, would satisfy the auditor that this requirement has been met.

F3.3 Additional information

- The files **must** show that clients are reminded that reconciliation is an option where appropriate, and the files **must** contain, where financial disclosure has been made, a statement regarding whether financial disclosure is full or partial, which has been signed by the parties.

F4 Children and Child Protection

Requirements:

F4.1 Documented child protection procedure
F4.1 A documented child protection policy that outlines the principles on which decisions about child protection are taken, and a documented child protection procedure that outlines the specific steps to be taken where a concern about child safety is raised.
F4.2 Procedures for addressing the role of children in mediation
<p>F4.2 A documented procedure to ensure that, in considering whether or not children are to be directly consulted by the mediator, the mediator addresses and records on the file:</p> <ul style="list-style-type: none"> • Whether, and to what extent, each child should be given the opportunity to express their wishes and feelings in the mediation. • The purpose of the consultation. • Parental and child consent. • The wishes and feelings of each child.

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

F4.1 Documented child protection procedure

- If your organisation works to a recognised body’s child protection policy rather than your own, you **must** clearly document this and have ready and immediate access to such a policy. The child protection procedure **must** be specific to the local mediation service.

F4.2 Procedures for addressing the role of children in mediation

- Mediators **must** show from the file that the key areas shown in the requirements have been considered, and the outcome of this consideration **must** be recorded on the file. It is essential that child confidentiality is preserved, the only exception being where child protection issues arise.

F5 Costing Structures

Requirements:

F5.1 Charge to the client	
F5.1	Clients are informed in writing at the start of the process if there is a charge for any aspect of the mediation service.
F5.2 Cost updates	
F5.2	Where charges are made, clients are updated in writing every six months about the current cost.
F5.3 Litigation costs	
F5.3	Clients are informed in writing of the potential cost implications of matters proceeding to court

Definitions:

(These qualify the requirements and are mandatory where the word “must” appears)

F5.1 Charge to the client	<ul style="list-style-type: none"> • If your organisation charges for some, or all, of its mediation service, you must give an indication at the outset of the mediation of the total likely cost to be incurred by the client. This estimate must include a breakdown to show the pricing structure.
F5.2 Cost updates	<ul style="list-style-type: none"> • Where clients are charged for services, the organisation must send a written cost update where there have been significant changes in the planned activities, and in any case at least every six months, to detail: <ul style="list-style-type: none"> ○ Costs to date. ○ A revision or confirmation of the original estimate.
F5.3 Litigation costs	<ul style="list-style-type: none"> • Clients must be informed in writing of the potential cost implications of matters proceeding to court rather than mediation (i.e. statutory charge or contributions), to enable clients to assess the cost benefit of the mediation process. The cost implications estimates must be based on the best available information.

F6 Confidentiality, Privacy and Fair Treatment

Requirements:

F6.1 A written confidentiality policy
F6.1 A written confidentiality policy that covers all information given to the organisation about the client and their case.
F6.2 Privacy
F6.2 Arrangements are in place to ensure privacy in meetings with clients.

▪ Definitions:

The definitions below qualify the requirement and are mandatory where the word “must” appears.

Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.

F6.1 A written confidentiality policy
<ul style="list-style-type: none"> • If your organisation works to a recognised body’s confidentiality policy rather than your own, you must clearly document this and have ready and immediate access to such a policy. • Your organisation must have a specific local confidentiality procedure, which must detail: <ul style="list-style-type: none"> ○ Circumstances where the organisation may need to breach confidentiality (e.g. if required to do so by court, or where child protection is an issue (see Section F4.1)). ○ Procedures outlining how confidentiality of information is maintained, to ensure that information is not passed from one party to the other without the party’s consent. ○ Is understood by all staff in the organisation who have access to case information (i.e. not only casework staff). ○ Where confidentiality might be a particular issue (including, for example, where more than one organisation shares the same premises, your procedure must include guidance specifically on how confidentiality will be maintained in those circumstances. ○ <i>Note</i> also that legislation requires the protection of clients’ data by you and also by anyone with whom you share it. ○ If your organisation is not an LSC contract holder this it must include a process for obtaining the clients consent for their file to be disclosed for audit.
F6. Privacy
<ul style="list-style-type: none"> • You must be able demonstrate to the auditor that that you have facilities (or that you make efforts) to discuss matters with the client in a private location.

F7 Use of Approved Suppliers

Requirements:

F7.1 Non-discrimination when using other suppliers

F7.1 A written non-discrimination policy, in place, and available to all staff, when instructing or using other suppliers, and precluding discrimination on the grounds of race, colour, ethnic or national origins, sex, marital status or sexual orientation, disability, age or religion or belief.

F7. Selection of suppliers

F7.2 Suppliers are selected on the basis of objective assessment, other than in exceptional cases.

▪ Definitions:

The definitions below qualify the requirement and are mandatory where the word “must” appears.

Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate Guidance document) and is not mandatory.

Members of the CDS (with a Specialist Quality Mark in Crime) should note that any caseworker/fee-earner who has been designated by them (including police station agents and unassigned counsel) is not defined as a supplier for this purpose, and F5 does not apply.

F7. Non-discrimination when instructing suppliers

- Your policy **must** outline the action to be taken if any breaches occur.
- You must take reasonable steps to ensure that the supplier complies with the Race Relations Act 1976 and also as far as possible, the Commission for Racial Equality’s Employment code of practice.
- (<http://www.homeoffice.gov.uk/docs/racerel1.html>)
(http://www.cre.gov.uk/gdpract/employ_cop.html).
- *Note* that this policy is only part of the equal opportunities framework required by the Quality Mark; a single document may cover all areas (see also A3.1 (provision of services) and D1.3 (selection, treatment and behaviour of staff)).
- *Note* that you may adopt an existing model policy, but may need to include additional grounds in order to meet the Quality Mark minimum requirements (see Guidance).

F7.2 Process for selection, use and evaluation of other service providers

- Other than in exceptional circumstances, the process in place **must** ensure that the supplier has been selected on one of the following grounds:
 - The supplier’s details appear in a central register, and there is evidence of the criteria (including at least quality of service, value for money, speed of response and expertise) against which they were assessed before inclusion.

Or:

- The supplier holds the Quality Mark.
- “Exceptional circumstances” are those where you need to use a new supplier on a one-off occasion because of the nature and type of service you require. Where this happens, you **must** make a note of the circumstances on the client’s file.
- The process **must** also ensure that:
 - Clients are consulted during the selection process.
 - The service provider is evaluated.
 - Negative evaluations are reflected on the central register (with due regard given to the law relating to defamation, discrimination and data protection).

F7.3 Clients are informed in writing

F7.3 Clients are informed in writing if there is a charge to them for the use of other suppliers.

F7.3 Clients are informed in writing

- Clients **must** be informed in writing if there is a charge that they will incur for the use of the approved supplier.

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G COMMITMENT TO QUALITY

All members of the Community Legal Service (CLS) are committed to improving quality of their service.

Requirement G1	Complaints
Purpose:	Complaints are important as they tell you how well a service is meeting client expectations, and provide information that could inform improvements to the service.
Requirement G2	Client Feedback
Purpose:	To encourage clients to feedback about how well their needs are being met by the service provided. This feedback will enable the organisation to monitor its service and make informed service improvements.
Requirement G3	Quality Review
Purpose:	To ensure that the organisation has a named representative who is responsible for ensuring that all quality procedures used within the organisation are up to date and reviewed at least annually.

G1 Complaints

Requirements:

G1.1 Informing clients about how and to whom they should complain

G1.1 Work practices show that clients have information about what to do if they have a problem with the service provided.

G1.2 Complaints procedure

G1.2 There is a procedure for identifying and dealing with complaints.

▪ **Definitions:**

The definitions below qualify the requirement and are mandatory where the word “must” appears.

Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate document) and is not mandatory.

G1.1 Informing clients about how and to whom they should complain

-
- Wherever a file has been opened (see F1.2 for the definition), you **must** provide details of how and to whom they should complain, in writing, at the outset of the case.
- Where a file is not opened (e.g. where the client is given one-off mediation), other than where the advice is given by telephone, you **must** advise the client about whom to approach if they are dissatisfied with the service provided.

G1.2 Complaints procedure

- Your procedure **must** contain details of, at least, *all* of the following:
- The definition of a complaint.
- Who has responsibility for complaints handling (generally and ultimately in the organisation, including who is responsible for complaints made about the person who would ordinarily have ultimate responsibility).
- How complaints are identified.
- How complaints are recorded.
- How to identify the cause of a complaint and respond to it (including acknowledging complaints and telling the client when they will receive a substantive response, explaining to whom they should take matters if they remain dissatisfied at any stage, providing options for redress and for correcting any underlying problem or unsatisfactory procedure or process).
- The process for reviewing complaints (i.e. what is reviewed, by whom and when); see also G1.3 below.
- Your procedure **must** be compliant with the Family Mediation Councils Code of Conduct.

G1 Complaints

G1.3 Central record and annual review

G1.3 A central record of every complaint made, which is reviewed annually to identify trends.

▪ **Definitions:**

The definitions below qualify the requirement and are mandatory where the word “must” appears.

Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate document) and is not mandatory.

G1.3 Central record and annual review

- Details of complaints received (e.g. face to face, over the telephone or in writing) **must** be held in a central record, and copies of any documentation (usually correspondence) showing how the complaint was resolved **must** be available (i.e. either on the central record, or held in the case file with a cross reference in the central record).
- The central record **must** be reviewed at least annually to identify trends and to determine whether action can be taken, as a result, to improve the service being delivered.
- The results (i.e. trends identified and any action proposed as a result) of the annual review (or at least one review if you carry out more than one a year) **must** be documented.

G2 Client Satisfaction Feedback

Requirements:

G2.1 Client feedback procedure

G2.1 A client satisfaction feedback procedure in place that includes *all* of the following:

- A comprehensive feedback mechanism.
- Details on how and when the client gives feedback.
- The frequency and methodology of analysis of submitted feedback.

▪ **Definitions:**

The definitions below qualify the requirement and are mandatory where the word “must” appears.

Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate document) and is not mandatory.

G2.1 Client feedback procedure

- You **must** have a written procedure that encourages clients to provide feedback about the quality of service they received.

Client feedback mechanism

- As a minimum, your feedback mechanism **must** cover the following areas:
 - Whether the service was approachable and friendly?
 - Whether the client was kept informed?
 - Whether the information explained sufficiently to the client?
 - Were matters managed in a competent and timely manner?

How and when the client gives feedback

- Data collection **must** take place at least once a year, and the sample you use **must** be sufficient to encourage meaningful response data.
- *Note* that you can make your own decisions about how and when the client gives feedback. Ordinarily, the method will be by questionnaire, although this need not necessarily be the case. You might choose to seek feedback in all cases (e.g. by sending a questionnaire with the closing letter or by asking clients to complete one at the final meeting), or you might want to seek the information on a sample basis (e.g. from all clients in the first week of every month, or all clients in three months out of 12).

Frequency and methodology

- *Note* that, as above, it is for you to decide how often and by what method you will review completed client feedback. Generally it is good practice to review all feedback as it is received, as this provides the best opportunity to identify any feedback that should be handled as a complaint, and to respond to it accordingly. Analysis of the feedback will, however, be less frequent; here you will want to strike a balance between having sufficient feedback to identify trends and having too much to process at once.

G2.2 Annual review and outcome

G2.2 Client feedback is reviewed at least annually, with the review findings and outcome documented.

▪ **Definitions:**

The definitions below qualify the requirement and are mandatory where the word “must” appears.

Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate document) and is not mandatory.

G2.2 Annual review and outcome

- Review documentation **must** include feedback findings (trends identified) and outcomes from the review (of action proposed to resolve concerns or to improve the service) and **must** be kept for at least three years.
- Original feedback material and materials reviewed (e.g. completed feedback questionnaires and an analysis of findings) **must** be retained for at least twelve months and made available to the auditor on request.

G3 Quality Review

Requirements:

G3.1 Appointing a quality representative

G3.1 A named individual responsible for overseeing all quality procedures used by the organisation.

G3.2 Up-to-date quality procedures

G3.2 All quality procedures are up to date and reviewed at least annually.

G3. Process control

G3.3 The Quality Representative is aware of instances where processes have been identified as failing to meet the Quality Mark standard, and can show what response has been made.

▪ **Definitions:**

The definitions below qualify the requirement and are mandatory where the word “must” appears.

Where the sentence or paragraph begins with the word “Note”, it contains information to help you (see also the separate document) and is not mandatory.

G3.1 Appointing a Quality Representative

- An individual **must** be appointed to have responsibility for ensuring that quality procedures are up to date and are accurate (see G3.2 below) across all offices. .
- The individual(s) appointed **must** be entitled to update the quality procedures (or authorise updates to the quality procedures) as and when required.
- The individual(s) appointed **must** be available (to the auditor) throughout all audits.
- You **must** notify your auditor, in writing, as soon as possible and certainly within 28 calendar days of a change of Quality Representative.

G3.2 Up - to - date quality procedures

- All quality procedures **must** show the date they became effective and/or the issue number, and there **must** be a process in place for recording dates of amendments to procedures (this includes procedures maintained on computer systems).
- All quality procedures **must** be reviewed at least annually to check that they are up to date and accurate on paper and in practice.

G3.3 Process control

- As a minimum, all instances in which processes (for which requirements have been given in the Quality Mark standard) have been identified as having failed, which may lead to a Critical Quality Concern or General Quality Concern being raised at audit, **must** be brought to the attention of the Quality Representative.
- The Quality Representative **must** be able to demonstrate what response was made, which, where appropriate, **must** include action to avoid further repetitions (e.g. by requiring reviewers to target file reviews to consider certain issues, by checking that specific training is planned for certain staff, or by introducing a quality procedure to cover the relevant process).

2. Appendix 1: Quality Concerns and Observations

2.1 Observations

- Examples of **observations** include: (1) Mediation review is in effective operation, but on audit it is identified that a small proportion of corrective action has not been closed out; (2) Only 90% of mediation reviews are undertaken correctly, but there is evidence that the procedure is working under normal circumstances; (3) A procedure or plan, required to be updated every six months, was updated only after eight months.

2.2 Classification of Quality Concerns by Requirement

- Where an auditor has not been able to identify sufficient evidence to satisfy the requirements, this will lead to a quality concern being recorded. In summary there are 89 requirements within the standard of which 51 have been classified as “**critical**” i.e. relating to quality of advice, competence or client care and where a quality concern is identified would normally be classified as “**critical**”.
- The following table is based on the assumption that documented plans/procedures were submitted with the Quality Mark application. Where any required documented plans/procedures are not submitted with the application, and are therefore not available during the desktop audit, the recommendation will be to refuse the application.

MQM Requirement	Preliminary Audit	Pre and Post QM Audit	Written Procedures
A1.1	General	General	Business plan
A1.2	General	General	
A2.1	General	General	
A2.2	General	General	
A3.1	Critical	Critical	Non-discrimination policy
A3.2	General	General	
B1.1	Critical	Critical	
B1.2	Critical	Critical	Signposting and referral procedure
B1.3	General	General	
B1.4	General	General	
B2.1	General	General	
C1.1	General	General	
C1.2	General	General	
C1.3	General	General	
C1.4	General	General	Authority to obtain status enquiry
C2.1	General	General	
C2.2	General	General	
C3.1	General	General	
C3.2	General	General	
C3.3	General	General	
C3.4	Critical	Critical	
C3.5	General	General	
C4.1	General	General	
C4.2	General	General	
C4.3	General	General	
C4.4	General	General	
C4.5	General	General	
D1.1	General	General	

MQM Requirement	Preliminary Audit	Pre and Post QM Audit	Written Procedures
D1.2	General	General	
D1.3	Critical	Critical	Non-discrimination policy
D1.4	General	General	
D1.5	Critical	Critical	Safety procedure
D2.1	General	General	
D2.2	General	General	
D2.3	Critical	Critical	
D2.4	General	General	
D3a.1	Critical	Critical	
D3a.2	Critical	Critical	
D3a.3	Critical	Critical	
D4.1	Critical	Critical	
D4.2	Critical	Critical	
D4.3	Critical	Critical	
D4.4	Critical	Critical	
D4.5	Critical	Critical	
D5a.1	Critical	Critical	
D5b.1	Critical	Critical	
D5b.2	Critical	Critical	
E1.1	Critical	Critical	
E1.2	Critical	Critical	File management procedures
E1.3	General	General	
E1.4	Critical	Critical	
E1.5	General	General	
E2.1	Critical	Critical	File review procedures
E2.2	Critical	Critical	
E2.3	Critical	Critical	
E2.4	Critical	Critical	
E2.5	Critical	Critical	
E2.6	Critical	Critical	
F1.1	Critical	Critical	
F1.2	Critical	Critical	
F1.3	Critical	Critical	
F1.4	Critical	Critical	Client/mediator safety procedure
F2.1	Critical	Critical	
F2.2	Critical	Critical	
F2.3	Critical	Critical	
F3.1	Critical	Critical	
F3.2	Critical	Critical	
F3.3	Critical	Critical	
F4.1	Critical	Critical	Child protection procedure
F4.2	Critical	Critical	
F5.1	Critical	Critical	
F5.2	Critical	Critical	
F5.3	Critical	Critical	
F6.1	General	General	
F6.2	Critical	Critical	
F7.1	Critical	Critical	Non-discrimination policy
F7.2	Critical	Critical	
F7.3	General	General	
G1.1	Critical	Critical	
G1.2	Critical	Critical	Complaints procedure

MQM Requirement	Preliminary Audit	Pre and Post QM Audit	Written Procedures
G1.3	Critical	Critical	
G2.1	General	General	Client feedback procedure
G2.2	General	General	
G3.1	General	General	
G3.2	General	General	
G3.3	General	General	

3. Appendix 2 - Logo Guidance

- If you are an applicant, unless we grant you prior written permission, you **must** not in any way imply that you are, or will be, Quality Marked (either in full or provisionally). If we do grant you prior written permission, you **must** comply with any conditions that we specify.
- You may publicise and promote your status as Quality Marked (in full or provisionally) in any reasonable manner consistent with the spirit and intention of the Quality Mark agreement.
- You **must** not say or do anything that is, or is likely to be, misleading to clients or potential clients regarding your status as Quality Marked (full or provisional), or to advertise or associate with any other services that could in any way imply that they are endorsed, associated or otherwise part of the Community Legal Service.
- If we consider that you are publicising or promoting in a manner that is not consistent with the spirit and intention of the Quality Mark agreement, or may be misleading to clients (or potential clients), we may direct you to cease such publicity or promotion. If we do direct you to cease such publicity or promotion, you **must** comply with the direction without delay.
- You acknowledge that we own all rights in any promotional items.
- You **must** not alter or amend any promotional items without our prior written permission.
- You acknowledge that any promotional items that are owned by us, and designated as such, at all times remain in our ownership.
- You **must** use promotional items in accordance with any guidelines that we issue about them.
- Further guidelines on the use of the CLS logo (permitted colour, size, etc.) are provided as part of this guidance. Guidelines are issued by the LSC (in the form of a “logo pack”) upon grant of the Quality Mark.

Definitions

“Promotional Items” means any logos, certificates, display materials, information, literature and other items supplied, or approved in writing, by us for use in connection with the Quality Mark.

4. Appendix 3 – Quality Mark Agreement

Set out below is an example of the agreement used for the MQM standard. Please note that this agreement will only be used where the Quality Marked supplier does **not** hold a contract with the LSC (e.g. mediation contract). Where an organisation holds such a contract with the LSC, that contract applies instead.

- If we agree that you meet the requirements for the Quality Mark for Mediation, we will grant your application and send you a Quality Mark for Mediation certificate. If any of the information in, or to be included in, your certificate changes, we will issue a replacement.
- If we refuse your application you may, within 21 days of the date of the refusal notice, submit an appeal in accordance with our published appeal procedure.
- Provided you continue to hold a current certificate, this agreement will stay in force. You may end it by giving us one month's notice. You may not assign it or otherwise dispose of it or any rights under it. When this agreement ends, all rights and obligations under it end, unless otherwise stated. This agreement does not create any right enforceable by any person not a party to it.
- Your certificate may include additional agreement terms. While you hold a current certificate, you:
 - **must** continue to meet the requirements for the Quality Mark for Mediation and **must** demonstrate this when required to by us.
 - **must** allow us, on no less than 14 days' notice, to attend your premises to verify, by audit or otherwise, your compliance with this agreement.
 - **must** not say or do anything misleading about your status under this agreement.
 - **must** provide us with information for entry in the CLS Directory.
 - **must** tell us if any information recorded in your certificate changes, and of any material changes to the information you gave us in your application.
 - **must** tell us of any change in your legal identity, of any sale or transfer of your business, of any change in your ownership or control, if any insolvency proceedings are commenced against you, and if any criminal proceedings are commenced against you or any of your personnel in connection with your operations.
 - may use, in accordance with guidance, the CLS Quality Mark and items bearing it, issued by us in connection with the CLS.
- We will give you six months' notice of any changes to the terms of this agreement or to the requirements for the Quality Mark for Mediation. We will not make any major changes without first consulting The Law Society, the UK College of Family Mediations, Mediation UK, Advice Services Alliance, the Lord Chancellor's Department and any bodies whose names we have published as consultees.
- You **must** provide us with any information you hold that we are required by law to obtain from you. We will keep all confidential information concerning your or your clients' affairs strictly confidential unless we are required by law to disclose it or are

required to disclose it to parliament. This obligation continues after this agreement has ended.

- You acknowledge that you are not an agent or partner of ours and **must** not act as if you were.
- You **must** indemnify us without delay in respect of all liabilities we incur as a result of: (a) injury to our personnel or their property while they are on your premises for the purpose of this agreement, and which is either caused by your negligence or in respect of which you are entitled to indemnity under a policy of insurance; and (b) any claim by a third party in respect of any act or default committed by, or for, you unless the act or default was ours.
- You **must** not try to bribe any of our personnel or any person who may perform services for, or who is associated with, us or the Community Legal Service.
- Any of our functions under this agreement may be performed by a body authorised by us.
- If you breach this agreement, if you gave us false information in your application, if insolvency proceedings are commenced against you or if any criminal proceedings or professional disciplinary proceedings are commenced against you or any of your personnel in connection with your operations, we may suspend or cancel your certificate on one month's notice.
- If we give you notice suspending or cancelling your certificate you may, within 21 days of the date of the notice, submit an appeal in accordance with our published appeals procedure.
- After all relevant appeal procedures have been exhausted, any remaining disputes between you and us that arise after the grant of your application shall be decided under the Arbitration Act 1996. The arbitration shall be in accordance with the Legal Services Commission arbitration scheme run by the Chartered Institute of Arbitrators and shall be final and binding.
- Provided, if applicable, we have reasonably operated the appeals procedure, where we have acted in good faith but are in breach of this agreement, we shall not be under any liability to you under this agreement or otherwise for any loss or damage. "Loss or damage" includes any loss of anticipated profits, as well as any consequential or economic loss or damage, arising from the breach.

5. GLOSSARY OF TERMS

Term	Definition
Community Legal Advice	Community Legal Advice consists of a national helpline 0845 345 4 345 , a website, www.communitylegaladvice.org.uk and a series of free printed legal information leaflets. The national helpline offers free and confidential legal advice in debt, education, employment, housing and welfare benefits and tax credits. The helpline also enables members of the public to find details of their local advice providers and order CLA Leaflets. The website contains a CL Legal Adviser Directory search facility, electronic versions of the CL Leaflets and an Advice Search facility, which provides details of other websites offering legal advice and information.
CLS Legal Adviser Directory	This contains details of members of the CL and CDS. Retaining access to the Directory and ensuring that your details are up to date are requirements of the SQM (see A1.2, B1.2 and B1.4). The Directory details can be accessed via the Community Legal Service Direct website (www.communitylegaladvice.org.uk) and their national helpline 0845 345 4 345.
Legal Aid	This is also now known as CLS funding (for civil cases) and CDS funding (for criminal cases).
Legal Services Commission (LSC)	The Legal Services Commission (LSC) runs the legal aid scheme in England and Wales.
Observation	Observations can be raised during the audit against any requirement within the MQM. These will form part of the audit report but will not result in recorded quality concerns. They will be noted on the audit report as areas where the quality requirements are not fully complied with but where there is evidence that the organisation has a clear commitment to fully meeting the standard. For some observations the organisation may be required to submit details of the (proposed) corrective action.
Organisation	Those parts of the service where you are seeking or want to maintain a Quality Mark. You may know this as the “firm”, the “office” or the “agency”.
Policy	A statement of intent, e.g. your non-discrimination policy.
Procedure	A written description of a process. You must be able to demonstrate that all staff members are aware of what the correct procedures and processes are, and must ensure that they are following them.
Term	Definition
Process	The procedure operating in practice (i.e. without reference to a written set of instructions). The auditor will need to see evidence that the process is in effective operation and meets the requirements outlined in this document. In some instances processes are known as work practices.

Quality concern	Where an auditor has not been able to identify sufficient evidence to satisfy the requirements this will lead to a quality concern being recorded. Quality concerns are defined as either “general” or “critical”, depending on which requirement the quality concern is raised against (see Section 5 and Annex A).
Recognised representative bodies	A representative body that is recognised by the LSC as an umbrella body e.g. The Family Mediation Council.
Referral and signposting	Methods of ensuring that individuals receive advice from an appropriate alternative service provider whenever your organisation cannot help them;, either where you cannot help them initially before any service has been provided (i.e. signposting), or where you cannot help then further in a current matter where a client relationship has already been established (i.e. referral).
Signposting	The process whereby the service provides the CLS Directory and/or the information to the client who is then responsible for making contact with the other provider.
Staff	Individuals who work in the part of the service for which you are seeking or want to maintain a Quality Mark. Staff includes all mediators, all support staff, all partners and/or managers, and includes both paid and voluntary staff.
Supervisor	A person who is able to recognise best practice and who can provide appropriate guidance and assistance to staff in the delivery of a quality service. This includes professional practice consultants.