

COMMUNITY LEGAL SERVICE

Community  
Legal Service



# THE QUALITY MARK STANDARD FOR MEDIATION

## Self-Assessment Checklist Family Mediation Services

**Details of organisation applying** *(please use block capitals)*

<b>Organisation's name</b>	
<b>Office address (main office)</b>	
<b>Number of other offices</b>	
<b>Quality Mark representative</b>	
<b>Telephone number (of representative)</b>	
<b>Facsimile number (of representative)</b>	
<b>Email address (of representative)</b>	

# Self-Assessment Checklist

## 1. Purpose

This audit checklist has been produced to enable you to measure your organisation's progress in meeting the Quality Mark Standard for Mediation. It must be completed and submitted with the application form for the Quality Mark Standard for Mediation (QMM). The information you provide will be used to make an early assessment of your application. If the checklist indicates that your organisation is likely to be compliant then a preliminary audit (where an LSC Auditor will assess your level of compliance with the Quality Mark both in terms of documentation and practice) will be arranged to look more closely at your application. Therefore, the details entered must accurately reflect the position of your organisation at the time your application is submitted.

Please note, this checklist is not a substitute for the standard itself. The Quality Mark Standard for Mediation contains the requirements in full with accompanying definitions (which are mandatory) and guidance (which is not mandatory). Therefore, it is important that you read the full standard, and ensure your organisation is compliant, before completing the checklist.

## 2. Internal audits

You may wish to make some copies of the Self-Assessment Audit Checklist in order to conduct internal audits of your organisation against the Quality Mark Standard for Mediation thus establishing your organisation's initial and ongoing compliance. However, please remember that your documented procedures must reflect actual working practice from the time of your application.

## 3. Document and page reference

You should use the column headed "Document & page ref." To note the document and/or the relevant page number in your procedural documentation of the requirement which is being referred to. Please be as specific as possible when providing these references as not only will it assist you in your application it will also be of considerable assistance to your LSC Auditor in assessing your compliance with the Quality Mark Standard for Mediation. The "D" in the final column demonstrates where LSC Auditors will specifically look for documented procedures.

## 4. Definition of Procedure and Process

**Procedure:** A procedure is 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.

**Process:** A process is how you operate 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 the Quality Mark Standard.

Procedure/process which needs to be in place	<i>Tick or cross as appropriate</i>	<i>Document &amp; page ref. (please be specific)</i>	<i>Quality Mark Standard for Mediation ref.</i>	<b>For LSC Auditor use only</b>
<b>Section A: Access to Service</b>				
1	Do you have a current business plan which sets out, in detail for the current year, and in outline for the following 2 years, the key objectives of the organisation?		A1.1	D
2	The plan must: <ul style="list-style-type: none"> <li>• Be relevant to your organisation's aims and objectives</li> <li>• Include details about how each item is going to be achieved</li> </ul>		A1.1	D
3	Is the business plan reviewed at least every 6 months and a record of the reviews kept until at least the next audit?		A1.2	
4	The review should address specific projects, action proposals, finance and service targets at least every 6 months. Background information about the organisation, opportunities for development and client feedback should be reviewed at least annually.		A1.2	

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5	Do you provide the LSC with details about the type of work you do by, as a minimum, completing the LSC's Directory questionnaires? Where there is any change that has an impact on access and/or the services offered, do you take action to amend this and other information you distribute?			A2.1	
6	Do you have a written equal opportunities policy available to all staff which clearly states that it will not discriminate on grounds of race, colour, ethnic or national origin, sex, marital status or sexual orientation, disability, age or religion in the provision of services?  Does the policy include action to be taken if a breach occurs?			A3.1	D
7	If your organisation's service is offered to a specific client group, is this detailed in your business plan (as highlighted in point 2 above) and reflected in your signposting and referral procedures? (B1.2)			A3.2	

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<b>Section B: Seamless Service</b>				
8	Do members of staff know when to use signposting and referral?		B1.1	
9	Within your organisation, does a procedure and process(es) for conducting signposting and referral exist and are they in effective operation?		B1.2	D
10	For signposting, does your procedure confirm that, as a minimum, you will signpost any individual whom your organisation is unable to help? For referrals, does your procedure 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?		B1.2	D
11	Does your procedure include that when referring clients to another organisation for help through a LSC supplier, clients are directed to organisations with a Quality Mark ( and a contract for Family work for clients seeking Help with Mediation )		B1.2	D

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12	Are records of referrals maintained (including records of all instances where no suitable service provider could be found), and reviewed at least annually?			B1.3	
13	Do the records of referrals identify, as a minimum, the client or case, who made the referral, to whom the client was referred and the reason for the referral and where appropriate justify the selection of a supplier without a Quality Mark?			B1.3	
14	Is the latest edition of the CLS/CDS Directory available, and is there a process to ensure that details about alternative service providers are kept up to date?			B1.4	

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<b>Section C: Running the Organisation</b>					
15	Do you have a document available to all members of staff that identifies them, their current jobs and lines of responsibility?			C1.1	D
16	Do you have a document available to all members of staff that identifies those with key roles and decision-making responsibilities? - i.e. responsibility for managing departments, finance, quality, Quality Mark, complaints, mediation reviews and supervision.			C1.2	D
17	If there is a change to either of the documents in points 17 and 18, are the documents updated within 3 months?			C1.2	
18	Where a management committee is involved, can you provide details of membership, management structure and the decision making process? Is there less than 50% membership of the management committee from funding bodies?			C1.3	

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19	Is your organisation a member of, or is it regulated by, a recognised representative body, or has it otherwise satisfied the Legal Services Commission of its suitability for membership of the Community Legal Service?			C1.4	
20	Do you have a process for reviewing levels of service performance against aims on an annual basis?  Do you have a written procedure covering an annual service performance review? This must include; <ul style="list-style-type: none"> <li>• Gathering information on an ongoing basis</li> <li>• Including findings in the annual business plan</li> </ul>			C2.1	D
21	Can you demonstrate consideration of your service's capacity based on individuals' caseloads and responsibilities?			C2.2	

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22	Can you provide evidence of the required financial information and how often it is produced?			C3.1	
23	Does your organisation have confirmation of independent financial reviews (certified or audited accounts) for each accounting period (the accounting period must last no longer than 18 months)?			C3.2	
24	Does your organisation review the overall financial position at least every six months, and can you provide evidence of the review content outcome?			C3.3	
25	Is there a public liability insurance certificate on display in every office where mediation takes place?			C3.5	

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26	Are there facilities for clients to wait separately?			C4.1	
27	Is there a minimum of two separate rooms, to allow clients to be seen separately?			C4.2	
28	For mixed practices only: Is the Mediation service clearly identified from any other services?			C4.3	
29	If children are consulted as part of the mediation process, do you have suitable child facilities?			C4.4	
30	Does your service have access to facilities to ensure appropriate client privacy?			C4.5	

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<b>Section D: People Management</b>				
31	Is a current job description available for every member of staff, and a job description and person specification available for every post to be recruited?		D1.1	
32	Do all staff know their current responsibilities and objectives, and are these documented? Does the policy include action to be taken if a breach occurs?		D1.2	
33	Do you have a non-discrimination policy covering the grounds referred to at Point 7 which is applicable to the selection, treatment and behaviour of staff?		D1.3	D
34	Does your organisation have an open recruitment process in operation (i.e. is each permanent vacancy offered to the most suitable individual on the basis of an objective 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)?		D1.4	
35	Do you have a documented procedure to ensure staff, volunteer and client safety throughout the mediation process?		D1.5	D

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36	Does an induction process exist for people who join your organisation and are records kept confirming this has taken place for each individual?			D2.1	
37	Does the induction process commence within 2 months of the inductee joining the organisation and does it cover: <ul style="list-style-type: none"> <li>a) The organisation's aims</li> <li>b) The management/staff structure and where the new post fits into it</li> <li>c) The recruit's role and the work of their department or team</li> <li>d) The organisation's policies on non-discrimination, quality, customer care and complaints</li> <li>e) The office procedures manual and/or other work instructions/processes relevant to the post</li> <li>f) Terms and conditions of employment and welfare and safety matters?</li> </ul> Are records of induction kept?			D2.1	
38	Does performance appraisal of all members of staff take place detailing existing and future objectives, and, is it undertaken at least annually?			D2.2	
39	Are individual training and development plans produced, and are they reviewed at least annually, and is the review recorded?			D2.3	

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40	Is all training recorded?			D2.4	
	<b>Section D3 – Family Mediation Services</b>				
41	Is a named supervisor or professional practice consultant available to supervise mediators for each category of work, (For Family Mediators: Property and Finance, Children only and All Issues). Is this person accessible?			D3.1	
42	<p>If applicable:</p> <p>For an external supervisor:</p> <ul style="list-style-type: none"> <li>a) Does s/he meet D3.2, D3.3 and D4.2 in full?</li> <li>b) Is there a contract setting out their role?</li> <li>c) Are they included in the staff plan?</li> <li>d) Have they had an appraisal?</li> <li>e) Agreed role with their other employers?</li> <li>f) Are they accessible?</li> </ul> <p>Deputy supervisor:</p> <ul style="list-style-type: none"> <li>a) Does s/he have guidance of a supervisor?</li> <li>b) Is s/he on the key roles structure?</li> <li>c) Does s/he have a training &amp; development plan giving skills &amp; experience for them to meet all supervisory requirements?</li> </ul>			D3.1	

	Temporary supervisor arrangements in place?				
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43	<p>Is the supervisor a fully recognised mediator having successfully been competence assessed by a member body of the Family Mediation Council</p> <p>Has the supervisor got at least</p> <ul style="list-style-type: none"> <li>• 3 years' experience as a mediator?</li> <li>• Have they conducted at least 45 hours of mediation sessions in each category of work?</li> <li>• Do they conduct at least 15 hours of mediation sessions per year?</li> </ul>			D3.2	
44	Has the supervisor been registered as a supervisor by a member body of the Family Mediation Council			D3.3	

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45	Are there processes in place to ensure that staff are allocated according to their role and their competency and capacity?			D4.1	
46	Do effective systems of supervision exist that are tailored to the skills and competence of individual members of staff?			D4.2	
47	Do all members of staff know their own limits and are they aware of the need to and the point at which they should inform their supervisor if a case is beyond them?			D4.3	

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48	Is there ready access to current reference materials?			D4.4	
49	Can supervisors demonstrate how they become aware of relevant changes in legislation, practice and procedure and how supervised staff are kept up to date?			D4.5	
50	Have all mediators been assessed as competent either through full membership of a member organisation of the Family Mediation Council or through practitioner membership of the Law Society's Family Mediation Panel?			D5.1	

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<b>Section E: Running the Service</b>				
51	Will auditors have access to client files for audit purposes? (see also section F6.2 regarding confidentiality)		E1.1	
52	<p>Do you have documented procedures which are effective in</p> <p>a) Identifying potential conflicts of interest and identify who is responsible, and deal with</p> <ul style="list-style-type: none"> <li>• Cases involving disputes with the organisation or staff</li> <li>• A dispute based on false information</li> <li>• A case where the mediator has acquired relevant information in any private or professional capacity</li> <li>• Where mediation is offered as part of a practice/consortia offering other services</li> </ul> <p>b) Locating files and tracing documents, correspondence and other items relating to any matter that is open or has been closed for less than six years</p> <p>c) Maintaining a backup record of key dates</p> <p>d) Monitoring files for inactivity at pre-determined intervals and justify any interval longer than 3 months</p>		E1.2	D

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53	Are mediation files presented in an orderly and logical manner, and is key information (i.e. as a minimum, key dates, and the case status or latest action) readily apparent to someone other than the person who normally has conduct of the case?			E1.3	
54	If your organisation offers services other than mediation, are the files kept confidentially and separate from any other files?			E1.4	
55	Do you have a written procedure detailing information to be recorded on client files? As a minimum does this information include: <ul style="list-style-type: none"> <li>• Who attended each session</li> <li>• The agreement to mediate and any ground rules</li> <li>• Information relevant to mediation</li> <li>• Relevant issues and proposals of either party</li> <li>• Relevant options identified during the session</li> <li>• Any action to be taken by either party or the mediator</li> <li>• The outcome of the session and issues for the next session where appropriate</li> </ul>			E1.5	D

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56	<p>Mediation Reviews</p> <p>For each casework member of staff:</p> <ul style="list-style-type: none"> <li>a) Has the number of cases to be reviewed and the frequency and method of review been documented and can it be demonstrated to have been determined according to their experience, expertise and quality of work</li> <li>b) Can the sample of work reviewed be demonstrated to be representative of their overall caseload</li> <li>c) Are review findings communicated in accordance with a (written) procedure which outlines how the individual is to become aware that a file has been reviewed, how the review findings will be communicated, and within what timescales</li> <li>d) Is corrective action completed within a reasonable timescale and to the satisfaction of the reviewer in accordance with a (written) procedure?</li> </ul>			E2.1	D
57	Can the supervisor demonstrate that the review processes and procedures are followed and that they are aware of reviews and all findings?			E2.2	
58	Are all reviews carried out by the supervisor? If not, can you demonstrate that the reviews are undertaken by a mediator who has passed the competence assessment process and has not had day to day conduct of the mediations under review or is a temporary supervisor or deputy			E2.3	

	supervisor or has been delegated only procedural aspects to review or has authority from the LSC auditor?				
	<b>Procedure/process which needs to be in place</b>	<i>Tick or cross as appropriate</i>	<i>Document &amp; page ref. (please be specific)</i>	<i>Quality Mark Standard for Mediation ref.</i>	<b>For LSC Auditor use only</b>
59	Is the conduct of a file review, including the date and reviewer (and details of any corrective action to be taken) evident from the case file?			E2.4	
60	Is a comprehensive record of findings produced for each file review which contains: <ul style="list-style-type: none"> <li>a) Key mediation review information including: <ul style="list-style-type: none"> <li>• File reference</li> <li>• Date of review</li> <li>• Identity of the mediator and reviewer</li> <li>• Method of review</li> </ul> </li> <li>b) A note which confirms that each of the following has been checked and found satisfactory, or details of any adverse findings in respect of: <ul style="list-style-type: none"> <li>• Quality of legal advice given</li> <li>• Action proposed or taken</li> <li>• Adherence to organisational procedures</li> </ul> </li> <li>c) Evidence about corrective action?</li> </ul>			E2.5	
61	Can you demonstrate that records of mediation reviews are monitored at least annually and is action taken to improve performance where negative trends are identified?			E2.6	

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<b>Section F: Meeting Clients' Needs</b>					
62	Is there a system in place to identify the suitability for mediation of each case?			F1.1	
63	Is there a system in place to provide information about the mediation process to each client before the process begins?			F1.2	
64	Is there a system in place to ensure that mediators check that consideration has been given to the need for independent legal advice?			F1.3	
65	Is there a system in place to ensure client and mediator safety?			F1.4	
66	Is there a process in place to ensure that specific information relating to the start of the mediation process is confirmed in writing to the parties as soon as possible?			F2.1	
67	Is there a process in place to ensure that clients are kept informed during the mediation process?			F2.2	

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68	Is there a system in place to ensure that mediators consider specific complementary services throughout the process?			F2.3	
69	Is there a process to ensure that the outcome of the mediation process and follow-up actions are communicated in writing to all parties?			F3.1	
70	Are clients reminded of their right to independent legal advice in writing?			F3.2	
71	Is a process in place to ensure that clients are reminded that reconciliation remains an option and where financial disclosure has been made it is clear whether it has been full or is partial?			F3.3	
72	Is a procedure in place that outlines the principles of child protection?			F4.1	D
73	Is a procedure in place for consultation with children?			F4.2	D
74	Are clients informed in writing at the start of the process of any charge for any aspect of the mediation service?			F5.1	

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75	Where charges are made, are clients provided with written updates every six months of the current cost?			F5.2	
76	Are clients informed in writing of an assessment of the likely cost of the matter should the matter proceed to litigation?			F5.3	
77	Is there a written confidentiality policy that covers all information given to the organisation about the client and their case?			F6.1	D
78	Is there a process for obtaining the client's consent for their file to be disclosed to the LSC for audit purposes?			F6.2	
79	Does the non-discrimination policy apply to the use and selection of other suppliers? Does the policy include action to be taken if a breach occurs?			F7.1	D
80	Is there a process in place to select and evaluate other suppliers?			F7.2	
81	Are clients informed in writing if there is a charge to them for the use of other suppliers?			F7.3	

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<b>Section G: Commitment to Quality</b>					
82	Do work practices show that clients have information about what to do if they have a problem with the service provided?			G1.1	
83	Does your complaints procedure contain all of the following: a) The definition of a complaint b) Who has responsibility for complaints handling c) How complaints are identified d) How complaints are recorded e) How to identify the cause of a complaint and respond to it f) The process for reviewing complaints			G1.2	D
84	Do you keep a central record of every complaint made and review it annually to identify trends, documenting the results of the review?			G1.3	
85	Is there a client satisfaction procedure in place that includes all of the following:  a) A comprehensive feedback mechanism b) Details on how and when the client gives feedback c) The frequency and methodology of analysis of submitted			G2.1	D

	feedback?				
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86	Do you review client feedback at least annually and are the review findings and outcome documented?			G2.2	
87	Do you have a named individual(s) responsible for overseeing all quality procedures used by the organisation?			G3.1	
88	Do all quality procedures, and any amendments, show the date they became effective or the issue number and are they reviewed at least annually?			G3.2	
89	Do all individuals working in Quality Mark areas have access to the relevant quality procedures?			G3.3	