

# Trusted Standard

Information and Advice Quality  
Framework for Wales (IAQF Wales)  
and Trusted Standard Assessments



**TRUSTED  
STANDARD**

**NCO**

**SAFON  
DDIBYNADWY**

**NCO**

## Information and Advice Quality Framework for Wales (IAQF Wales) and Trusted Standard Assessments

You may be an organisation in Wales which provides information, advice and guidance and wish to include assessment against the [IAQF Framework for Wales](#) as part of your Trusted Standard Assessment.

There is an excellent match between the IAQF Wales and the Trusted Standard processes in terms of:

- the requirement for self-assessment to take place prior to external assessment,
- external assessment and reporting processes, and
- certification for three years, with annual review discussions between the assessor and the organisation.

The match between the 91 indicators at Trusted Standard Level 1 and the 7 quality areas in IAQF is also excellent.

These factors have led to Trusted Standard being approved by IAQF Wales as an accrediting body. The IAQF assessment takes place at the same time as the Trusted Standard assessment, so one assessment for two quality marks.

In some cases, while Trusted Standard guidance indicates **possible** sources of evidence, IAQF has **specific** document requirements, or its needs go slightly beyond what would usually be required for Level 1 of Trusted Standard. These aspects are listed below and your evidence for these will be checked by the assessor at Stage 1 of the assessment process – the assessor review of the organisation’s self-assessment.

### Additional IAQF requirements

Note- the headings used below are topic based and are not specific to either Standard

**A. Equality and Diversity:** The service has a clear and public statement on equality, diversity and inclusion which includes how the needs of the community are to be met by the service provider, including those who may be disadvantaged or discriminated against.

**B. Review of service and the organisation:** The service periodically reviews itself.

1. Service use is examined by protected characteristics.
2. Service review includes feedback from clients, staff and partners.
3. The Board actively reviews the performance of the most senior member of staff and sets salary levels.
4. The Board reviews its own performance as a governing body.

### C. Data

1. There is a structured system in place to manage client records.
2. The service provider is registered with the Information Commissioner.
3. Service users are made aware of how the service provider will manage their data, boundaries to confidentiality and of how to complain regarding any breach of confidentiality.

#### **D. Conflict of interest and behaviours**

1. The service should be committed to delivering in the best interests of its service users. It should have a clear policy on, and understanding of, what constitutes a conflict of interest, with boundaries to independence set and services focused on the best interests of service users.
2. Service users are advised of any potential, perceived or actual conflicts.
3. There should be a clear statement regarding expectations of behaviour of staff and service users, accessible to all staff and service users.

#### **E. Learning, development and support for staff (paid or unpaid)**

1. Training records for relevant staff evidence training in data protection issues.
2. Paid and unpaid staff are supported to deal with disruptive behaviour to ensure the safety and accessibility of the service for staff and all service users.
3. The organisation ensures that all staff (paid and unpaid) involved in delivering the service have the core competencies required before serving the public.
4. Staff wellbeing is supported.
5. There is evidence of regular supervision of all paid and unpaid staff and annual appraisal / review of development plan.
6. All staff receive training appropriate to their role in complaints handling.
7. There are staff training records evidencing safeguarding training for all client facing staff.

#### **F. Other policies and procedures – specific requirements**

1. There is an office manual identifying relevant legislation and detailing compliance and people can describe what is in the office manual.
2. There are documented lines of delegated authority for budget holders.
3. Policies and procedures for case recording and case management include initial interview; definition of case; case closure procedure.
4. There is a policy on safeguarding of children and young people and a policy on safeguarding of adults which includes details of internal reporting and arrangements for external referral where appropriate.
5. The complaints procedure contains details of the complaints process steps, including external arbiters where appropriate.
6. The service has a clear policy in place for service user redress and, where appropriate, the service maintains professional indemnity insurance.

#### **G. Welsh language**

1. There is a clear Welsh language progress plan with timelines for moving towards fully bilingual service management, based upon the planning tool available on the Welsh Language Commissioner's website.

2. The service is committed to ensuring that services are accessible to clients whose preference or need is Welsh language, such as internal protocols and / or referral arrangements to deliver bilingual services, access to services in Welsh on request (for example through referral arrangements or access to translation services).
3. Needs assessment includes the needs of Welsh speakers.
4. Business planning responds to the needs of Welsh language speakers.

**H.** In addition to contribution towards a Wales of vibrant and thriving Welsh language (see section G above), contribution towards other Well-being of Future Generations (Wales)

Act 2015 improved outcomes:

1. a prosperous Wales
2. a resilient Wales
3. a healthier Wales
4. a more equal Wales
5. a Wales of cohesive communities
6. a globally responsible Wales