



Australian
Healthcare
Associates

One DHS Standards
Draft Evidence Guide

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One DHS Standards Evidence Guide

OVERVIEW OF THE ONE DHS STANDARDS EVIDENCE GUIDE

1.1 Purpose of the evidence guide

The evidence guide has been developed to assist DHS funded organisations prepare for and participate in internal and external reviews in relation to the One DHS Standards. The guide will also be used by quality reviewers to support greater consistency in conducting quality reviews of DHS services.

1.2 Background

DHS currently funds 594 organisations to provide the broad range of services across its three program divisions: Disability Services, Housing and Community Building, and Children, Youth and Families.

In May 2010, the Executive of the DHS committed to integrating its quality standards and external review processes. Following extensive consultations with DHS and sector representatives, peak bodies, service users and other key stakeholders, a single set of Standards were developed and presented to the DHS Board for approval in early 2011.

Transition to the One DHS Standards will take place from July 2012, with reviews taking place during the 2012 -15 service agreement period. Under the One DHS standards funded organisations will:

- be required to be accredited by a department endorsed standards review body once every three years
- need to meet the requirements of the selected review body
- demonstrate compliance against the One DHS Standards (including self-assessment and quality plan)

The evidence guide has been developed to support the application of the One DHS Standards.

1.3 Developing the evidence guide

The evidence guide will be developed in consultation with the department, service providers, peak bodies and service users. Consultations will take place on a draft evidence guide developed by Australian Healthcare Associates and information gathered through this process will be used to refine the evidence guide.

The evidence guide will be trialled during June and July 2011. This phase will include testing the evidence guide with four service providers including one organisation providing child, youth and family services, one providing disability services, one providing homelessness services and one providing all three services.

AHA will work closely with the organisations to complete a self assessment against the One DHS Standards using the evidence guide. This will involve assisting organisations to collect and evaluate the evidence to complete the self assessment, ensuring that it is appropriate to demonstrate compliance with the Standards.

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Following the testing phase the evidence guide will be further refined as required and finalised.

1.4 The One DHS Standards

The One DHS Standards are based on four standards that focus on the service delivery elements of the three DHS program areas. An overview/explanation is included at the front of each of standard summarising the intent of that Standard. Each Standard also includes criteria describing the key elements to be addressed to meet the Standard and evidence indicators to measure each criteria. The indicators are presented as either:

- common indicators meaning that each service provider would be expected to meet that indicator; or
- specific to a program area to address the needs of a particular client group

The elements of the Standards are shown in the table below:

1-1 Elements of the standard

Element of standard	Purpose
Title	Focus of the standard
Standard statement	Summarises the goal of the standard
Overview/Explanation	Describes the intent and guiding principles that underpin the standard
Criteria	Describe the key components to be addressed to meet the standard
Evidence indicator	Used to 'measure' achievement of each criteria

The One DHS Standards include four standards focusing on service delivery, including:

- Empowerment
- Access and Engagement
- Well-being
- Participation

The full set of the one DHS Standards are expanded in section 4 of this guide

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2 USING THE EVIDENCE GUIDE

2.1 Content of the evidence guide

The guide is designed to support service providers in meeting the requirements of the Standards and to support quality improvement planning. While needing to be adequately comprehensive, the guide is designed to be user friendly, concise and practical for service providers and review bodies. It also aims to encourage innovation by service providers in the way they demonstrate compliance with the Standards by not being overly prescriptive in what evidence needs to be presented.

Common examples of evidence have been used where appropriate; however some service specific evidence examples have been included to ensure the needs of particular service users are met.

The guide provides information in the following areas:

- a list of supporting documents relevant to each program division: These policies and guidelines may assist service providers in providing evidence to address the One DHS Standards
- examples of evidence that supports the provision of services across more than one service area
- service specific evidence relevant to the needs of particular client groups.

2.2 Structure of the Evidence Guide

The guide is separated into criteria for each standard. For each criteria the guide includes common and service specific indicators. Evidence examples are provided for each of the criteria and associated indicators and include:

- common evidence across the three program areas
- service specific evidence against the common indicators and
- service specific evidence where service specific indicators are listed.

2.3 What is evidence?

Evidence allows the service provider to demonstrate they meet the requirements of the Standards and Criteria. Evidence can come in many forms and can include something that is documented, something that observed or something that is heard. Potential evidence sources include:

- review of documentation
- interviews with staff and management
- Interviews with people who use the service and other stakeholders
- observation of the physical environment and staff practice

Evidence must be *relevant, reliable, current and adequate*

Relevant: Relevant means the evidence is directly related to the issue or question being asked

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Reliable: *Reliable* evidence is from a source or person accepted as having relevant knowledge and/or experience in that area. The reliability of evidence is strengthened when it comes from a variety of sources

Current: Current means the evidence is up-to-date, or from the time period that you require.

Adequate: Adequate means there is enough information to fully answer the question being asked.

2.4 Categories of evidence

To address each of the Standards and Criteria, evidence examples have been provided in three categories: Documents, knowledge and Awareness and Evaluation/Monitoring. To demonstrate compliance with each of the Standards and Criteria service providers will need to demonstrate that processes and/or systems are in place to comply with the Standards. The categories of evidence included in the evidence guide are described below

Category	Description
Documents	<p>This includes a wide range of documentation demonstrating how an organisation meets the Standards while also addressing relevant legislation, departmental documents and sector frameworks.</p> <p>Documentation might include:</p> <ul style="list-style-type: none">▪ policies and procedures describing the organisations processes and practices▪ stakeholder information such as: brochures, pamphlets or other written material given to people who use the service or other stakeholders, newsletters, photographs, or posters ,▪ forms and other tools used by staff or people who use the service: referrals, intake and assessment tools, care plans, attendance records, feedback and complaint forms, improvement forms
Knowledge and Awareness	<p>Evidence of how board, manager, staff, carers, volunteers are made aware of and understand service delivery requirements. This might include:</p> <ul style="list-style-type: none">▪ Training plans/records (planned training, orientation)▪ Agenda items in meetings▪ Manuals/Guidelines/memos <p>Evidence of how service users are made aware of and understand elements of service delivery. This might include:</p> <ul style="list-style-type: none">▪ Provision of written information▪ Provision of information in other formats to facilitate understanding and to meet the language, cultural and communication needs of individuals▪ Use of interpreters

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This form of evidence helps to demonstrate a culture of continuous quality improvement in day to day service delivery. It shows the implementation of systems and processes and helps identify the outcomes or outputs of systems and processes. It should also support and show changes made to systems and processes as a result of outcomes/outputs.

This might include

- records: clients records, staff records, training records, feedback, complaint and incident/accident records, Quality Improvement Plans
- reports: quality activities, quality reviews, financial reports, annual reports, management reports to the Board/Committee.
- results of surveys/feedback
- Internal audit results – client files, staff files
- meeting minutes,
- observations
- quality plans
- Interviews to confirm written information
- Interviews with board/management/staff/volunteers confirming understanding of service delivery requirements, policies and procedures

Evaluation/Monitoring

3 SUPPORTING DOCUMENTS

A number of external key Service policies and guidelines provide direction and support for service delivery across the three program divisions. These documents should be used by service providers to develop policies, procedures, systems and processes to address each of the Standards. These include:

3.1 Housing and Community Building Services

- Best Interests conceptual overview
- Best Interests framework
- Child Youth and Families - Best Interests Framework
- Children Resource workers assessment tools (2009)
- Code of Practice for specialist Family Violence Services for Women and Children
- Common Risk Assessment Framework for Family Violence Service in Victoria
- Complaints Management Training Package “Taking it Seriously” (DHS 2006)
- Consumer participation resource kit for housing and homelessness assistance services, Homeground, Rural Housing 2008
- Consumer participation kit (2009)
- DHS Cultural Diversity Guide (2006)
- DHS Language services policy 2005
- DHS fire risk management guidelines 2001
- H&CB Complaints Management Policy
- H&CB Housing Services Policy and Procedure manuals
- H&CB Housing Standards Policy Manual
- H&CB Tenant participation framework
- Family Violence Risk Assessment & Risk Management Framework (DHS 2007)
- Family Reconciliation framework and guidelines
- HEF guidelines
- Homelessness Advocacy Service Information
- Homelessness Assistance Program Guidelines and Conditions of Funding 2009-2012
- Housing Act 1983 (as amended 2005)
- Koori Practice Checklist a cultural audit tool for the alcohol and other drugs service sector (Ngwala)
- National Supported Accommodation Assistance Program Case management Principles (Commonwealth 1997)
- NPA Responses for young people experiencing homelessness in Victoria 2009
- OoH allocations manual
- OoH bond loan scheme policies and procedures (2010)
- Opening Doors - Better access for homeless people to social housing and support services in Vic 2008
- Opening Doors - Service Coordination Guide 2008
- Opening Doors- Practice Guide 2008
- National Community Housing Standards 2010
- Residential Tenancies Act 1997
- SAAP Case Management Quality Improvement Tool
- SAAP Family Reconciliation Framework and Guidelines
- SAAP Act 1994
- SAAP National Data Collection Information Framework and Strategy
- SAAP National Data Collection Protocols
- SAAP Standards of Service Delivery and SAAP Management Standards, August 1993
- SAAP Training and Development Manual
- Service Guidelines Between SAAP and Alcohol and Drug Treatment Services 1997
- Specialist Homelessness Services Data Collection Training Manual
- Statewide Homelessness Assessment and Referral Framework (Department of Human Services)
- Statewide children’s intake, assessment and support plan framework (2009)
- The Family Violence Protection Act 2008
- The Victorian Charter of Human Rights and Responsibilities
- Victorian Consumer Charter for Community – Managed housing and homelessness services 2006
- Victorian Police Code of Practice for the investigating of family violence (2004)

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- Youth Housing Action Plan Stage Two, Creating Connections 2008

3.2 Children, Youth and Families Services

- A guide to Concessions – Assistance for People on Low Incomes
- Aboriginal Child Specialist Advice and Support Services (ACSASS) Funding Arrangements and Service Description
- Aboriginal Child Placement Principle (2002)
- Aboriginal Cultural Competency Framework (2008)
- Adolescent Community Placement – Principles and Program Framework (1991)
- CAHABPS Operations Manual
- Charter for children in out of home care
- Children Youth & Families Policy and Funding Plan
- Circle program: A Therapeutic Approach to Foster Care – Program Guidelines (November 2008)
- Code of Practice for Specialist Family Violence Services for women and Children (2006)
- DHS Management Response to Inhalant Use (February 2003)
- Department of Human Services, Incident Reporting Instruction (2008)
- Family Services Strategic Framework
- Family Violence Risk Assessment and Risk management (2007)
- Finding Solutions State-wide Specifications Document (April 2004)
- Guidance on Promoting Children's Stability
- Guidelines for the Youth Justice Community Support Services (YJCSS)
- Information Sharing Guidelines (every child every chance)
- Inhalant Guidelines for Youth Justice (2007)
- Interim Practical Guide to Voluntary Child Care Agreements (April 2007)
- Kinship Care Guidelines (January 1996)
- Leaving Care (September 2008)
- Looking After Children framework
- Men's Behaviour Change Group Work: Minimum Standards and Quality Practice: No To Violence (2005)
- Practice Guidelines: Women and Children's Family Violence Counselling and Support Programs (2008)
- Disability Services
- Protecting Victoria's Children – Child Protection Manual
- Protocol; between the Department of Human Services Child Protection Service and the Victorian Aboriginal Child Care Agency (2002)
- Service Agreement Information kit for Funded Organisations
- Sharing Messages about AFDM Creating Solutions Together ATSI family decision making program learning package
- Standards of Practice for Victorian Centres Against Sexual Assault (2008)
- Standards to Guide the Delivery of Services in juvenile Justice Custodial Centres (2004)
- United Nations Rules for the Protection of Youths Deprived of their liberty (1985)
- Victorian Legislation and Parliamentary Documents website (www.legislation.vic.gov.au)
- Victorian Charter supporting people in care relationships
- Youth Justice Adult Court Advice Service (practice Guidelines 2006)
- Youth Justice Centre Operations Manual (2004-5)
- Youth Justice Drug Policy and Strategy (2007)
- Youth Justice Group Conferencing Program Guidelines (2006)
- Youth Justice Guidelines for Implementing Sporting, Recreation and Outdoor Activities (2007)
- Youth Justice Temporary Leave Program Standards for YJ Staff

3.3 Disability Services

- Adult Training and Support Services Policies and Mandatory Procedures Manual (2000)
- Aged Persons Psychosocial Rehabilitation in Mental Health
- Agency Training Plan Resource Kit
- Aids and Equipment Program Guidelines (2002)
- Australian Standard AS1428.1 (2001) – Design for access and mobility Part 1 general requirements for access – new building work
- Community Sector Organisations (CSO) Networks- Guidelines, Criteria and Project Plan Requirements CSIF information
- Community Visitors Guidelines (1999)
- Community Visitors Protocol (2007)
- DHS Business Continuity Plan
- DHS Incident Reporting 2008
- DHS Responding to Allegations of Physical or Sexual Assault (2005)
- Disability Services Employment Safety Screening Compliance Policy
- Duty of Care (2000)
- Expanding support and treatment options within mental health services prevention and recovery care services service guidelines
- Fire Safety Evacuation Packs (revised May 2003)
- Flexible Support Package (incorporating Making a Difference, Early Choices, Continuity of Care & Family Choice) (September 2003)
- Futures for Young Adults Existing Participants (Years 1 -8) Guidelines 2005
- Futures for Young Adults Guidelines, New Direction (March 2005)
- Guide to Maintenance and Repairs – Singleton Equity Housing Limited Properties
- Guidelines for Applying for Funding to Establish a Community Sector Organisation (CSO) Network
- Guidelines for Chronic Illness Case management
- HIV Positive Guidelines for Disability Services (August 2000)
- HomeFirst Guidelines (revised December 2003)
- House Maintenance Guide (2006)
- In home Support for Aboriginal Families Program Guidelines
- Lead Tenant Service Response Guidelines (December 1996)
- PDRSS Agency Implementation Guidelines (August 2005)
- Public Records Office Victoria – General Disposal Schedule for Common Administrative Records Class No 4.2.1
- Quarterly Data Collection (QDC) Data Guide (2002)
- Restraint and Seclusion Policy (January 2001)
- Rural Access Guidelines & Information Kit (2001 – Draft)
- Specialist Children Services Program Standards DHS 1998
- Support and Choice Guidelines
- The PDRSS Young Persons Residential Rehabilitation Program. Revised Guidelines and Information – (February 2005)
- The Positive Practice Framework (2011)
- Victoria's Mental Health Service The Framework for Service Delivery – Aged Persons Services, (May 1998)
- Working with Children Act (2005)

4 ONE DHS STANDARDS

	Standard	Criteria
1	Empowerment People's rights are promoted and upheld.	1.1 People understand their rights and responsibilities. 1.2 People exercise their rights and responsibilities.
2	Access and Engagement People's right to access transparent, equitable and integrated services is promoted and upheld.	2.1 Services have a clear and accessible point of contact. 2.2 Services are delivered in a fair, equitable and transparent manner. 2.3 People access services most appropriate to their needs through timely, responsive, service integration and referral.
3	Well-being People's right to well-being and safety is promoted and upheld.	3.1 Funded organisations adopt a strengths based and early intervention approach to service delivery that enhances people's well-being. 3.2 People actively participate in an assessment of their strengths, risks, wants and needs. 3.3 All people have a goal oriented plan documented and implemented. This plan includes strategies to achieve stated goals. 3.4 Each person's assessments and plans are regularly reviewed, evaluated and updated; exit/transition planning occurs as appropriate. 3.5 Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury.
4	Participation People's right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.	4.1 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment. 4.2 People exercise choice and control in service delivery and life decisions. 4.3 People maintain connections with family and friends, as appropriate. 4.4 People maintain and strengthen connection to their Aboriginal culture and community. 4.5 People maintain and strengthen their cultural, spiritual, and language connections. 4.6 People develop independent life skills.

5 GLOSSARY

Advocacy	The process of standing beside an individual or group and speaking out on their behalf to protect and promote their rights and interests. An advocate can be from an advocacy organisation or an individual advocate. For example: a support person, a worker, family, friend, partner etc.
Appropriate format	Information is provided in a form which considers the recipient's specific communication needs. For example, linguistic, sensory, (visual/auditory), literacy and/or comprehension.
Case Management	Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's needs through communication and available resources to promote quality outcomes.
Criteria	The criteria describe the key components to be addressed to meet the standard.
Cultural and linguistic diversity	The term cultural and linguistic diversity refers to the range of different cultures and language groups represented in the population. In popular usage, culturally and linguistically diverse communities are those whose members identify as having non-mainstream cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. (Refer to the Department of Human Services Cultural Diversity Guide and Language Policy).
Cultural competence	Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.
Dignity of risk	Dignity of risk is about supporting people's right to make choices that may involve uncertainty or risk.
Documented	Recorded information – may be on a variety of media, i.e. written, visual, recorded.
Early intervention	Early intervention is not only intended to prevent the development of future problems such as child abuse, substance abuse and criminal behaviour, but also promote the conditions and build capacity necessary to improve health and development in all areas.
Evidence indicator	For each criteria there are a series of measurable elements of practice used to assess whether the service meets a particular criteria.
Goal Orientated	Identifies aims/objectives to be achieved.

Hard to reach	People that face challenges in engaging with services.
People	The term “people” includes children, youth, adults and/or families. This term is consistent with terminology adopted by the Better services, better opportunities Strategic directions for the Department of Human Services document.
Person Centred	Person-centred planning focuses on people and their needs by putting them in charge of defining the direction for their lives. This ultimately leads to greater inclusion as valued members of both community and society.
Planning	Planning is inclusive of person centred planning and case management and includes the decision making process regarding supports and intervention to be implemented and sets goals, responsibilities and review processes.
Policies	Statements of intent, providing guidance related to the expected standard to be achieved, based on regulatory and contemporary practice. Policies should address the rule, rather than how to implement the rule.
Procedures	Providing the guiding steps for the action to be taken to implement a policy. Procedures explain how to perform activities, tasks, specifying who does what and when.
Referral	Where a service is unable to meet the needs of a person, that person may be referred to another community or health agency. A referral is a communication from one professional to another, to recommend that a person receive a particular service.
Risk	The chance of something happening that will have a negative impact. It is measured in terms of consequences and likelihood.
Standard	The standard describes the overall goal by which organisations can measure their performance.
Strengths-based approach	A strengths based approach operates on the assumption that people have strengths and resources for their own empowerment.
Service integration	To work or collaborate with other funded organisations to address the needs of people access services. This may involve both intra and inter agency integration.
Service environment	The service environment is defined as the service provider’s premises or physical office environment.

The 16 Life Areas

The Quality Framework for Disability Services identified 16 life areas. These life areas are highlighted as important to most people and are directly associated with the way wellbeing is measured for all Victorians. The 16 life areas include:

- Always learning,
- Being part of the community
- Being independent
- Being safe
- Building relationships
- Choosing supports
- Communication
- Doing valued work
- Exercising rights and responsibilities
- Expressing culture
- Having fun
- How to live
- Looking after self
- Moving around
- Paying for things
- Where to live.

6 EVIDENCE GUIDE

Standard 1 – Empowerment: People’s rights are promoted and upheld.

Overview/Explanation of the standard

This standard acknowledges the importance of promoting and upholding human rights and the commitment to planning and implementing services in a manner that observes these rights. It focuses on the role of service providers in supporting people to understand and exercise their rights and responsibilities when accessing services. It also acknowledges the right of the person to involve an advocate of their choice.

It requires service providers to:

- *provide information in the way that best facilitates the persons understanding of their rights and responsibilities*
- *be aware of the different language, cultural and communication needs of people and to use a range of alternative information and communication methods to enhance peoples understanding*
- *provide support in a variety of ways to assist people to exercise their rights and responsibilities.*

It requires that:

- *all systems and processes meet relevant legislative requirements*
- *there are documented policies and procedures that act to protect and promote the rights and responsibilities of all people*
- *the quality system in place includes regular review and evaluation of systems and processes and feedback mechanisms to support continuous quality improvement.*

As a result people will:

- *understand their rights and responsibilities*
- *exercise their rights and responsibilities.*

Standard 1 – Empowerment: *People’s rights are promoted and upheld.*

Criteria 1.1

People understand their rights and responsibilities

Evidence Indicators	Evidence
Common Indicators	Common
<ul style="list-style-type: none"> ▪ The relevant charters of rights are displayed and provided in an accessible format that facilitates understanding by all people. ▪ Rights and responsibilities are developed and provided in an accessible format that facilitates understanding by all people. ▪ Information is provided to people in an accessible format about: <ul style="list-style-type: none"> - the quality of service they can expect to receive from the service provider - their right to an advocate including how to access one - their right to privacy and dignity - the process for accessing their records - feedback processes - complaints, appeals and allegations processes - the extent of their rights - their right to be free from abuse, neglect, violence and 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Charter of rights displayed and accessible to people in ways that are meaningful to the people using the service and culturally responsive ✓ Documented processes are in place which describe the organisations system for: <ul style="list-style-type: none"> ▪ Supporting people who use the service to understand and exercise their rights and responsibilities ▪ providing people who use the service with information in accessible formats that facilitate their understanding including, but not limited to: <ul style="list-style-type: none"> their rights and responsibilities the quality of service they can expect from the service provider. their right to access and how to use an advocate of their choice. their right to privacy and dignity. the process for accessing their records informed consent feedback processes complaints, appeals and allegations processes and quality of care processes. the extent of their rights. their right to be free from abuse, neglect, violence and preventable injury. (<i>refer to Standard 4</i>) <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ A process is in place for ensuring people who use the service and staff/volunteers understand: <ul style="list-style-type: none"> ▪ people’s rights and responsibilities ▪ the relevant Charter of Rights

Standard 1 – Empowerment: *People’s rights are promoted and upheld.*

Evidence Indicators	Evidence
<p>preventable injury.</p> <ul style="list-style-type: none"> ▪ Peoples understanding of their rights and responsibilities is confirmed. 	<ul style="list-style-type: none"> ▪ service/program information provided to people wishing to access the service. ✓ Records (e.g. training/induction records) evidence that staff/volunteers have been informed of people's rights and responsibilities (in relation to relevant legislation and departmental documents) and how to support people who use the service to exercise them. <p>Monitoring /Evaluation</p> <ul style="list-style-type: none"> ✓ Records demonstrating people’s acknowledgement of receiving, and confirmation of understanding of rights and responsibilities (e.g. client file, file checklist, interviews etc) ✓ Feedback mechanism and/or data confirm people who use the service: <ul style="list-style-type: none"> ▪ receive and understand their rights and responsibilities information ▪ access and understand the relevant Charter of Rights. ▪ receive and understand service/program information ✓ Feedback mechanisms and/or data confirm staff/volunteer understand: <ul style="list-style-type: none"> ▪ the people’s rights and responsibilities and supporting people who use the service to exercise these ▪ the people’s relevant Charter of Rights. ▪ service/program information. ✓ Regular review of the documented processes occur
Common indicators	Service specific evidence
Disability Services	<p>Documents</p> <p>Knowledge and Awareness</p> <p>Evaluation/Monitoring</p>

Standard 1 – Empowerment: *People’s rights are promoted and upheld.*

Evidence Indicators	Evidence
Children, Youth, Family Services –	<i>Documents</i> <i>Knowledge and Awareness</i> <i>Evaluation/Monitoring</i>
Homelessness Services	<i>Documents</i> <i>Knowledge and Awareness</i> <i>Evaluation/Monitoring</i>

Standard 1 – Empowerment: *People’s rights are promoted and upheld.*

Criteria 1.2

People exercise their rights and responsibilities

Evidence Indicators	Evidence
Common Indicators	Common
<ul style="list-style-type: none"> ▪ The service provider can demonstrate how the relevant charter of rights is promoted and enacted in practice throughout the service. ▪ People are supported in their choice to use an advocate. ▪ People are satisfied with the supports they are provided around exercising their rights and responsibilities. ▪ People know what to do if their rights are violated. ▪ People are satisfied with the quality of service they receive. ▪ People are satisfied that their privacy and dignity are maintained. ▪ The complaints, appeals and feedback systems can be easily accessed by all people. ▪ People are satisfied with the management of complaints and feedback. ▪ People are satisfied with the 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place which describe systems for: <ul style="list-style-type: none"> ▪ advising staff, volunteers, and other stakeholders, in how to support people who use the service to use an advocate of their choice. ▪ supporting people who use the service to understand about what to do if their rights have been violated ▪ gathering feedback ▪ managing complaints, feedback, reviews and appeals ▪ responding to allegations of misconduct/abuse or quality of care concerns ▪ when restriction of rights may be necessary ▪ how and when restrictions can be applied ▪ how and when restriction is monitored (<i>See below for specific requirements for disability</i>)
	<p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Records evidence staff/volunteers knowledge and awareness of people’s right to use an advocate of their choice ✓ Training records demonstrate staff have received training in advocacy ✓ Records evidence staff/volunteers being advised of what to do if a persons rights have been violated, how to respond if there is a allegation of misconduct/abuse and how decisions about restricting a persons rights is made and reviewed
	<p>Monitoring and evaluation</p> <ul style="list-style-type: none"> ✓ There is evidence to demonstrate people who use the service know how to exercise their rights and responsibilities

Standard 1 – Empowerment: *People’s rights are promoted and upheld.*

Evidence Indicators	Evidence
<p>management of review and appeals.</p> <ul style="list-style-type: none"> ▪ Processes are in place to respond to allegations of misconduct/abuse in ways that ensure people are protected from future harm. ▪ The service provider demonstrates that: <ul style="list-style-type: none"> ✓ where a person’s disability or behaviour requires some restriction of their rights, the least restrictive alternative is applied only when necessary and for as little time as possible ✓ strategies are in place to empower and provide appropriate support for each person who has some restriction placed on their rights ✓ strategies are in place to regularly monitor and review all interventions that restrict rights. 	<ul style="list-style-type: none"> ✓ Evidence of people exercising their rights and responsibilities – complaints register, incident reports, community visitors reports ✓ Feedback mechanisms and/or data confirms satisfaction levels of people who use the service in relation to: <ul style="list-style-type: none"> ▪ supports provided around exercising their rights and responsibilities. ▪ assistance to access and support to choose an advocate of their choice; ▪ the quality of the service they receive; ▪ the maintenance of their privacy and dignity; ▪ access to, and management of, feedback, complaints, and reviews and appeals ▪ the impact of advocacy services ✓ Regular review and reporting of records to management and/or Board relating to: <ul style="list-style-type: none"> ▪ people exercising their rights and responsibilities ▪ use of advocacy services ▪ allegations of misconduct/abuse or quality of care concerns ▪ implementation of restrictive practice ✓ File reviews confirm that where restriction of rights have been applied the least restrictive alternatives have been utilised and reviews have been undertaken ✓ Regular review of documented processes.

Standard 1 – Empowerment: People’s rights are promoted and upheld.

Evidence Indicators	Evidence
Common indicators	Service specific evidence
<p>Disability Services</p>	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place identifying when a person’s behaviour requires some restrictive interventions related to rights, physical, chemical or seclusion which includes reference to: <ul style="list-style-type: none"> decisions about the type/s of restrictive intervention that may be implemented who may authorise and implement restrictive practice consultation with the person and/or their nominated representative including strategies that reflect empowerment and support for the person selection of the least restrictive intervention how long the different methods of restrictive intervention may be implemented regular review of restrictive practice strategies that have been authorised. <p>Knowledge and Awareness</p> <ul style="list-style-type: none"> ✓ Staff/volunteers are aware of the processes to be followed when restrictive interventions are put in place ✓ The person using the service, carers, family and other key stakeholders are aware of the reasons for restrictive intervention and when and how this will be reviewed <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Monitoring records are maintained when restrictive intervention is being implemented including when, where and type of restrictive intervention.
<p>Children, Youth, Family Services –</p>	<p>Documents</p> <p>Knowledge and Awareness</p> <p>Evaluation/Monitoring</p>

Standard 1 – Empowerment: *People’s rights are promoted and upheld.*

Evidence Indicators	Evidence
Homelessness Services	<i>Documents</i> <i>Knowledge and Awareness</i> <i>Evaluation/Monitoring</i>

DRAFT

Standard 2 – Access and Engagement: People’s rights to access transparent, equitable and integrated services are promoted and upheld.

Overview/Explanation of the standard

This standard acknowledges the importance of promoting and upholding the rights of people to access the most appropriate service to meet their needs.

It emphasises the need for service providers to:

- *be transparent and equitable in the way they prioritise need and allocate resources*
- *clearly define the criteria for determining if a person is eligible to enter the service*
- *provide Information about these criteria to people in formats that facilitate understanding*
- *be non-discriminatory in decision making in respect to age, gender, culture, religion or disability*
- *not prejudice a person who has previously been refused services in future attempts to access services.*
- *be integrated both internally and within the wider service system to ensure people receive the most appropriate service to meet their needs*
- *have a commitment to timely and effective referral*
- *use a variety of strategies to establish contact with hard to reach people that face challenges in engaging with services.*

The standard acknowledges that certain populations groups are identified as being more vulnerable or at greater risk and therefore need to be prioritised for services.

It requires that:

- *all systems and processes meet relevant legislative requirements*
- *there are documented policies and procedures that act to promote and protect each person’s right to access transparent, equitable and integrated services*
- *the quality system in place includes regular review and evaluation of systems and processes and feedback mechanisms to support continuous quality improvement.*

As a result people will:

- *access the most appropriate services or support available to meet their needs*
- *not be discriminated against based on their age, gender, race, culture, religion or a previous refusal of services.*

Standard 2 – Access and Engagement: People’s rights to access transparent, equitable and integrated services are promoted and upheld.

Criteria 2.1

Services have a clear and accessible point of contact.

Evidence Indicators	Evidence
Common Indicators	Common
<ul style="list-style-type: none"> ▪ The service environment is safe and encourages people to make initial contact with the service, and participate in the longer term, where applicable. ▪ Services are physically accessible to people¹ and/or provide a flexible response to enhance accessibility where possible. ▪ Service delivery hours are responsive to the needs of people accessing the service. ▪ The service environment uses resources and symbols that are responsive to cultural or Aboriginal background, age or developmental stage. ▪ The service provider identifies service accessibility issues and uses a range of strategies to address these. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place which describe the service providers system for: <ul style="list-style-type: none"> ▪ how demographic and other data (e.g. peoples feedback) is used to plan service delivery location, type and hours of access ▪ identifying barriers to service access and strategies to address these ▪ informing the community and potential users of the services available, eligibility and access ✓ Planning documents reflect the service provider has considered aspects related to physical accessibility for people to the building/s and amenities; and uses recognised signage that reflects the identified demographic need e.g. cultural, Aboriginal background, age etc. ✓ Information is available for people to provide feedback related to service locations, types, hours and access issues.
	<p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates staff/volunteers knowledge and awareness in relation to service access. ✓ Process for involving staff, volunteers, people who use the service and other stakeholders in service planning.
	<p>Monitoring and evaluation</p> <ul style="list-style-type: none"> ✓ Evidence of use of available data to inform planning of service delivery location, types and hours of access, and physical accessibility. ✓ Feedback mechanisms and/or data confirms that the views of people who access the service are sought to improve accessibility and relevance

¹ Service providers must be able to demonstrate that there are an adequate number of service outlets that are physically accessible to all to meet service demand.

Standard 2 – Access and Engagement: *People’s rights to access transparent, equitable and integrated services are promoted and upheld.*

Evidence Indicators	Evidence
	<ul style="list-style-type: none"> ✓ Feedback mechanisms and/or data confirms that people who use the service are aware of and supported to provide feedback about service access issues ✓ Regular review of documented processes.
Common indicators	Service specific evidence
Disability Services	<p>Documents</p> <p>Knowledge/Awareness</p> <p>Evaluation/Monitoring</p>
Children, Youth, Family Services –	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented process is in place describing the system for the development of catchment plans <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Evidence of staff knowledge and awareness of catchment plans <p>Monitoring and evaluation</p> <ul style="list-style-type: none"> ✓ Evidence of review of catchment plans and service provider active involvement
Homelessness Services	<p>Documents</p> <p>Knowledge/Awareness</p> <p>Evaluation/Monitoring</p>

Standard 2 – Access and Engagement: People’s rights to access transparent, equitable and integrated services are promoted and upheld.

Criteria 2.2

Services are delivered in a fair, equitable and transparent manner.

Evidence Indicators	Evidence
Common Indicators	Common
<ul style="list-style-type: none"> ▪ Priority of access for services is based on relative need, available resources and considers the best interests of children². ▪ Information is provided to all people in an accessible format that facilitates understanding regarding: <ul style="list-style-type: none"> ✓ entry and exit rules ✓ criteria to determine priority for service ✓ conditions that may apply to services being provided ✓ any fees or costs, as applicable. ▪ Policies and processes are in place which document: <ul style="list-style-type: none"> ✓ screening and eligibility ✓ priority of access ✓ waiting list management. ▪ Data and feedback mechanisms are in place to identify and address barriers to access. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented policies and processes are in place that describe the system for: <ul style="list-style-type: none"> ▪ non-discriminatory assessment of screening for eligibility based on, best interests of children, service guidelines and identified client need ▪ priority of access ▪ management of waiting lists ▪ offering service ▪ refusing or ending a service ▪ costs or fees, as applicable ▪ feedback mechanisms ▪ outlining strategies to actively engage people. ▪ review processes to address a person’s changing needs ✓ collecting feedback about barriers to service access.(refer also Criteria 2.1) ✓ Information is available in formats that facilitate peoples understanding related to: <ul style="list-style-type: none"> ▪ entry and exit rules ▪ criteria to determine priority for service ▪ conditions that apply to services provided ▪ any fees or costs ▪ appeals process.

² DHS strategic directions

Standard 2 – Access and Engagement: *People’s rights to access transparent, equitable and integrated services are promoted and upheld.*

Evidence Indicators	Evidence
<ul style="list-style-type: none"> ▪ The service utilises active engagement strategies 	<p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates that staff/volunteers have knowledge and awareness of: <ul style="list-style-type: none"> ▪ the process for assessing people’s eligibility for service access including use of appropriate resources, prioritising and waiting list management ▪ supporting people to understand information relating to: eligibility for service access, prioritising and waiting list management, refusal and/or cessation of service, and costs etc ▪ active engagement strategies ✓ Records provide evidence of staff/volunteers and other stakeholders involvement in planning active engagement strategies <hr/> <p>Monitoring and Evaluation</p> <ul style="list-style-type: none"> ✓ Service records align with documented procedures for: <ul style="list-style-type: none"> ▪ the assessment of requests/referrals for service ▪ screening ▪ prioritising ▪ eligibility decision ▪ waiting list management ▪ reasons for refusal and/or cessation of service ✓ A range of data (e.g. feedback, demographics, population health data, internal performance data etc) is regularly monitored to identify barriers to service access and monitor trends ✓ Eligibility criteria are reflected in people using the service/s (e.g. service user profiles reflect the intended target group.) ✓ Records are maintained that reflect any barriers to access identified and strategies are put in place to address these (<i>refer to criteria 2.1</i>) ✓ Regular review of documented processes.

Standard 2 – Access and Engagement: *People’s rights to access transparent, equitable and integrated services are promoted and upheld.*

Evidence Indicators	Evidence
Common indicators	Service specific evidence
Disability Services	<p>Documents</p> <ul style="list-style-type: none"> ✓ Where service provider provides individualised supports, it has systems in place to manage individual budgets, including invoicing and provision of statements to the individual and the department as required <p><i>Knowledge/Awareness</i></p> <ul style="list-style-type: none"> ✓ Staff have an understanding of individual funds and the responsibilities in relation to management of individual budgets <p><i>Evaluation/Monitoring</i></p> <ul style="list-style-type: none"> ✓ Feedback mechanisms and/or data confirms the satisfaction levels of people who use the service in relation to the financial information and management provided
Children, Youth, Family Services –	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>
Homelessness Services –	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>
Service specific Indicators	Service specific evidence
Homelessness Services –	<p><i>Documents</i></p> <ul style="list-style-type: none"> ▪ Brokerage and grants funds are used equitably and transparently ✓ Documented processes support the equitable allocation of funds

Standard 2 – Access and Engagement: *People’s rights to access transparent, equitable and integrated services are promoted and upheld.*

Evidence Indicators	Evidence
	<p>Knowledge and Awareness</p> <ul style="list-style-type: none">✓ Evidence demonstrates Staff are aware of process for the delivery and monitoring of equitable brokerage funds within the service guidelines <p>Evaluation/Monitoring</p>

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Standard 2 – Access and Engagement: *People’s rights to access transparent, equitable and integrated services are promoted and upheld.*

Criteria 2.3

People access services most appropriate to their needs through timely, responsive service integration and referral.

Evidence Indicators	Evidence
Common Indicators	Common
<ul style="list-style-type: none"> ▪ The service provider demonstrates responsiveness to referrals and requests for services. ▪ The service provider works collaboratively to manage demand. ▪ The service provider is a visible and active participant in a referral network, with people referred to a range of universal and secondary/specialist services using clear referral pathways. ▪ The service provider establishes and maintains coordinated service pathways with relevant funded organisations, including Aboriginal and culturally and linguistically diverse funded organisations. ▪ The service has documented systems to guide staff in providing information, advice and referral to other services. ▪ In situations where the service provider is unable to provide a service, the person is provided with: 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place which describe the service providers system for: <ul style="list-style-type: none"> ▪ responding to requests for services, including acknowledging referral, timeframes etc ▪ referral to an alternative service, where the service provider is unable to meet the request for a service ▪ information sharing provisions between services ▪ how people who use the service are informed and assisted to understand information sharing provisions ▪ taking into account the needs of children, vulnerable people and people with complex needs ▪ providing information to people regarding alternative services in a format that is facilitates their understanding ▪ strategies for managing demand for services ▪ how the service provider establishes networks with and maintains coordinated service pathways with funded organisations including Aboriginal and culturally and linguistically diverse funded organisations. <i>(refer to Standard 4)</i> ✓ Documents reference legislation, departmental documents and sector frameworks ✓ Information is available for all people who use the service in an accessible format that facilitates their understanding regarding: <ul style="list-style-type: none"> ▪ alternative services, ▪ the referral process and ▪ how to feedback information about their satisfaction with the management of their referral ✓ Records available demonstrate how the service provider is in relevant referral networks and establishes

Standard 2 – Access and Engagement: *People’s rights to access transparent, equitable and integrated services are promoted and upheld.*

Evidence Indicators	Evidence
<ul style="list-style-type: none"> - information in accessible formats about alternative services - a referral to alternative services. ▪ People are satisfied with the management of their referrals and the integration of their services. 	<p>and maintains coordinated and clear service/referral pathways to support people who use the service to access a range of appropriate services (e.g. referrals outgoing and incoming)</p> <ul style="list-style-type: none"> ✓ Records available that evidence the service providers participation in referral networks (e.g. minutes of meetings, involvement in projects etc)
	<p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates staff/volunteers knowledge and awareness of: <ul style="list-style-type: none"> ▪ target timeframes related to receipt of referrals and requests for service and related response to referral source and provision of service. ▪ information available for people who use the service on advice and referral to other services where the service provider is unable to provide the service. ▪ the needs of vulnerable people including, children and people with complex needs ▪ making appropriate referrals
	<p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Monitoring of service responsiveness of both incoming referrals and outgoing referrals e.g. referral to assessment, referral to service delivery timeframes. ✓ Regular review of information provided to people about alternative services. ✓ Feedback system in place to measure people’s satisfaction with the management of their referrals and the integration of their services or supported to provide feedback where they are not satisfied ✓ Regular review of documented processes.

Standard 2 – Access and Engagement: *People’s rights to access transparent, equitable and integrated services are promoted and upheld.*

Evidence Indicators	Evidence
Common indicators	Service specific evidence
Disability Services	<p>Documents</p> <p>Knowledge/Awareness</p> <p>Evaluation/Monitoring</p>
Children, Youth, Family Services –	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place which describe the service providers system for inclusion of departmental requirements in relation to Child and Family Alliance activities, including: <ul style="list-style-type: none"> ▪ Catchment planning ▪ Demand management planning ▪ Operational manuals ▪ Local (Shell) agreement ▪ Early Childhood Alliance Action Plan ▪ Family Violence Service Agreements <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates staff/volunteers/referrers/other services awareness of departmental requirements in relation to the Child and Family Alliance activities <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Records evidence active participation of service provider in Child and Family Services Alliance

Standard 2 – Access and Engagement: *People’s rights to access transparent, equitable and integrated services are promoted and upheld.*

Evidence Indicators	Evidence
Homelessness Services	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented process for indentifying and responding to the needs of people impacted by family violence <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Staff are skilled in effective advocacy to support service delivery <p>Evaluation/Monitoring</p>

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Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Overview/Explanation of the standard

This standard acknowledges the importance of promoting and upholding each person’s well-being and safety. It focuses on the role of service providers in using a strengths based approach by identifying and building on the existing capabilities of the person. It addresses the need to use active engagement and early intervention strategies, within the scope of service guidelines and funding arrangements.

It acknowledges the need for service providers to:

- *use effective assessment, planning, implementation and evaluation processes that are: consultative, collaborative and coordinated*
- *undertake an assessment to identify the strengths, risks, wants and needs particular to each person and the assessment being undertaken in a manner that is sensitive to age, gender, culture, language and communication needs*
- *document and implement a goal oriented, person centred and/or case management plan for each person that includes strategies to achieve the identified goals and addresses assessed needs*
- *undertake regular review and evaluation of plans to identify and address emerging or changing needs and identify progress in achieving planned goals*
- *plan for exiting/transitioning from the service.*

This standard acknowledges that different programs have different models of support and the timeframe within which services are delivered varies greatly. The requirements of the standard allow for both a case management model of service delivery and for a person centred approach to service delivery. Within this standard it is expected that, where appropriate, all health (both physical and mental), nutritional, developmental, cultural and social strengths and needs are assessed and services planned to support or address all aspects of a person’s strengths and needs.

It acknowledges service provider responsibilities in:

- *promoting safety for each person*
- *the creation of sustainable, safe and nurturing home environments*
- *providing services in a safe environment, free from abuse, neglect, violence and/or preventable injury*
- *developing processes and risk management strategies to promote and uphold personal safety and ensure the safety and maintenance of the physical environment, where applicable.*

It requires that:

- *all systems and processes meet relevant legislative requirements*
- *there are documented policies and procedures that act to protect and promote the rights and responsibilities of all people*
- *the quality system in place includes regular review and evaluation of systems and processes and feedback mechanisms to support continuous quality improvement.*

As a result people will:

- *have had an assessment, planning, review and evaluation of their services and supports*
- *receive services and supports in a safe and healthy environment*

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Criteria 3.1

Funded organisations adopt a strengths based and early intervention approach to service delivery that enhances people’s wellbeing.

Evidence Indicators	Evidence
Common Indicators	Common Evidence
<ul style="list-style-type: none"> ▪ The service provider supports the person to identify their strengths and aims to build on these capabilities. ▪ The service provider adopts active engagement and early intervention strategies. ▪ Policies and processes reflect early intervention, strengths based, holistic and collaborative approach to service delivery. ▪ The service provider strengthens and builds capacity with families, where appropriate. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes/practice guidelines are in place describe how the service provider promotes: <ul style="list-style-type: none"> ▪ active engagement and early intervention strategies, including with families as appropriate (<i>refer to criteria 2.2</i>) ▪ strengths based approaches ▪ holistic and collaborative approaches to planning and service delivery ▪ the capacity building and strengthening of families and carers
	<p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates staff/volunteers knowledge and awareness of: <ul style="list-style-type: none"> ▪ active engagement and early intervention strategies ▪ strengths based approaches ▪ holistic and collaborative approaches to planning and service delivery ▪ family and carer capacity building strategies ✓ Records reflect advising staff/volunteers of these approaches (e.g. training records, induction, staff files etc)
	<p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Regular monitoring of staff competency in relation to strengths based, active engagement, early intervention approaches and capacity building approaches ✓ Regular monitoring of the alignment of practice with documented processes in the client record. ✓ Monitoring of numbers of people who re-access the service and the types, locations of services. ✓ Feedback mechanisms include capacity for people who use the service to comment on the engagement

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Evidence Indicators	Evidence
	<p>strategies used.</p> <ul style="list-style-type: none"> ✓ Regular review of documented processes.
Common indicators	Service specific evidence
Disability Services	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>
Children, Youth, Family Services –	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>
Homelessness Services	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <ul style="list-style-type: none"> ✓ Staff knowledge and awareness of case management frameworks and reflective and solution focused practice. <p><i>Evaluation/Monitoring</i></p>
Service specific indicators	Service specific evidence

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Evidence Indicators	Evidence
<p>Children, Youth, Family Services</p> <ul style="list-style-type: none"> ▪ Parents, families and carers are assisted to engage in continuous development of their understanding of normal child development and parenting/caring skills to increase their confidence and capability to meet the needs of their child or youth. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes/practice guidelines are in place describe how the service provider engages the parents/families and carers in continuous development of their understanding of normal child development and parenting/caring skills. ✓ Resources are available to families about child development and parenting skills <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates that staff/volunteers have knowledge and awareness of engaging parents/carers in continuous development of their understanding of normal child development and parenting/caring skills strengths based approaches ✓ Records reflect advising staff/volunteers of these approaches (e.g. training records, induction, staff files etc) <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Regular monitoring of staff competency in relation normal child development and parenting/caring skills strengths based approaches. ✓ Regular monitoring of the alignment of practice with documented processes in the client record.

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Criteria 3.2

People actively participate in an assessment of their strengths, risks, wants and needs.

Evidence Indicator	Evidence
Common Indicator	Common evidence
<ul style="list-style-type: none"> ▪ People actively participate in an assessment of their strengths, risks, wants and needs. ▪ The service provider seeks information and the involvement of other key parties, as appropriate, in order to better assess or understand a person’s situation. ▪ Policies and processes outline the scope of the required assessment. ▪ Where initial assessment indicates the need for immediate assistance, the service provider supports the person to have those needs met. ▪ The service provider has effective systems in place to determine what resources or services are required to meet the needs of the person. ▪ Assessment takes into account people’s cultural, religious or spiritual needs, as well as their gender, age and sexual identity. ▪ People are supported during 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place that describe the service providers system for conducting assessments, including reference to: <ul style="list-style-type: none"> ▪ scope of the assessment required ▪ timeframes for assessment (including where immediate assistance is required) ▪ the active involvement of people who use the service in the assessment process ▪ streamlining of processes and minimisation of multiple assessments ▪ involvement of people’s choice of advocate ▪ people’s right to reject a recommended action or activity ▪ involvement of other key parties as appropriate ▪ taking into account peoples cultural, religious or spiritual needs as well as their gender, age and sexual identity ✓ Assessment tools reflect the people’s strengths, risks and wants ✓ Assessment records evidence that people: <ul style="list-style-type: none"> ▪ have actively participated in an assessment of their strengths, risks, wants and needs ▪ have understood their assessment and have received a copy <p>Knowledge and Awareness</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates Staff/volunteers knowledge and awareness of policies and processes for undertaking assessments ✓ Records demonstrate staff have been advised of policies and processes for undertaking assessment

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Evidence Indicator	Evidence
<p>assessments by an appropriate person who is sensitive to and understands their cultural needs.</p> <ul style="list-style-type: none"> ▪ People’s language and communication needs are identified and responded to. ▪ People receive a copy of their assessment in a format that facilitates understanding. 	<p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Processes for monitoring timeframes e.g. referral to assessment ✓ Regular monitoring of the alignment of practice with documented processes in the client record (e.g. client file audits) ✓ Evidence demonstrates that people who use the service have been provided with the opportunity to give feedback regarding their satisfaction and experience of the assessment process ✓ Regular review of documented processes.
Common indicators	Service specific evidence
<p>Disability Services</p>	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented process for identifying and supporting people’s communication needs (including specialist intervention where required) <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Training records demonstrate staff/volunteers have received training in relation to alternative communication needs <p>Evaluation/Monitoring</p>
<p>Children, Youth, Family Services –</p>	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documentation reflects that the Out of Home Care team, including carers, are involved in assessment processes. The Essential Information Record is completed within 14 days of the child or young person being referred to the service provider and the record is kept up-to-date. ✓ An initial health assessment is undertaken for each child and young person entering care ✓ For Out of Home Care Services, a comprehensive assessment using the LAC Assessment and Progress Record is undertaken as soon as the initial care and placement plan is completed and must be completed within six months of a placement and thereafter annually (six monthly for pre-school age children).

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Evidence Indicator	Evidence
Homelessness Services	<p>Documents</p> <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Staff knowledge and awareness of relevant risk assessment and risk mitigation tools and strategies <p>Evaluation/Monitoring</p>
Service specific indicator	Service specific evidence
<p>Children, Youth, Family Services –</p> <ul style="list-style-type: none"> ▪ Assessment considers the capability of parents, carers and families to provide effective care for children and young people. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes/practice guidelines are in place describe how the service provider assesses the capability of parents, carers and families to provide effective care for children and young people. <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates staff/volunteers have knowledge of how to engage parents/carers in assessing the capability of parents, carers and families to provide effective care for children and young people. ✓ Records reflect advising staff/volunteers of these approaches (e.g. training records, induction, staff files etc) <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Regular monitoring of staff competency in relation to assessment of the capability of parents, carers and families to provide effective care for children and young people. ✓ Regular monitoring of the alignment of practice with documented processes in the client record.

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Criteria 3.3

People have a goal oriented plan documented and implemented. This plan includes strategies to achieve stated goals.

Evidence Indicator	Evidence
Common Indicator	Common evidence
<ul style="list-style-type: none"> ▪ People actively participate in all aspects of the planning process. ▪ Planning processes are guided by relevant legislation, departmental documents and sector frameworks. ▪ The service provider demonstrates that the planning process is underpinned by the rights of each person to exercise control over their lives. ▪ Where appropriate the service provider actively engages family members, carers, significant others and/or an independent advocate in the planning process. ▪ Planning takes into account people’s cultural, religious or spiritual needs, as well as their gender, age and sexual identity. ▪ The service provider actively advocates for service options that best meet people’s needs. ▪ Planning takes into account the health and well-being issues of the person. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place that describe the service providers system for individual planning with reference to: <ul style="list-style-type: none"> ▪ the rights of people who use the service to exercise control over their lives ▪ the active involvement of people who use the service in the planning process/ or their representative ▪ involvement of other key parties as appropriate ▪ involvement of people’s chosen advocate ▪ timeframes for planning ▪ peoples cultural, religious or spiritual needs as well as their gender, age and sexual identity ▪ ensuring people receive a copy of their assessment ✓ Planning tools include: <ul style="list-style-type: none"> ▪ peoples identified goals, needs, wants and wishes, including health and well being needs, as required ▪ strategies to achieve these ▪ Timelines. <p>Knowledge and Awareness</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates staff knowledge of policies and processes for undertaking planning ✓ Records demonstrate staff have been advised of policies and processes for undertaking planning <p>Evaluation/Monitoring</p>

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Evidence Indicator	Evidence
<ul style="list-style-type: none"> ▪ People are supported during planning by an appropriate person who is sensitive to and understands their cultural needs. ▪ People have a documented plan(s) that: <ul style="list-style-type: none"> - reflects the strengths, needs, goals, supports, and long term outcomes specified by the person - describes how these goals will be achieved, including timelines - documents actions to minimise risk in the least intrusive and restrictive manner - identify health and well-being needs, as appropriate - includes input from family, carers and other funded organisations as appropriate. ▪ People receive a copy of their plan and any revised plans in a format that facilitates understanding. 	<ul style="list-style-type: none"> ✓ Processes for monitoring timeframes and quality of plans are in place (e.g. audits, service user surveys) ✓ Feedback from people who use the service confirms satisfaction levels regarding the planning process ✓ There is evidence that: <ul style="list-style-type: none"> ▪ People who use the service have been supported to actively participated in developing a goal oriented plan ▪ People who use the service have understood the planning process and have received a copy of their plan ▪ The planning process: <ul style="list-style-type: none"> has taken into account peoples cultural needs reflects the strengths, needs, goals, supports, and long term outcomes specified by the person describes how these goals will be achieved, including timelines documents actions to minimise risk in the least intrusive and restrictive manner identify health and well-being needs, as appropriate includes input from family, carers and other funded organisations as appropriate. ✓ Regular review of documented processes.
Common indicators	Service specific evidence
Disability Services	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p>

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Evidence Indicator	Evidence
	<p>Evaluation/Monitoring</p>
<p>Children, Youth, Family Services –</p>	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented planning processes reflect the best interest framework and the voice of the child. (Family Services only) ✓ Documented planning process include reference to each Child, youth and family having a Child and Family Action Plan³ (Out of Home Care only) ✓ Documented planning processes include reference to the LAC framework being utilised for planning <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates Staff/volunteers knowledge and awareness of the best interest framework and the voice of the child <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Each child, youth and family has a Child and Family Action Plan which includes strategies to: <ul style="list-style-type: none"> ▪ address issues identified in assessment to support children and youth’s safety, stability and development needs in the context of their family, culture and community ▪ assist parents, carers and families to continuously improve their parenting/caring capability and more effectively meet children and youth’s needs ▪ assess that outcomes are achieved. <p>(Out of Home Care only):</p> <ul style="list-style-type: none"> ✓ A care team is established and led by the service provider which is responsible for the planning and provision of care for each child and youth in a way that any good parent would naturally consider when caring for their own child. The child or youth’s care team includes the relevant people according to departmental guidelines.

³ A separate Child and Family Action Plan is not required for each child within the family. Child and Family Action Plans are not required for information, advice, secondary consultations or all group work. Group work will have identified goals and an identified review date, which should be linked to a Child and Family Action Plan. Where service provision is less intensive and/or consists of a brief intervention the “plan”; may be recorded in the case notes.

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Evidence Indicator	Evidence
	<p>(Out of Home Care)</p> <ul style="list-style-type: none"> ✓ Documentation review indicates that the LAC framework is utilised for planning ✓ Documentation review reflects that a care team is established and led by the service provider which is responsible for the planning and provision of care for each child and youth in a way that any good parent would naturally consider when caring for their own child. The child or youth’s care team includes the appropriate people. ✓ Each child/youth has a Care and Placement Plan that meets departmental requirements ✓ Regular monitoring of staff/volunteers’ competencies in relation to these planning approaches ✓ Regular monitoring of the alignment of practice with documented processes in the client record
<p>Homelessness Services</p>	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>
Service specific indicators	Service specific evidence
<p>Disability Services</p> <ul style="list-style-type: none"> ▪ People access personal assistance, in-home, residential or community supports to assist them to live as independently as possible. ▪ People are supported to identify, choose and manage their own daily and lifestyle routines. 	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Criteria 3.4

Each person’s assessments and plans are regularly reviewed, evaluated and updated; exit/transition planning occurs as appropriate

Evidence Indicator	Evidence
Common Indicator	Common evidence
<ul style="list-style-type: none"> ▪ Each persons’ assessments and plans are reviewed within set timeframes or to reflect changing needs. ▪ People actively participate in the review and evaluation of assessments and plans. ▪ Review and evaluation takes into account people’s cultural, religious or spiritual needs, as well as their gender, age and sexual identity. ▪ Review and evaluation takes into account people’s health and well-being needs. ▪ People are supported during reviews and evaluations by an appropriate person(s) who is sensitive to and understand their cultural needs. ▪ The service provider supports people (or a nominated/appointed support person) to be actively involved in monitoring and reviewing their plan. ▪ Plans are updated or renewed to reflect changing needs or goals and 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place that describe the service providers system for regularly reviewing and updating each person’s assessment and plans, including reference to: <ul style="list-style-type: none"> ▪ Relevant legislation, departmental documents and sector framework ▪ timeframes for scheduling and monitoring reviews ▪ people’s active participation (or nominated/appointed support person) ▪ peoples cultural, religious or spiritual needs, as well as their gender, age and sexual identity ▪ peoples health and well-being needs ▪ involvement of appropriate people to support the cultural needs of a person ▪ collaboration with other service providers ✓ Documented processes are in place which describes the service providers system for exit/transition planning as appropriate, including reference to how people re-access the service if required.
	<p>Knowledge and Awareness</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates staff understand the policies and processes for undertaking reviews ✓ Records demonstrate staff have been advised of policies and processes for undertaking reviews ✓ Evidence demonstrates that staff are advised of review outcomes and their support is adjusted accordingly
	<p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ There is evidence to demonstrate:

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Evidence Indicator	Evidence
<p>progress towards stated goals.</p> <ul style="list-style-type: none"> ▪ The service provider collaborates with other services to enhance exit/transition planning to meet people’s needs. ▪ The service provider has documented processes for exit/transition planning and case closure that involves the person or their nominated representative. ▪ People are satisfied with the support they receive to achieve their stated goals. ▪ People are informed of the steps necessary to re-access the service as required. 	<ul style="list-style-type: none"> ▪ people who use the service have actively participated in reviewing their assessments and plans ▪ people who use the service understand the review outcomes and have been provided with a copy ▪ people who use the service have been supported to involve an appropriate person to support their cultural needs ▪ people’s health and well –being needs have been considered ▪ changing needs have been assessed and plans have been amended to reflect this. <ul style="list-style-type: none"> ✓ Processes are in place for monitoring the progress towards meeting goals and appropriateness to peoples needs ✓ Peoples satisfaction with the review process is regularly monitored and feedback used to inform practice ✓ Processes for monitoring review timeframes and quality are in place (e.g. audits, service user surveys) ✓ Regular review of documented processes.
Common indicators	Service specific evidence
<p>Disability Services</p>	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>

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Evidence Indicator	Evidence
Children, Youth, Family Services –	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i>
Homelessness Services	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i>

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Criteria 3.5

Services are delivered in a safe environment for all people free from abuse, neglect violence and /or preventable injury.

Evidence Indicators	Evidence
Common Indicators	Common
<ul style="list-style-type: none"> ▪ The service provider promotes an environment where people are free from abuse, neglect, violence and preventable injury. ▪ The service provider has clearly documented policies and processes for responding to potential or actual harm, abuse, neglect, violence and /or preventable injury. ▪ People are safe from abuse, neglect, violence and preventable injury, in service environments. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place outlining how the service provider promotes a safe environment for people who use the service through the early identification and response to potential and/or actual risks. Processes include, but are not limited to: <ul style="list-style-type: none"> ▪ personal safety - people who use the service are free from abuse, neglect, violence and/or preventable injury ▪ OH&S – including incident, accident and hazard reporting ▪ infection control ▪ external compliance ▪ manual handling. ✓ Information available for people, in an accessible format that facilitates understanding, outlining how the service provider ensures and promotes a safe environment that includes reference to how people can raise matters (internally and/or externally). ✓ Documented processes reference relevant legislation and departmental documents <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Feedback mechanism and/or data confirm people who use the service: <ul style="list-style-type: none"> ▪ receive and understand information about the service providers approach to the delivery of services in a safe environment ▪ access and understand the mechanisms available for reporting potential and/or actual risks ▪ receive and understand service/program information ✓ Feedback mechanisms and/or data confirm staff/volunteer understand: <ul style="list-style-type: none"> ▪ approach to the delivery of services in a safe environment

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Evidence Indicators	Evidence
	<ul style="list-style-type: none"> ▪ the mechanisms available for reporting potential and/or actual risks ▪ their duty of care requirements <p>✓ Records of staff, volunteer and other stakeholder training and familiarisation with a range of environmental systems e.g. emergency response, food safety, behavioural management, infection control, use of equipment</p> <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Regular review of incident reports, data and trend analysis, including traceability of actions and effectiveness. ✓ Regular review of records of staff/volunteers participation in required information and training sessions. ✓ Regular review of feedback from people who use the service related to their satisfaction with information provided and action taken related to issues raised. ✓ Records of incident/accident/hazard reports. ✓ Regular review of documented processes.
<p>Where out of home care, residential services, day programs, refuges, crisis accommodation and/or respite services are provided</p>	<p>Common</p>
<ul style="list-style-type: none"> ▪ The service provider ensures that the environments it provides are safe, hygienic and clean, and includes, where relevant, access to: <ul style="list-style-type: none"> - adequate common space as well as places where people can find privacy - appropriate and well-maintained equipment and furniture 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place outlining how the service provider ensures safe environments for people, including meeting legislative and other regulatory standards and requirements. These include, but are not limited to: <ul style="list-style-type: none"> ▪ fire and other emergencies ▪ equipment, furniture, lighting and ventilation maintenance and management ▪ appropriateness of a physical accessibility ▪ food - safety, nutritionally appropriate

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Evidence Indicators	Evidence
<ul style="list-style-type: none"> - adequate lighting and ventilation - appropriate physical accessibility - food that is varied, adequate in amount and based upon nutritionally-sound principles - sustainable safe and nurturing home environments, which support the development and stability of people - people have input into decisions regarding daily life. ▪ The service provider implements documented procedures for: <ul style="list-style-type: none"> - maintenance of service environments, building and equipment - infection control - fire risk and other emergency management consistent with legislative and departmental guidelines. 	<ul style="list-style-type: none"> ▪ chemical use and storage ▪ infection control – cleaning, ▪ external compliance e.g. building ▪ OH&S – including incident, accident and hazard reporting ✓ Records of regular monitoring of environmental systems (internal and external) e.g. fire and emergency equipment, equipment maintenance, food safety etc ✓ Records reflecting people's involvement in decisions regarding daily life. ✓ Documents reflect relevant legislation, departmental documents and sector frameworks.
	<p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Feedback mechanism and/or data confirm people who use the service: <ul style="list-style-type: none"> ▪ receive and understand how the service providers ensure that the environments it provides are safe, hygienic and clean ▪ access and understand their right to be involved in decision around daily life and routines. ✓ Feedback mechanisms and/or data confirm staff/volunteer understand: <ul style="list-style-type: none"> ▪ how the service providers ensure that the environments it provides are safe, hygienic and clean ▪ how people who use the service are involved in day to day decision making.
	<p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Regular review of records of monitoring of environmental systems (internal and external) e.g. fire and emergency equipment, equipment maintenance, food safety etc including traceability of actions required and taken. ✓ Evidence demonstrates that people who use the service have the opportunity and are supported to provide feedback about the service environment including reference to safety, cleanliness, meals/food, furnishing, building and room accessibility, and lighting. ✓ Regular review of documented processes.

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Evidence Indicators	Evidence
Common indicators	Service specific evidence
Disability Services	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>
Children, Youth, Family Services	<p><i>Documents</i></p> <ul style="list-style-type: none"> ✓ Policies and procedures to ensure all home based carers have completed pre service training and assessment (Shared stories, Shared lives and Step by Step) <p><i>Knowledge/Awareness</i></p> <ul style="list-style-type: none"> ✓ Evidence of training of Home based carers in the Shared Stories, Shared Lives Victoria pre – service training and that they have been screened and assessed in line with the Step by Step Victoria <p><i>Evaluation/Monitoring</i></p> <ul style="list-style-type: none"> ✓ Records show all home based carers are registered and have completed required training and assessment
Homelessness Services	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>
Service specific indicators	Service specific evidence
Children, Youth, Family Services	<p><i>Documents</i></p> <ul style="list-style-type: none"> ▪ The service provider has documented practice guidelines for <ul style="list-style-type: none"> ✓ Documented processes/practice guidelines are in place for care and placement matching. ✓ Documented processes/practice guidelines are in place to ensure that the service provider provides

Standard 3 – Well-being: People’s right to well-being and safety is promoted and upheld.

Evidence Indicators	Evidence
<p>care and placement matching.</p> <ul style="list-style-type: none"> ▪ The service provider provides carers with the information they need to adequately care for children and youth in their care, including clearly explaining what is expected of them in relation to meeting the child or youth’s individual needs prior to the commencement of the placement 	<p>carers with the information they need to adequately care for children and youth in their care, including clearly explaining what is expected of them in relation to meeting the child or youth’s individual needs prior to the commencement of the placement.</p> <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Processes are documented for advising staff/volunteers of care and placement matching. ✓ Processes are documented for advising staff/volunteers about ensuring that the service provider provides carers with the information they need to adequately care for children and youth in their care, including clearly explaining what is expected of them in relation to meeting the child or youth’s individual needs prior to the commencement of the placement. ✓ Records reflect advising staff/volunteers of these approaches (e.g. training records, induction, staff files etc) <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Regular monitoring of staff competency in relation to care and placement matching. ✓ Regular monitoring of the alignment of practice with documented processes in the client record.
<p>Homelessness Services</p> <ul style="list-style-type: none"> ▪ Service environments support the safety and security of people impacted by family violence. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place to support the safety and security of people impacted by family violence <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Staff/volunteers have knowledge and awareness of how to promote safe service environments for people impacted by family violence and of staff in working with family violence ✓ Staff knowledge and awareness of duty of care requirements, including needs of the person being supported and the safety of accommodation being referred to. <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ The service provider regularly monitors the safety and security of the service environment in relation to people impacted by family violence

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Overview/Explanation of the standard

This standard acknowledges the importance of promoting and upholding each person’s right to exercise choice and participate in decision making and to be supported to actively participate as a valued member of their chosen community.

It addresses the importance of social inclusion and connectedness to family, friends, peers and significant others.

It focuses on the role of service providers in supporting people to:

- *exercise choice and participate in decision making about service delivery, daily routines and lifestyle choices, where appropriate*
- *to identify goals and pursue opportunities to be involved in their chosen community*
- *maintain and strengthen their cultural, spiritual and language connections.*

It requires service providers to:

- *give information in appropriate formats to facilitate understanding and therefore inform choice and decision making for people*
- *use engagement strategies that are age, culturally and developmentally appropriate in assessment, planning and evaluation. This is to enable understanding of each person’s views, needs and wishes*
- *use a collaborative approach to choice and decision making, involving family members and significant others, where appropriate.*

It acknowledges the importance of people having access and support to engage in a wide range of meaningful education, recreation, leisure, cultural and community events that reflect their interests and preferences. Furthermore, this standard is about people having access to lifelong learning, education and training. It addresses the importance of promoting independence, where appropriate, supported by development of relevant self-care/life skills.

It requires that:

- *all systems and processes meet relevant legislative requirements*
- *there are documented policies and procedures that act to promote and protect each person’s right to access transparent, equitable and integrated services*
- *the quality system in place includes regular review and evaluation of systems and processes and feedback mechanisms to support continuous quality improvement.*

As a result people will:

- *access and participate in their chosen communities*
- *exercise choice and control as much as possible.*

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Criteria 4.1

People exercise choice and control in service delivery and life decisions, where appropriate.

Evidence Indicators	Evidence
Common Indicators	Common
<ul style="list-style-type: none"> ▪ People are satisfied with the choices they are provided (where possible) regarding the services to be delivered. ▪ People are supported in decision making by their advocate and/or their appointed representative, as appropriate. ▪ People’s right to dignity of risk is respected. ▪ Funded organisations support people to access technology, aid, equipment and services that increase and enhance their decision making and independence. ▪ The service provider supports people to develop and maintain their personal, gender, cultural, religious and sexual identity. ▪ The service provider: <ul style="list-style-type: none"> - provides people with information, in a format that facilitates understanding, to enhance informed decision 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented process are in place outlining how the service provider actively promotes each person’s right to choice and control service delivery and life decisions (where appropriate). This may include reference to: <ul style="list-style-type: none"> ▪ involvement of an advocate of the person’s choice and/or their appointed representative. ▪ accessing services from alternative services when/if initial assessment identifies needs that are outside the scope of the service provider ▪ access to and/or information about equipment, aids (technology etc) that increase independence and strengthen current skills ▪ developing and maintaining their personal, gender, cultural, religious and sexual identity ▪ their right to refuse a recommended action or activity, where appropriate ▪ involving family members and significant others in making choices and decision, where appropriate. ✓ Information available for people who use the service is in an accessible format that facilitates understanding and outlines how the service provider supports people in their: <ul style="list-style-type: none"> ▪ choice and decision making ▪ maintaining and strengthening their cultural, spiritual and language. ✓ Documents reference relevant legislation, departmental documents and sector frameworks <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Feedback mechanism and/or data confirm people who use the service satisfaction levels in relation to: <ul style="list-style-type: none"> ▪ choice and decision making ▪ maintaining and strengthening their cultural, spiritual and language.

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Evidence Indicators	Evidence
<p>making and choice</p> <ul style="list-style-type: none"> - involves family members and significant others (as appropriate) to assist with decisions and choices. 	<ul style="list-style-type: none"> ✓ Feedback mechanisms and/or data confirm staff/volunteer understand: <ul style="list-style-type: none"> ▪ upholding each person’s right to exercise their choice and participate in decision making ▪ records to be maintained ▪ information/resources that are available for people <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Assessment and planning records reflect that a collaborative approach to the development of goals/strategies has occurred (e.g. person centred/case management and exit/transition plans) ✓ Feedback mechanism and/or data confirm people who use the service have been supported to exercise choice and control in service delivery decision making ✓ Regular review of documented processes
Common indicators	Service specific evidence
<p>Disability Services</p>	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>
<p>Children, Youth, Family Services –</p>	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Evidence Indicators	Evidence
Homelessness Services	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i>
Service specific indicators	Service specific evidence
Homelessness Services <ul style="list-style-type: none"> ▪ People’s right to refuse a recommended action or activity is acknowledged and respected. 	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i>

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Criteria 4.2

People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.

Evidence Indicators	Evidence
Common Indicators	Common
<ul style="list-style-type: none"> ▪ The service provider supports people to: <ul style="list-style-type: none"> - identify and access community resources and facilities - identify and overcome barriers that may prevent or restrict their participation in the community - participate in a range of education, recreation, leisure, cultural and community events that reflect their interests and preferences - participate in social roles in line with their interest and preferences - access information about their community. ▪ People are satisfied with the support they receive to meet the goals they have set in relation to community participation. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place outlining how the service provider supports people who use the service to actively participate in the community of their choice and pursue their interests and preferences in the short and longer term. (refer to Standard 3). Processes could include: <ul style="list-style-type: none"> ▪ how the service providers identifies and supports people who use the service to access community resources, educational resources and facilities ▪ identification of barriers that may reduce/restrict active community participation and the development of strategies to reduce and/or eliminate them ✓ Information available for people, in an accessible format that facilitates understanding, outlining <ul style="list-style-type: none"> ▪ the range of education, recreation, leisure, cultural and community events available in their chosen community ▪ how they can access information about their community of interest ▪ goal identification and pursuit of opportunities in their chosen community. <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Evidence of staff/volunteers knowledge and awareness of the service providers approach to supporting people who use the service to actively participate in the community of their choice and pursue their interests and preferences in the short and longer term. ✓ Feedback mechanism and/or data confirm people who use the service understanding of: <ul style="list-style-type: none"> ▪ the range of education, recreation, leisure, cultural and community events available in their chosen community ▪ how they can access information about their community of interest

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Evidence Indicators	Evidence
	<ul style="list-style-type: none"> ✓ goal identification and pursuit of opportunities in their chosen community. ✓ Process for advising staff/ volunteers of information/resources available for people. <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates that people who use the service have been supported to actively participate in their chosen community. ✓ Evidence of the service provider developing networks and pathways with diverse cultural and community networks to assist people who use the service to access these communities ✓ Assessment and planning records evidence that: <ul style="list-style-type: none"> ▪ people who use the service have been supported to participate actively in the community through identifying a range of goals and strategies to achieve them relating to health, education, training and employment ▪ people who use the service have been provided access to longer term education and training opportunities to support their ongoing active participation in their chosen community. ✓ Regular review of information available for people who use the service to ensure relevance and usefulness. ✓ Regular monitoring of how people who use the service are involved in their community of choice ✓ Regular review of documented processes
Common indicators	Service specific evidence
Disability Services	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Evidence Indicators	Evidence
Children, Youth, Family Services –	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i>
Homelessness Services	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i>
Service specific indicators	Service specific evidence
Disability Services <ul style="list-style-type: none"> ▪ People are supported to move freely in their environments and communities, including accessing public transport. ▪ People are supported to access a range of affordable housing options 	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i>
Children, Youth, Family Services – <ul style="list-style-type: none"> ▪ Placement details, records of life experiences and achievements, school reports, medical records, photographs of meaningful and significant events, and the names of significant people involved in the 	<i>Documents</i> <ul style="list-style-type: none"> ✓ Documented processes/practice guidelines are in place describe how the service provider develops the Life Book. <i>Knowledge/Awareness</i> <ul style="list-style-type: none"> ✓ Processes are documented for advising staff/volunteers of development of a Life Book. ✓ Records reflect advising staff/volunteers of these approaches (e.g. training records, induction, staff files)

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Evidence Indicators	Evidence
<p>child or youth’s life are available in a portable format (e.g. a Life Book) that the child or youth can take with them when changing placement or leaving care.</p>	<p>etc)</p> <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Regular monitoring of staff competency in relation to the development of a Life Book. ✓ Regular monitoring of the alignment of practice with documented processes in the client record.

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Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Criteria 4.3

People maintain connections with family and friends, as appropriate.

Evidence Indicators	Evidence
Common Indicators	Common
<ul style="list-style-type: none"> ▪ The service provider supports people to establish, maintain and enhance links with their families, friends or other support networks, as appropriate. ▪ People are satisfied with support they receive to maintain connections. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place outlining how the service provider supports people who use the service to continue and enhance links with relevant persons/organisations e.g. families, friends. ✓ Documents reference relevant legislation, departmental documents and sector frameworks <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Process for advising staff/volunteers of the service providers approach to supporting people who use the service to continue, and enhance links, with relevant persons/organisations e.g. families, friends. <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Assessment and planning records evidence that people who use the service have been supported to maintain connections with family and friends as appropriate through the identification of a range of goals and strategies. ✓ Regular review of feedback from people who use the service about support provided to enable them to maintain and enhance links with relevant persons/organisations ✓ Regular review of documented processes.
Common indicators	Service specific evidence
Disability Services	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Evidence Indicators	Evidence
<p>Children, Youth, Family Services –</p>	<p>Documents</p> <ul style="list-style-type: none"> ✓ Child and Family Action Plans and care plans identify strategies to ensure children and you people who use the service are connected with family and friends <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>
<p>Homelessness Services</p>	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes and tools are used to support family reconciliation where appropriate <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Evidence of staff knowledge and awareness of family reconciliation strategies and approaches <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ The service provider supports family reconciliation where appropriate.

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Criteria 4.4

People maintain and strengthen connection to their Aboriginal culture and community.

Evidence Indicators	Evidence
Common Indicators	Common
<ul style="list-style-type: none"> ▪ The service provider provides culturally competent services which respect a person’s Aboriginal cultural identity. ▪ The service provider maintains appropriate community linkages and collaborates with Aboriginal services to meet the cultural needs of Aboriginal people. ▪ Assessment, planning and actions promote cultural safety and connectedness and respect the cultural and spiritual identity of Aboriginal people. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place outlining how the service provider supports people who use the service to maintain and strengthen connection to their Aboriginal cultural and community i.e. assessment and related individual and case management plans include cultural needs of Aboriginal people. (refer to Standard 3) ✓ Documented processes and/or memorandums of understanding with local Aboriginal services to support service providers to meet the cultural needs of people who use the service.
	<p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Processes for training of staff in the delivery of Aboriginal culturally appropriate service provision ✓ Records of staff training in cultural needs of Aboriginal people ✓ Feedback mechanism and/or data confirm staff/volunteers understand the processes and service provider links to local Aboriginal services.
	<p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Records identifying the service providers active involvement/links with Aboriginal services e.g. collaborative service provision, referrals, consortia involvement, MOU’s ✓ Review of service involvement/links with Aboriginal services. ✓ Regular monitoring of staff/volunteers competencies in relation to Aboriginal cultural competency ✓ Review of individual and case management plans for alignment with documented processes (inclusion of Aboriginal cultural needs) ✓ Regular review of feedback from people who use the service related to the cultural appropriateness of

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Evidence Indicators	Evidence
	services provided to Aboriginal people.
Common indicators	Service specific evidence
Disability Services	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i>
Children, Youth, Family Services –	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i> ✓ <i>Cultural Support Plans are utilised</i>
Homelessness Services	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i>

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Criteria 4.5

People maintain and strengthen their cultural, spiritual, and language connections.

Evidence Indicators	Evidence
Common Indicators	Common
<ul style="list-style-type: none"> ▪ The service provider provides culturally competent services which respect a person’s culturally and linguistically diverse identity. ▪ The service provider maintains appropriate community linkages and collaborates to meet the cultural, spiritual and language needs of people. ▪ Interpreters are used, as required, to support more effective communication. ▪ People with culturally and linguistically diverse backgrounds are assisted to maintain their cultural identity and connection to community. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place outlining how the service provider maintains and strengthens the cultural, spiritual, and language connections of people who use the service i.e. assessment and related individual and case management plans include assistance to maintain cultural identity and connection to the people's preferred cultural community. (refer to Standard 3) ✓ Documented process outlining access to and use of interpreters. ✓ Information available for people, in an accessible format that facilitates understanding, outlining how the service provider provides culturally competent services including how to access an interpreter.
	<p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Evidence demonstrates staff/volunteers/carers knowledge and awareness of culturally appropriate service provision. ✓ Records of staff training in cultural diversity service provision.
	<p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Review of service involvement/links with culturally specific services e.g. meeting minutes, attendance at forums. ✓ Records identifying the service provider’s active involvement/links with culturally specific services e.g. collaborative service provision, referrals, consortia involvement, MOU, service directories. ✓ Review of individual and case management plans for alignment with documented processes. ✓ Regular review of feedback from people who use the service related to the cultural appropriateness of services.

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Evidence Indicators	Evidence
Common indicators	Service specific evidence
Disability Services	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i>
Children, Youth, Family Services –	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i>
Homelessness Services	<i>Documents</i> <i>Knowledge/Awareness</i> <i>Evaluation/Monitoring</i>

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Criteria 4.6

People develop, sustain and strengthen independent life skills.

Evidence Indicators	Evidence
Common Indicators	Common
<ul style="list-style-type: none"> ▪ People are supported to develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes reflect the service providers approach to supporting people who use the service to develop and maintain independence, problem solving, social and self-care skills e.g. Individual and case management plans include strategies that reflect how people may engage in meaningful education, recreation, leisure, cultural and community events.(refer to Standard 3). <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Process for staff to gain information and skills about how people who use the service are supported to maintain their independence, problem solve, and maintain and strengthen their social and self-care skills. ✓ Records of staff participation in training related to supporting people who use the service in maintaining their independence, problem solving, and maintaining and strengthening their social and self-care skills. <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ There is evidence to demonstrate that people who use the service have been supported to develop, maintain and strengthen their life skills ✓ Assessment and planning records evidence that people who use the service have been supported to develop and maintain independence, problem solving, social and self-care skills though identifying a range of goals and strategies.(appropriate to age, developmental stage and cultural circumstances) (refer to criteria 4.5) ✓ Review of individual and case management plans for alignment with documented processes. ✓ Regular review of feedback from people who use the service related to their satisfaction with service provided to support them to maintain their independence, problem solve, and maintain and strengthen their social and self-care skills.

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Evidence Indicators	Evidence
Common indicators	Service specific evidence
Disability Services	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>
Children, Youth, Family Services – <ul style="list-style-type: none"> ▪ 	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>
Homelessness Services	<p><i>Documents</i></p> <p><i>Knowledge/Awareness</i></p> <p><i>Evaluation/Monitoring</i></p>

Standard 4 – Participation: People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

Evidence Indicators	Evidence
Service specific indicators	Service specific evidence
<p>Disability Services</p> <ul style="list-style-type: none"> ▪ People exercise control over their finances. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes are in place which ensure people who use the service are supported to choose the level of control over the administration of their personal finances <p>Knowledge/Awareness</p> <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Evidence supports that people who use the service have been provided with support to choose the level of control over the administration of funding for their personal finances
<p>Children, Youth, Family Services – (Out of Home Care only):</p> <ul style="list-style-type: none"> ▪ Staff and carers work directly with youth to ensure they have appropriate life and self-care skills in preparation for leaving care and indicate that the service provider provides support for youth leaving care, for up to three months after their placement ends. 	<p>Documents</p> <ul style="list-style-type: none"> ✓ Documented processes/practice guidelines are in place describe how the staff and carers work directly with youth to ensure they have appropriate life and self-care skills in preparation for leaving care and indicate that the service provider provides support for youth leaving care, for up to three months after their placement ends. <p>Knowledge/Awareness</p> <ul style="list-style-type: none"> ✓ Processes are documented for advising staff/volunteers of development of appropriate life and self-care skills. ✓ Records reflect advising staff/volunteers of these approaches (e.g. training records, induction, staff files etc) <p>Evaluation/Monitoring</p> <ul style="list-style-type: none"> ✓ Regular monitoring of staff competency in relation to the development of life and self care skills. ✓ Regular monitoring of the alignment of practice with documented processes in the client record.