

Department of Human Services Standards





Department of Human Service Standards

June 2011

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The Australian Healthcare Associates was commissioned by the Department of Human Services to develop the Department of Human Services Standards.

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Message from the Minister for Community Services and Women's Affairs, the Minister for Housing and the Minister for Youth Affairs

Community service organisations are committed to delivering high quality services and care to vulnerable Victorians.

The Baillieu Government is making it easier for community service organisations to help people and families by streamlining standards so that these organisations do not have to spend their time and resources filling in paper work.

We have listened to the community sector about the need to streamline current quality standards processes.

The new *Department of Human Services Standards* reflect our commitment to cutting red tape for community service organisations.

The new standards combine and replace a range of existing program quality standards into one readily accessible set of standards.

From July 2012 community service organisations that provide services directly to clients will be accredited only every three years regardless of the number of departmental programs they are funded to provide. This accreditation will review both service provision and the organisation's governance and management.

These new streamlined arrangements will ensure that the community sector can focus on providing community services to individuals and families in need, without compromising quality.

We would like to thank the community sector, peak bodies and service users who contributed to the development of the *Department of Human Service Standards*. Over the coming months the department will work with these groups to further develop these arrangements.

We look forward to working with the community sector and service users to further explore opportunities that will enable services to continue to make a difference to the lives of vulnerable Victorians.



Hon Mary Wooldridge MP
Minister for Community Services
Minister for Women's Affairs

Hon Wendy Lovell MLC
Minister for Housing

Hon Ryan Smith MP
Minister for Youth Affairs

Table of contents

Introduction	1
Background to the standards	1
Development of the standards.....	2
Focus of the standards.....	2
Structure of the standards.....	3
Elements of the standards.....	3
Overview of the standards	4
Standard 1- Empowerment.....	5
Standard 1 – Overview and explanation of the standard.....	5
Standard 1 – Criteria and evidence indicators	6
Standard 2 – Access and Engagement	7
Standard 2 – Overview and explanation of the standard.....	7
Standard 2 – Criteria and evidence indicators	8
Standard 3 – Wellbeing	10
Standard 3 – Overview and explanation of the standard.....	10
Standard 3 – Criteria and evidence indicators	11
Standard 4 – Participation.....	15
Standard 4 – Overview and explanation of the standard.....	15
Standard 4 – Criteria and evidence indicators	16
Glossary	19

Introduction

Standards and independent review processes are part of providing quality services that deliver positive outcomes for people.

The Department of Human Services is integrating its current program standards and independent reviews into one approach.

The *Department of Human Services Standards* (the standards) represent a single set of service quality standards for service providers delivering services to clients.

The development of the standards was managed by a project board with representatives from service providers and the department. Australian Healthcare Associates was commissioned by the department to develop standards that are structured in accordance with current quality standard practices.

The standards are summarised as:

- Empowerment
- Access and Engagement
- Wellbeing
- Participation.

Most service providers will be independently reviewed in relation to the standards by an approved independent review body. A service provider's governance and management systems will also be reviewed using the standards of the independent review body.

The standards will help to ensure a consistent quality of service no matter which departmentally funded service people access.

The standards will replace the current *Industry Standards for Disability Services*, *Outcome Standards for Disability Services*, *Registration Standards for Community Service Organisations* and *Homelessness Assistance Service Standards*.

Background to the standards

The standards have been developed to support quality services and in response to the assessment by service providers that the department's current approach of using program based standards impacts on the amount of time staff can work with clients and that the approach to standards and quality reviews could be improved.

The Victorian Government's *Plan for Community Services* seeks to reduce red tape by streamlining accreditation, monitoring and evaluation processes.

The standards will require most service providers that deliver services directly to clients to be independently reviewed. From July 2012, one independent review of a service provider will be required in every three-year service agreement period.

For the remaining 2009–2012 service agreement period service providers will continue to comply with the current divisional quality processes. During late 2011 a transition phase will commence during which service providers may, with the agreement of the department, be early adopters of the standards and quality review processes. As part of the transition, the department will discuss accreditation requirements with each funded organisation and the timing of their first independent review in relation to the standards between 2012–2015.

Development of the standards

Australian Healthcare Associates, in developing the standards, consulted with a range of service providers, peak bodies, advocacy groups and service users. Feedback from these consultations confirmed that:

- people want easily accessible services that are person-centred and promote dignity, choice and quality of life and have consistent standards
- service providers want flexibility and the ability to showcase quality services without having to meet multiple sets of standards and administrative requirements.

The standards incorporate key elements and learnings from the existing program standards and have considered the development of a range of national standards.

Focus of the standards

The focus of the standards is on quality service delivery. The standards:

- acknowledge people's rights
- focus on measurable outcomes, including client outcomes
- include standards that are clear in intent and few in number
- encourage continuous quality improvement
- incorporate the strengths of the existing program standards
- focus on improving services and creating greater consistency across services for clients
- seek to reduce administrative duplication.

The governance and corporate structures of a service provider will be assessed by an approved independent review body using the review body's own standards.

The standards seek to support service providers to work in a way that recognises, promotes and upholds people's rights. They acknowledge that every person has inherent dignity and value and support each person's right to equality, fairness and freedom to make choices about their lives.

They support service providers to have quality systems in place that include regular review and evaluation of systems and feedback mechanisms to support continuous quality improvement. The standards include an expectation about making continuous effort to improve the quality of services and outcomes for people.

Structure of the standards

The standards contain a combination of structure, process and client outcome indicators to support the need for quality to be evidenced not only in a service provider's policies, procedures, and training but for quality to also be represented in practice through the outcomes achieved for clients.

They seek to allow flexibility and innovation in the way service providers present evidence and develop their own quality systems to respond to the standards.

An overview and explanation is included at the front of each standard summarising the intent of that standard. Each standard 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 all services would be expected to meet that indicator, or
- specific to a program area to address the needs of a particular client group.

Elements of the standards

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

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

An evidence guide is being developed to support service providers and independent review bodies in undertaking reviews in relation to the standards.

Overview of the 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	Wellbeing People's right to wellbeing and safety is promoted and upheld.	3.1	Services adopt a strengths based and early intervention approach to service delivery that enhances people's wellbeing.
		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 exercise choice and control in service delivery and life decisions.
		4.2	People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.
		4.3	People maintain connections with family and friends, as appropriate.
		4.4	People maintain and strengthen connection to their Aboriginal and Torres Strait Islander culture and community.
		4.5	People maintain and strengthen their cultural, spiritual, and language connections.
		4.6	People develop independent life skills.

Standard 1 – Empowerment

People's¹ rights are promoted and upheld.

Standard 1 – Overview and 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 person's 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 people's 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
- quality systems include 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.

¹ The term 'people' includes children, young people, adults and/or families. This term is consistent with terminology adopted by *Better Services, Better Opportunities Strategic Directions for the Department of Human Services (2010)*.

Standard 1 – Criteria and evidence indicators

Criteria 1.1 – People understand their rights and responsibilities.

Evidence indicators

Common indicators

- 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:
 - 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 preventable injury.
- People's understanding of their rights and responsibilities is confirmed.

Criteria 1.2 – People exercise their rights and responsibilities.

Evidence indicators

Common indicators

- 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 management of reviews and appeals.
- 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:
 - 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.

Standard 2 – Access and Engagement

People's rights to access transparent, equitable and integrated services are promoted and upheld.

Standard 2 – Overview and 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, ability, gender, sexual identity, culture, religion or spirituality
- 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.

This 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, ability, gender, sexual identity, culture, religion or spirituality or a previous refusal of services.

Standard 2 – Criteria and evidence indicators

Criteria 2.1 – Services have a clear and accessible point of contact¹.

Evidence indicators

Common indicators

- 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 people² 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 people's needs, cultural or Aboriginal and Torres Strait background, disability, age or developmental stage.
- The service provider identifies service accessibility issues and uses a range of strategies to address these.

Criteria 2.2 – Services are delivered in a fair, equitable and transparent manner.

Evidence indicators

Common indicators

- Priority of access for services is based on relative need, available resources and considers the best interests of children.
- Information is provided to all people in an accessible format that facilitates understanding regarding:
 - 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 that document:
 - screening and eligibility
 - priority of access
 - waiting list management.
- Data and feedback mechanisms are in place to identify and address barriers to access.
- The service utilises active engagement strategies.

Homelessness services evidence indicator

- Brokerage and grants funds are used equitably and transparently.

¹ There may be some exceptional situations that will need to be accounted for such as in the case of women's refuges, where anonymity is critical to safety.

² 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.

Criteria 2.3 – People access services most appropriate to their needs through timely, responsive service integration and referral.

Evidence indicators

Common indicators

- 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 Torres Strait Islander 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:
 - 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.

Standard 3 – Wellbeing

People's right to wellbeing and safety is promoted and upheld.

Standard 3 – Overview and explanation of the standard

This standard acknowledges the importance of promoting and upholding each person's wellbeing 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 that is carried out in a manner that is sensitive to age, ability, gender, sexual identity, culture, religion or spirituality, language and communication needs
- document and implement a goal-oriented, person centred 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, 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 – Criteria and evidence indicators

Criteria 3.1 – Services adopt a strengths based and early intervention approach to service delivery that enhances people’s wellbeing.

Evidence indicators

Common indicators

- 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 approaches to service delivery.
- The service provider strengthens and builds capacity with families, where appropriate.

Children, youth and family indicators

- 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 young person.

Criteria 3.2 – People actively participate in an assessment of their strengths, risks, wants and needs.

Evidence indicators

Common indicators

- 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 age, ability, gender, sexual identity, culture, religion or spirituality.
- People are supported during assessments by an appropriate person who is sensitive to and understands their cultural needs.
- People’s language and communication needs are identified and responded to.
- People receive a copy of their assessment in a format that facilitates understanding.

Children, youth and family indicators

- Assessment considers the capability of parents, carers and families to provide effective care for children and young people.

Criteria 3.3 – People have a goal oriented plan documented and implemented. This plan includes strategies to achieve stated goals.

Evidence indicators

Common indicators

- People actively participate in all aspects of the planning process.
- Planning processes are guided by relevant legislation, departmental policies 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 age, ability, gender, sexual identity, culture, religion or spirituality.
- The service provider actively advocates for service options that best meet people's needs.
- Planning takes into account the health and wellbeing issues of the person.
- 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:
 - 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
 - identifies health and wellbeing needs, as appropriate
 - includes input from family, carers and other service providers as appropriate.
- People receive a copy of their plan and any revised plans in a format that facilitates understanding.

Disability services indicators

- 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.

Criteria 3.4 – Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.

Evidence indicators

Common indicators

- 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 age, ability, gender, sexual identity, culture, religion or spirituality.
- Review and evaluation takes into account people’s health and wellbeing needs.
- People are supported during reviews and evaluations by an appropriate person(s) who is sensitive to and understands 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 progress towards stated goals.
- 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.

Criteria 3.5 – Services are delivered in a safe environment for all people free from abuse, neglect violence and/or preventable injury.

Evidence indicators

Common indicators

- 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.

Indicators where out-of-home care, residential services, day programs, refuges, crisis accommodation and/or respite services are provided

- The service provider ensures that the environments it provides are safe, hygienic and clean, and includes, where relevant, access to:
 - adequate common space as well as places where people can find privacy
 - appropriate and well-maintained equipment and furniture
 - 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
 - processes for people to have input into decisions regarding daily life.
- The service provider implements documented procedures for:
 - maintenance of service environments, buildings and equipment
 - infection control
 - fire risk and other emergency management consistent with legislative and departmental policies.

Children, youth and family indicators

- The service provider has documented practice guidelines for care and placement matching.
- The service provider provides carers with the information they need to adequately care for children and young people in their care, including clearly explaining what is expected of them in relation to meeting the child or young person's individual needs prior to the commencement of the placement.

Homelessness services evidence indicator

- Service environments support the safety and security of 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.

Standard 4 – Overview and 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 community, 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
- 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 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, 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 – Criteria and evidence indicators

Criteria 4.1 – People exercise choice and control in service delivery and life decisions, where appropriate.

Evidence indicators

Common indicators

- 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.
- Service providers support people to access technology, aids equipment and services that increase and enhance their decision making and independence.
- The service provider supports people to develop and maintain their personal, gender, sexual, cultural, and religious or spiritual identity.
- The service provider:
 - provides people with information, in a format that facilitates understanding, to enhance informed decision making and choice
 - involves family members and significant others, as appropriate, to assist with decisions and choices.

Homelessness services evidence indicator

- People's right to refuse a recommended action or activity is acknowledged and respected.

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

Common indicators

- The service provider supports people to:
 - 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.

Children, youth and family indicators

- 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 child or young person's life are available in a portable format (for example a Life Book) that the child or young person can take with them when changing placement or leaving care.

Disability services indicators

- 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.

Criteria 4.3 – People maintain connections with family and friends, as appropriate.

Evidence indicators

Common indicators

- 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.

Criteria 4.4 – People maintain and strengthen connection to their Aboriginal and Torres Strait Islander culture and community.

Evidence indicators

Common indicators

- The service provider provides culturally competent services which respect a person's Aboriginal and Torres Strait Islander cultural identity.
- The service provider maintains appropriate community linkages and collaborates with Aboriginal services to meet the cultural needs of Aboriginal and Torres Strait Islander people.
- Assessment, planning and actions promote cultural safety and connectedness and respect the cultural and spiritual identity of Aboriginal and Torres Strait Islander people.

Criteria 4.5 – People maintain and strengthen their cultural, spiritual, and language connections.

Evidence indicators

Common indicators

- The service provider provides culturally competent services that 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.

Criteria 4.6 – People develop, sustain and strengthen independent life skills.

Evidence indicators

Common indicators

- People are supported to develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances.

Children, youth and family indicators

(Out-of-home care only):

- Staff and carers work directly with young people to ensure they have appropriate life and self-care skills in preparation for leaving care and the service provider provides support for young people leaving care for up to three months after their placement ends.

Disability services indicators

- People exercise control over their finances.

Glossary⁴

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 and so on.
Appropriate format	Information is provided in a form that 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 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 <i>Cultural diversity guide</i> and <i>Language services policy</i>).
Cultural competence	Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, service provider organisation or among professionals and enable that system, service provider 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	Documented information may be recorded on a variety of media including written, visual, and audio recording.
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, young people, adults and/or families. This term is consistent with terminology adopted by <i>Better Services, Better Opportunities Strategic Directions for the Department of Human Services (2010)</i> .
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.

⁴ This glossary will be revised as the evidence guide is developed.

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, which are 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 service provider. 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 service providers 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	<p>The <i>Quality Framework for Disability Services (2007)</i> 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:</p> <ul style="list-style-type: none"> • 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.

