Department of Human Services
Standards evidence guide

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Department of Human Services Standards evidence guide

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1. Introduction

Background

The Department of Human Services funds organisations to provide a broad range of services across the Disability Services, Housing and Community Building, and Children, Youth and Families divisions and the Office for Women's Policy, Office for Youth, Office for Disability and Community Participation Branch.

In recent years, the Disability Services, Housing and Community Building, and Children, Youth and Families divisions have had their own set of standards and review processes to assess the quality of the services provided.

Standards and review processes are a necessary part of providing quality services that deliver positive client outcomes.

The Department of Human Services Standards (the standards) respond to an assessment by funded organisations that the department's current approach of using program-based standards and undertaking multiple reviews affects the amount of time staff can work with clients. The Victorian Government's *Plan for community services* aims to reduce red tape by streamlining accreditation, monitoring and evaluation processes.

The standards are a single set of service-delivery quality standards for service providers.

A steering committee with representatives from service providers, peak bodies and the department managed the development of the standards. This process involved extensive consultation with departmental and funded organisation representatives, peak bodies, service users and other key stakeholders.

Aims of the standards and review process

The standards and the review process support the One DHS strategy by seeking to ensure that people experience the same quality of service no matter what service they are accessing. These processes aim to:

- embed and promote rights for people accessing services
- assure the community and partners that organisations are providing services that meet clients' needs
- develop a common and systemic approach to quality review processes
- build greater transparency in quality requirements between the department, service providers, clients and the community
- enable service providers to select an independent review body from an approved panel that meets their requirements and expectations
- foster a culture of continuous quality improvement that is embedded in everyday practice and supports the meaningful participation of people in giving feedback about the services they require and the quality of services they receive
- use the expertise of independent review bodies to review the core business functions of organisations, thus discontinuing the department's specification of governance and corporate standards
- reduce red tape to help ensure service providers have more time and resources to provide services by reducing the number of standards indicators and quality reviews.

Accreditation and independent review under the standards

Standards and independent review processes help ensure that service providers have systems in place that promote acceptable levels of management, administration and service delivery. These processes not only examine compliance with standards, but also encourage service providers to continually improve against defined service quality requirements.

Under the Department of Human Services Standards service providers will:

- be required to be accredited by a department-endorsed independent review body once every three years
- will need to demonstrate compliance against the Department of Human Services Standards and the corporate and management standards of their selected review body once every three years.

Transition to the new standards and review process will take place from July 2012, with reviews taking place during the 2012–15 service agreement period.

Independent reviews are one of the mechanisms the department requires to ensure that clients receive quality services. The department has a range of other mechanisms to monitor the performance and sustainability of service providers in meeting funding and program requirements, including analysis of annual financial accountability and annual desktop reviews undertaken by department staff, as well as performance measure reporting. Incident reporting processes also help ensure that incidents are appropriately investigated and responded to. If the department has concerns about an organisation's performance it can initiate a service review (undertaken by department staff).

Corporate and management standards

The department recognises that service providers may be independently reviewed and accredited for a number of purposes. As independent review bodies have significant expertise in assessing governance and corporate management, the department will not have its own governance and management standards. Service providers will need to meet the corporate and management standards of their selected independent review body.

For some service providers, this approach will reduce the number of times they need to undertake similar business audits to meet state and Commonwealth departmental requirements.

The independent review body will need to use its standards to assess:

- governance
- leadership and management
- financial management[1]
- human resources — including pre-employment checks, training and development, supervision and workforce
- continuous quality improvement and feedback processes
- information and knowledge management including confidentiality
- occupational health and safety
- partnerships/service coordination.

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[1] A financial audit of an organisation is not within the scope of the review described here.

Scope of independent review requirements for funded organisations

Any services working directly with clients will need to comply with the Department of Human Services Standards.

Funded organisations that provide services directly to clients will normally need to be independently reviewed and accredited. There may be some exceptions to this requirement for funded organisations that receive less than $100,000 of Department of Human Services funding or where the service funded is subject to a departmentally approved accreditation process for another government department. This exemption will typically apply to health and medical services.

Funded organisations that do not have a direct relationship with clients and are funded only to undertake, for example, research, policy advocacy, professional development and community development will not need to be accredited or reviewed in relation to the standards.

The department will discuss accreditation requirements with funded organisations as part of the transition, and the timing of their first independent review of the standards between 2012 and 2015.

The standards

The Department of Human Services Standards comprise of four service quality standards. An overview/explanation is included at the front of each of the standards summarising the intent of that standard.

Each standard includes a number of criteria that describe the key elements to be addressed to meet that standard. In addition there are evidence indicators to measure each criteria. The evidence indicators are presented as either:

- common evidence indicators, meaning that each service provider would be expected to meet that indicator; or
- service-specific indicators, meaning that they apply only if you are funded by a particular departmental program area to address the needs of a particular client group (these have only been included where there is a specific requirement relating to a particular service type).

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	Evidence measures the assessor will use to determine to what extent your organisation is meeting the indicator

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.

2. Overview of the Department of Human Services Standards evidence guide

Purpose of the evidence guide

The evidence guide has been developed to help organisations funded by the Department of Human Services to prepare for and participate in internal and external reviews against the Department of Human Services Standards. Service providers are encouraged to use the guide and quality framework to develop their own systems and processes. Independent review bodies will also use the standards and related criteria to conduct reviews.

Content of the evidence guide

The guide is designed to help service providers meet the requirements of the standards and to support continuous quality improvement. While including the necessary detail, the guide is designed to be user friendly, concise and practical for service providers and independent review bodies. By not being overly prescriptive it also aims to encourage service providers to be innovative in how they demonstrate compliance with the standards.

Examples of evidence common to all service types has been used, however some service-specific examples have been included to ensure the needs of particular Department of Human Services programs are met.

The guide provides information in the following areas:

- information on which supporting documents may help provide evidence to address the standards
- examples of evidence that support the provision of services across more than one service area (common evidence)
- service-specific evidence relevant to the needs of particular client groups.

Structure of the evidence guide

The guide is separated into four sections, one for each standard. Within each section the criteria for that standard are separated. For each criterion the guide includes common and service-specific evidence indicators. Evidence examples are provided under the indicators and include:

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

Developing the evidence guide

The evidence guide was developed in consultation with departmental representatives, service providers, peak bodies and service users. Consultations on the draft evidence guide developed by Australian Healthcare Associates took place and the information gathered through this process was used to refine this final evidence guide.

The evidence guide was trialled during August 2011. This phase included 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.

File audit tools

Client and staff file audit tools have been developed as a resource to help service providers and reviewers assess practice against the standards. These tools have also been designed to confirm that service provider records are being maintained to meet specific program requirements. These tools will be made available on the department's website at < http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/department-of-human-services-standards>.

What is evidence?

Evidence allows service providers to demonstrate they meet the requirements of the standards, criteria and evidence indicators. The gathering of evidence to verify and confirm the implementation and effectiveness of processes and systems may be achieved through the following methods:

- review of documents — such as policy, procedures and records
- interviews with staff, carers, volunteers 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**, defined as follows:

- **Relevant:** the evidence is directly related to the process/system being reviewed.
- **Reliable:** the evidence is from a source or person having knowledge and/or experience related to the process/system being reviewed. The reliability of evidence is strengthened when it can be corroborated through different information-gathering methods.
- **Current:** the evidence is up-to-date, or from a recent timeframe, to enable demonstration of implementation over time.
- **Adequate:** there is enough evidence to make a decision related to verification and rigour of the implementation and effectiveness of the process/system being reviewed.

Categories of evidence

To address each of the standards, criteria and evidence indicators, evidence examples have been provided in three categories:

- documented approach
- knowledge and awareness
- monitoring and evaluation.

To demonstrate compliance with each of the standards, criteria and evidence indicators, service providers will need to demonstrate that processes and/or systems are in place. The categories of evidence included in the evidence guide are described on the following page.

Category	Description
Documented approach	This evidence category includes a wide range of written material that demonstrates how an organisation meets the standards, while also addressing relevant external requirements such as legislation, regulations, and departmental and program-specific requirements. Documented approach will include some of the following: • policies, procedures, protocols, and work instructions describing the organisation's processes and practices • information available and/or provided to people or displayed, such as brochures, pamphlets, posters or other written material given to people who use the service or other stakeholders • records and other tools used by staff or people who use the service, such as referrals, intake and assessment tools, care plans, attendance records, feedback and complaint forms, improvement forms, personnel files, meeting minutes, memorandums and emails.
Knowledge and awareness	This evidence category provides information about the methods the organisation uses to demonstrate implementation of the documented processes and systems. This should include helping board members, management, staff, carers, volunteers and other stakeholders to understand the processes and systems developed for the service and service delivery. This may include: • training plans/records (planned training, orientation) • agenda items in meetings • manuals/guidelines/memos. For people who use the service, this may include: • when, how and what information is provided • provision of information in other formats to facilitate understanding and to meet the language, cultural and communication needs of individuals • use of interpreters.

Category	Description
Monitoring and evaluation	This evidence category provides information to demonstrate the organisation's approach to continuous quality improvement and the methods used to measure the effectiveness of processes and systems in day-to-day service delivery. Evidence should confirm implementation and identify outcomes or outputs of systems and processes. This might include: • records such as client files, staff files, complaints register and incident register • reports such as management reports, financial reports and annual reports • feedback mechanisms, such as focus groups, surveys and complaints • documentation audits of client files and personnel files • internal and/or external reviews/evaluations/audits • newsletters and photographs • quality plans and associated activities • benchmarking • risk management plans • other monitoring processes, such as incident reports and hazard identification • meeting minutes • observations • interviews (with clients, families, carers, staff or management).

3. Supporting documents

Existing legislation and departmental polices and guidelines provide direction and support in relation to how funded services should be delivered. Independent review bodies, when undertaking reviews, will need to examine whether a service provider's systems, policies and services reflect Department of Human Services' program requirements.

Service providers are required to refer to their service agreements and the *Department of Human Services policy and funding plan 2010–2012* for a full list of the guidelines and legislative requirements relevant to their service type.

Documents and legislative requirements common to all program types

The policies and legislation common to all service types funded by the department are listed below. Service providers should use these documents to develop policies, systems and processes to address each of the standards.

- *Aboriginal cultural competence framework* (DHS 2008)
- *Children, Youth and Families Act 2005*
- *Child Wellbeing and Safety Act 2005*
- *Cultural diversity guide* (DHS 2006)
- *Incident reporting instruction* (DHS 2008)
- *Department of Human Services policy and funding plan 2010–2012*
- *Responding to allegations of sexual assault* (DHS 2005)
- *Disability Act 2006*
- *Duty of care* (DHS 2000)
- *Equal Employment Opportunity Act 2010*
- *Health Records Act 2001*
- *Housing Act 1983* (as amended 2005)
- *Information Privacy Act 2006* and Department of Human Services Privacy Policy
- *Occupational Health and Safety Act 2004*
- Police record checks (see *Service agreement information kit for funded organisations* for details)
- *Residential Tenancies Act 1997*
- *Supported Accommodation Assistance Act 1994* (Cwlth)
- *Service agreement information kit for funded organisations*
- *The Family Violence Protection Act 2008*
- *The Victorian Charter of Human Rights and Responsibilities Act 2006*
- United Nations Convention on the Rights of the Child (UNCRC)
- United Nations Declaration on the Rights of Indigenous People
- Victorian Government Aboriginal Inclusion Framework
- *Working with Children Act 2005* (Working with Children checks)

The standards establish a firm basis for ensuring the delivery of human services that are centred on the best-interest principles described in the *Children, Youth and Families Act 2005*. With this in mind, it is important that all decision making and activity regarding clients (referred to as 'people' throughout this document) include the best interests of children and young people within the context of the person's family.

4. Evidence for the Standards
Standard 1: Empowerment

People's[2] rights are promoted and upheld.

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 a person's right to involve an advocate of their choice.

It requires service providers to:

- provide information in a format that helps people understand 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 their understanding
- provide support in a variety of ways to help people exercise their rights and responsibilities.

It requires that:

- all systems and processes meet the 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 the regular review and evaluation of systems and processes, as well as feedback mechanisms to support continuous quality improvement.

As a result people will:

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

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[2] 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).

Criteria 1.1 — People understand their rights and responsibilities

Common evidence 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.

Documented approach

Common to all service types

✓ Relevant charter of rights is displayed and accessible in ways meaningful to the people using the service and that are culturally responsive.

✓ Documented processes are in place which describe the system for:
- supporting people who use the service to understand and exercise their rights and responsibilities
- giving people information, in an accessible format, that facilitates their understanding of:
  - their rights and responsibilities
  - the quality of service they can expect from the service provider, such as a quality statement
  - their right to obtain access to 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
  - processes for complaints, appeals and allegations, as well as quality-of-care concerns
  - accessing interpreting and translation services
  - the extent of their rights
  - their right to be free from abuse, neglect, violence and preventable injury (see standard 4).

Knowledge and awareness

Common to all service types

✓ A process is in place for how all people, including those who use the service and staff/volunteers/carers, are supported to understand:

- people's rights and responsibilities
- the relevant charter of rights
- service/program information given to people wishing to access the service, including specific information on operating hours and service locations.

✓ Records evidence that staff/volunteers/carers are aware of people's rights and responsibilities and can support people who use the service to exercise them (for example training and induction records).

Monitoring and evaluation

Common to all service types

✓ Evidence that people who use the service are involved in reviews of the quality of service.

✓ Records demonstrating people's acknowledgement of receiving and confirmation of understanding their rights and responsibilities; for example, client file, file checklist, interviews, and consent forms.

✓ Feedback mechanism and/or data confirm people who use the service:

- receive and understand information about their rights and responsibilities, including complaint procedures
- access and understand the relevant charter of rights
- receive and understand service/program information.

✓ Feedback mechanisms and/or data confirm staff/volunteer/carers understand:

- people's rights and responsibilities and how to support people who use the service to exercise these
- people's relevant charter of rights
- service/program information.

✓ Regular review of the documented processes occurs and reflects:

- the involvement of people who use the service, staff, volunteers, carers and other stakeholders
- links to service planning and delivery
- feedback to people who use the service, staff, volunteers, carers, and other stakeholders.

Criteria 1.2 — People exercise their rights and responsibilities

Common evidence 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 review 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.

Documented approach

Common to all service types

✓ Documented processes are in place which describe systems for:
- advising staff, volunteers and other stakeholders on how to support people who use the service to access and use an advocate of their choice
- supporting people who use the service to know 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 restrictions are monitored. (*See below for specific requirements for disability*.)

Examples of restrictive practice

For children, youth and family services this may include, for example, secure housing or treatment plans.

For homelessness services this may include situations where duty of care to other clients or staff means that a person's access to a service is restricted for a period of time.

Disability services

✓ 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:

- decisions about the type/s of restrictive intervention that may be implemented
- who may authorise and implement restrictive practices
- 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.

Knowledge and awareness

Common to all service types

✓ Staff demonstrate awareness of the organisation's charter of rights.

✓ Records evidence that staff/volunteers/carers have knowledge and awareness of:

- people's right to use an advocate of their choice
- formal complaints procedures and processes if a person's rights have been violated
- how to respond if there is an allegation of misconduct/abuse
- how decisions about restricting a person's rights are made and reviewed.

✓ Training records demonstrate staff/volunteers/carers have received training in working with advocates and use of restrictive practices.

Disability services

✓ Staff/volunteers/carers are aware of and understand and implement the documented 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.

Monitoring and evaluation

Common to all service types

✓ There are processes in place and evidence to demonstrate people who use the service know how to exercise their rights and responsibilities.

✓ Evidence of people exercising their rights and responsibilities, such as a complaints register, incident reports, and community visitor reports.

✓ Evidence reflects timely and appropriate responses to allegations of misconduct and abuse.

✓ Feedback system in place to measure people's satisfaction in relation to:
- supports provided around exercising their rights and responsibilities
- help 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, reviews and appeals
- providing feedback where they are not satisfied.

✓ Regular review and reporting of records to management and/or board relating to:
- 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 has been applied, the least restrictive alternatives have been used and reviews have been undertaken.

✓ Regular review of the documented processes occurs and reflects:
- the involvement of people who use the service, staff, volunteers, carers and other stakeholders
- links to service planning and delivery
- feedback to people who use the service, staff, volunteers, carers and other stakeholders.

Disability services

✓ Monitoring of records is maintained when restrictive intervention is being implemented including when, where and type of restrictive intervention.

Standard 2: Access and Engagement

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

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 people with information about these criteria in formats they can understand
- be non-discriminatory in decision making with 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 population groups are 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, spirituality or a previous refusal of services.

Criteria 2.1 — Services have a clear and accessible point of contact[3]

<div style="background:#c8004b; color:white">Common evidence indicators</div>

- 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 people[4] 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 Islander background, disability, age or developmental stage.
- The service provider identifies service accessibility issues and uses a range of strategies to address these.

Documented approach

Common to all service types

✓ Documented processes are in place which describe the system for:
  - how demographic and other data, such as people's feedback, is used to plan service-delivery location, type and hours of access
  - identifying barriers to service access and strategies to address these
  - monitoring unmet need
  - informing the community, potential users and other services about the services available, eligibility and access.

✓ Planning documents reflect the service provider has considered aspects related to the physical access of people to the building/s and amenities, and uses recognised signage that reflects the identified demographic need (such as cultural or Aboriginal and Torres Strait Islander background, or age).

✓ Information is available for people to provide feedback related to service locations, types, hours and access issues.

Knowledge and awareness

Common to all service types

✓ Evidence demonstrates staff/volunteers/carers/stakeholders' knowledge and awareness in relation to service access and planning.

✓ Evidence of people who use the service being advised and supported to be involved in service planning.

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3   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 for safety.

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

Monitoring and evaluation

Common to all service types

✓ 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 using the service are sought to improve accessibility and relevance
  • that people using the service are aware of and supported to provide feedback about service access issues.

✓ Evaluation and monitoring occurs in relation to unmet need.

✓ Regular review of the documented processes occurs and reflects:
  • the involvement of people who use the service, staff, volunteers, carers and other stakeholders
  • links to service planning and delivery
  • feedback to people who use the service, staff, volunteers, carers and other stakeholders.

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

Common evidence indicators

- Priority of access for services is based on relative need, available resources and considers the best interests of people including 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 which 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.

Documented approach

Common to all service types

✓ Documented processes are in place that describe the system for:
- non-discriminatory assessment of eligibility based on the best interests of children, service guidelines and identified client needs and risks
- priority of access
- management of waiting lists; for example, a demand management strategy
- the allocation of services
- refusing or ending a service
- costs or fees, as applicable
- service feedback mechanisms
- outlining strategies to actively engage people
- review processes to address a person's changing needs.

✓ Collecting feedback about barriers to service access (see also criteria 2.1)

✓ Information is available in formats that facilitate peoples understanding related to:
- hours of operation
- entry and exit rules
- criteria to determine priority for service
- conditions that apply to the services provided
- any fees or costs
- the appeals process.

Disability services

✓ Where a 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.

Knowledge and awareness

Common to all service types

✓ Evidence demonstrates that staff/volunteers/carers have knowledge and awareness of:
  • the process for assessing people's eligibility for service access including use of appropriate resources, prioritisation and waiting list management
  • supporting people to understand information about eligibility for service access, prioritisation and waiting list management, refusal and/or cessation of service, costs and so on
  • active engagement strategies.

✓ Records provide evidence of staff/volunteers/carers/stakeholders' involvement in planning active engagement strategies.

Disability services

✓ Staff have an understanding of individual funds and their responsibilities in relation to managing individual budgets.

Monitoring and evaluation

Common to all service types

✓ Service records align with documented processes for:
  • the assessment of requests/referrals for service
  • screening
  • prioritising
  • eligibility decision
  • waiting list management
  • reasons for refusal and/or cessation of service.

✓ A feedback system is in place to measure people's satisfaction with access to services or they are supported to provide feedback where they are not satisfied.

✓ A range of data is regularly monitored to identify trends and barriers to service access, such as demographics, population health data and internal performance.

✓ Eligibility criteria are reflected in people using the service/s; for example, service-user profiles reflect the intended target group.

✓ Records are maintained that reflect any identified barriers to access and strategies are put in place to address these (see criteria 2.1).

✓ Regular review of the documented processes occurs and reflects:

- the involvement of people who use the service, staff, volunteers, carers and other stakeholders
- links to service planning and delivery
- feedback to people who use the service, staff, carers, volunteers and other stakeholders.

Disability services

✓ Feedback mechanisms and/or data confirm the satisfaction levels of people who use the service, in relation to the financial information and management provided.

Service-specific indicator — homelessness services

- Brokerage and grants funds are used equitably and transparently.

Documented approach

✓ Documented processes support the equitable allocation of brokerage and grants funds.

Knowledge and awareness

✓ Evidence demonstrates staff/volunteers/carers are aware of the process for managing brokerage and grants funds in an equitable and transparent way.

Monitoring and evaluation

✓ Evidence demonstrates brokerage and grants funds are used equitably and transparently.

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

Common evidence 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.

Documented approach

Common to all service types

✓ Documented processes are in place which describe the system for:
- responding to requests for services, including acknowledging the referral and service provision timeframes
- 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 about and helped to understand information-sharing provisions
- taking into account the needs of children, vulnerable people and people with complex needs or those at high risk
- giving people information about alternative services in a format that facilitates their understanding
- establishing networks and maintaining coordinated service pathways with funded organisations, including Aboriginal and Torres Strait Islander and culturally and linguistically diverse funded organisations (see standard 4).

✓ Information is available for all people who use the service, in an accessible format, that promotes their understanding of:
- alternative services
- the referral process
- feedback mechanisms.

✓ Records are maintained that reflect:
- referral patterns within relevant referral networks
- coordinated and clear referral pathways
- participation in referral networks; for example, minutes of meetings and involvement in projects.

Homelessness services

✓ Documented process for identifying and responding to the needs of people affected by family violence.

Children, youth and family services

✓ Documented processes are in place supporting the service provider's involvement in the relevant Child and Family Service Alliance.

Knowledge and awareness

Common to all service types

✓ Evidence demonstrates staff/volunteers/carers' knowledge and awareness of:
- target timeframes, such as receipt of referrals to requests for service, and response to referral source to provision of service
- information available for people on advice and referral to other services where the service provider is unable to provide the service
- the needs of vulnerable people including children, people with complex needs, and culturally and linguistically diverse and Aboriginal and Torres Strait Islander people
- how to make appropriate referrals.

Homelessness services

✓ Records demonstrate staff competency in identifying and responding to the needs of all people affected by family violence.

Children, youth and family services

✓ Evidence of staff understanding and awareness of the Child and Family Service Alliance.

Monitoring and evaluation

Common to all service types

✓ Monitoring of service responsiveness of both incoming referrals and outgoing referrals; for example, referral to assessment and 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 they are supported to provide feedback where they are not satisfied.

✓ Regular review of participation in referral networks.

✓ Regular review of the documented processes occurs and reflects:

- the involvement of people who use the service, staff, carers, volunteers and other stakeholders
- links to service planning and delivery
- feedback to people who use the service, staff, carers, volunteers and other stakeholders.

Homelessness services

✓ The needs of people affected by family violence are monitored.

✓ The training needs of staff supporting people affected by family violence are monitored.

Children, youth and family services

✓ Evidence of the service provider's active participation in the relevant Child and Family Service Alliance.

Standard 3: Wellbeing

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

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 to identify and build on a person's existing capabilities. 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 — 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 address the assessed needs
- undertake regular reviews and evaluation of plans to identify and address emerging or changing needs and identify progress in achieving planned goals
- plan for people exiting/transitioning from the service.

This standard acknowledges that different programs have different models of support and that 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, and cultural and social strengths and needs are assessed; with services planned to support or address all aspects of those 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 along with planning, review and evaluation of their services and supports
- receive services and supports in a safe and healthy environment.

Criteria 3.1 — Services adopt a strengths-based and early intervention approach to service delivery that enhances people's wellbeing

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

Documented approach

Common to all service types

✓ Documented processes are in place which describe the system for:
- active engagement and early intervention strategies, including with families as appropriate (see criteria 2.2)
- strengths-based approaches
- holistic and collaborative approaches to service delivery
- capacity building and strengthening of families and carers.

Homelessness services

✓ Documented processes are in place which describe the system for:
- the implementation of a case management framework
- solution-focused practice.

Knowledge and awareness

Common to all service types

✓ Evidence demonstrates staff/volunteers/carers' knowledge and awareness of:
- active engagement and early intervention strategies
- strategies for supporting the person to identify their strengths and find ways to build on these
- strengths-based approaches
- holistic and collaborative approaches to service delivery
- family and carer capacity-building strategies.

✓ Records reflect advising staff/volunteers/carers of these approaches; for example, in position descriptions, training records, induction, supervision records and staff files.

Homelessness services

✓ Records show staff/volunteers/carers' knowledge and awareness of case management frameworks and solution-focused practice.

Monitoring and evaluation

Common to all service types

✓ Regular monitoring of staff competency in relation to strengths-based, active engagement, early intervention approaches and capacity-building strategies.

✓ Regular monitoring of the alignment of practice with documented processes in client records.

✓ Monitoring of trends in people re-accessing a service.

✓ Feedback mechanisms include capacity for people to comment on:

- active engagement strategies
- intervention strategies.

✓ Regular review of the documented processes occurs and reflects:

- the involvement of people who use the service, staff, volunteers, carers and other stakeholders
- links to service planning and delivery
- feedback to people who use the service, staff, volunteers, carers and other stakeholders.

Homelessness services

✓ Regular reviews of practice to ensure alignment with documented processes, such as client file audits and supervision.

Service-specific indicator — children, youth and family services

- 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.

Documented approach

✓ Documented processes are in place which describe the system for engaging parents/families and carers to continuously improve their understanding of normal child development and parenting/caring skills.

✓ Resources are available to families about child development and parenting skills.

Knowledge and awareness

✓ Staff/volunteers/carers demonstrate knowledge and awareness of strategies for engaging parents/carers in continuous development of their understanding of normal child development, as well as strengths-based approaches to building parenting/caring skills.

✓ Records reflect the approach taken in advising staff/volunteers/carers of strategies for engaging parents/carers in continuous development of their understanding of normal child development, along with strengths-based approaches to building parenting/caring skills; for example, training records, induction or staff files.

Monitoring and evaluation

✓ Regular monitoring of:

- staff competency in relation to normal child development and strengths-based approaches to building parenting/caring skills
- alignment of practice, recorded in the client record, with documented processes.

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

Common evidence 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.

Documented approach

Common to all service types

✓ Documented processes are in place that describe the system for conducting and recording assessments, including reference to:
  - 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 a person's choice of advocate
  - a person's right to reject a recommended action or activity
  - involvement of other key parties as appropriate
  - taking into account a person's age, ability, gender, sexual identity, culture, religion or spirituality
  - identifying a person's language and communication needs and related strategies
  - resources or services required to meet the person's needs, such as communication aids.

✓ Assessment records reflect evidence that people have:
  - actively participated in an assessment of their strengths, risks, wants and needs
  - understood their assessment and received a copy, as appropriate.

The scope of the assessment should fit with the requirements of the service and specific client group. This may involve a basic assessment of needs and risks or a more comprehensive assessment, as required.

The format in which assessments are documented will vary. It may involve documenting the findings of the assessment in the service/action plan or individual plan and then providing a copy to the person at this point.

Knowledge and awareness

Common to all service types

✓ Evidence demonstrates staff/volunteers/carers' knowledge and awareness of the assessment system.

✓ Training records demonstrate staff/volunteers/carers have received training in relation to alternative communication needs/aids.

Monitoring and evaluation

Common to all service types

✓ Regular monitoring of the alignment of practice with documented processes in the client record; for example, client file audits.

✓ Evidence demonstrates that people who use the service have been given the opportunity to provide feedback about their satisfaction with and experience of the assessment process.

✓ Regular review of the documented processes occurs and reflects:
- the involvement of people who use the service, staff, volunteers, carers and other stakeholders
- links to service planning and delivery
- feedback to people who use the service, staff, volunteers, carers and other stakeholders.

Service-specific indicator — child, youth and family services

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

Documented approach

✓ Assessment records include consideration of the capability of parents, carers and families to care effectively for children and young people.

Knowledge and awareness

✓ Evidence demonstrates staff/volunteers/carers know how to engage parents, carers and families in the assessment of their capability to care effectively for children and young people.

✓ Records reflect advising staff/volunteers/carers of how to engage parents, carers and families in the assessment of their capability to care effectively for children and young people.

Monitoring and evaluation

✓ Alignment of practice, recorded in the client record, with documented processes.

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

Common evidence 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
  - identify 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.

Documented approach

Common to all service types

✓ Documented processes are in place that describe the system for individual planning with reference to:
- the rights of people who use the service to exercise control over their lives
- the active involvement of people or their representative in the planning process
- the involvement of other key parties as appropriate
- the involvement of the person's chosen advocate
- timeframes for planning
- people's cultural, religious or spiritual needs, as well as their gender, age, and sexual orientation and identity
- ensuring people receive a copy of their plan.

✓ Planning records include:
- people's strengths, needs (including health where appropriate), goals, supports and long-term outcomes
- strategies and timeframes to achieve goals
- actions to minimise risks.

Knowledge and awareness

Common to all service types

✓ Evidence demonstrates staff/volunteers/carers' involvement in and knowledge of planning systems.

Monitoring and evaluation

Common to all service types

✓ Processes are in place for monitoring the implementation of individual plans, including timeframes and reviews (for example audits and service-user surveys).

✓ Feedback from people or their representative confirms satisfaction with the planning process.

✓ There is evidence that:
  - people have been supported to actively participate in developing a goal-oriented plan
  - people have understood the planning process and received a copy of their plan
  - the plan has taken into account people's cultural needs, and
    - reflects the strengths, needs, goals, supports and long-term outcomes specified by the person
    - describes how these goals will be achieved, including timelines
    - reflects actions to minimise risk in the least intrusive and restrictive manner
    - identifies health and wellbeing needs
    - includes input from family, carers and other funded organisations, as appropriate.

✓ Regular review of the documented processes occurs and reflects:
  - the involvement of people who use the service, staff, carers, volunteers and other stakeholders
  - links to service planning and delivery
  - feedback to people who use the service, staff, carers, volunteers and other stakeholders.

Service-specific indicators — disability services

- 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.

Documented approach

✓ Documented processes are in place to guide the development of person-centred active support plans consistent with the principle of individualised planning.

✓ Documented processes are in place to ensure people can access the services they need to live as independently as possible, including personal assistance, in-home, residential or community supports.

Knowledge and awareness

✓ Staff/volunteers are aware of the contents of the individualised plans for the people they support.

✓ Staff/volunteers are aware of the services available to support people to live as independently as possible.

Monitoring and evaluation

✓ There is evidence in, for example, observation and individualised plans, to demonstrate that people identify, choose and manage their own daily routines and activities to the fullest extent possible, such as making their own meals and drinks.

✓ There is evidence that people are satisfied with the choices they have been given and the contents of their individualised plan.

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

Common evidence indicators

- Each person's 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 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 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 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.

Documented approach

Common to all service types

✓ Documented processes are in place that describe the system for regularly reviewing and updating each person's assessment and plan, including reference to:
- timeframes for scheduling and monitoring reviews
- people's active participation
- people's cultural, religious or spiritual needs, as well as their gender, age, and sexual orientation and identity
- people's health, wellbeing and safety needs
- the involvement of appropriate people to support the cultural needs of a person
- collaboration with other service providers.

✓ Documented processes are in place which describe the system for exit/transition planning, including reference to how people can re-access the service if required.

Knowledge and awareness

Common to all service types

✓ Evidence demonstrates staff/volunteers/carers understand the system for conducting and recording regular reviews and updates of people's assessments and plans.

Monitoring and evaluation

Common to all service types

✓ There is evidence to show the regular review and updating of assessments and plans:
- is conducted when changing needs are identified
- reflects people's active participation when reviews take place and that review outcomes are understood, and a copy of the revised assessment and/or plan are provided
- reflects that people have been encouraged to involve an appropriate person to support their cultural needs
- includes consideration of people's health (where appropriate), wellbeing and safety needs
- reflects that case conferences/co-management meetings have occurred as required
- reflects monitoring of progress towards meeting goals and continues to be appropriate to people's needs.

✓ People's satisfaction with the review process is regularly monitored and feedback is used to inform practice.

✓ Processes for monitoring review timeframes and quality are in place; for example, audits and service-user surveys.

✓ Regular review of the documented processes occurs and reflects:
- the involvement of people who use the service, staff, carers, volunteers and other stakeholders
- links to service planning and delivery
- feedback to people who use the service, staff, carers, volunteers and other stakeholders.

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

Common evidence indicators

- The service provider promotes an environment where people are free from abuse, neglect, violence and preventable injury.
- The service provider has clearly documented polices 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.

Documented approach

Common to all service types

✓ Documented processes are in place that describes the systems for promoting a safe environment, including the service environment, for people through the early identification and response to potential and/or actual risks of abuse, neglect, violence and preventable injury. Processes include, but are not limited to:

- personal safety — people are free from abuse, neglect, violence and/or preventable injury
- preventing incidents of abuse, neglect and potential risks
- support for people who have experienced abuse, neglect, violence and/or preventable injury.
- behaviour management strategies
- Occupational health and safety — including incident, accident and hazard reporting
- infection control
- external compliance
- manual handling.

✓ Information is 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). Where appropriate this includes rights based abuse prevention training.

✓ Documented process is in place that describes the system for supporting the safety and security of people impacted by family violence, for example, security and safety, appropriate matching, and safety planning for family reunification.

✓ Service environments support the safety and security of people affected by family violence.

✓ The service provider has documented practice guidelines that recognise the particular risks of abuse, neglect, violence and preventable injury that may be experienced in service environment by people with a disability.

Knowledge and awareness

Common to all service types

✓ Evidence of staff/volunteers/carers knowledge and awareness of duty of care requirements, including needs of the person's being supported and of the accommodation being referred to.

✓ Records of staff, carers and volunteers training and familiarisation with:
- response to actual or potential signs of abuse and/or neglect
- supports available to them to report and/or support or advocate for people to report abuse, neglect, violence and/or preventable injury
- particular risks that may be experienced by people with different needs
- response to a range of environmental systems issues, for example emergency response, including fire evacuation, use of equipment and so on
- behaviour management strategies
- reporting and monitoring processes, for example, incident reporting and hazard alerts
- safety processes, for example, food safety, and infection control.

✓ Documented processes are in place to describe systems for the safety and security of people affected by family violence, including:
- strategies to deal with people who are displaying aggressive behaviour
- safety procedures for staff and people.

✓ Staff/volunteers/carers have knowledge and awareness of the risks of abuse, neglect, violence and preventable injury that may be experienced in service environment by people with a disability.

Monitoring and evaluation

Common to all service types

✓ Feedback mechanism and/or data confirm people:
- receive and understand information about the service providers approach to the delivery of services in a safe environment, and responsibilities for responding to allegations of abuse and/or neglect
- access and understand the mechanisms available for reporting potential and/or actual risks and allegations of abuse and/or neglect, and timeframes for responses
- receive and understand service/program information.

✓ Feedback mechanisms and/or data confirm staff/volunteer/carer understand:
- approach to the delivery of services in a safe environment
- the mechanisms available for reporting potential and/or actual risks
- their duty of care requirements.

✓ Regular review of:
- incident reports, data and trend analysis, including traceability of actions and effectiveness.
- staff/carers/volunteers participation in required information and training sessions
- feedback from people and their satisfaction with information provided and action taken related to safety issues raised.

✓ Records of incident/accident/hazard reports.

✓ Regular review of the documented processes occurs and reflects:
- involvement of people who use the service, staff, carers, volunteers and other stakeholders
- links to service planning and delivery
- feedback to people who use the service, staff, carers, volunteers and other stakeholders.

✓ Records reflect strategies to demonstrate the safety considerations for each person.

✓ The service provider regularly monitors the safety of people with a disability and that are free from abuse, neglect, and preventable injury.

Specific 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, building and equipment
  – infection control
  – fire risk and other emergency management consistent with legislative and departmental guidelines.

Documented approach

Common to all service types

✓ Documented processes are in place describing systems for ensuring the environment is safe, hygienic and clean. These include, but are not limited to:
  - fire and other emergencies
  - safety and security
  - equipment, furniture, lighting and ventilation maintenance and management
  - appropriate physical accessibility
  - food safety and nutritional suitability
  - chemical use and storage
  - infection control – cleaning
  - occupational health and safety – including incident, accident and hazard reporting.

✓ Records of regular monitoring of environmental systems (internal and external); for example, fire and emergency equipment, equipment maintenance and food safety.

✓ Records that reflect people's involvement in decisions about daily life.

✓ Documented policies and procedures are in place for identifying and responding to risks in the service environment, including potential risks posed by other support users or residents.

Knowledge and awareness

Common to all service types

✓ Records of staff/carers/volunteers/other stakeholders (including residents) training and familiarisation with:
- emergency and evacuation procedures, including fire and other emergencies
- safety and security
- equipment, furniture, lighting and ventilation maintenance processes
- food safety and nutrition requirements
- chemical use and storage
- infection control – cleaning.

Monitoring and evaluation

Common to all service types

✓ Feedback mechanism and/or data confirm people:
- receive and understand information about how the service provider ensures the environments it provides are safe, hygienic and clean and free from abuse and neglect
- access and understand their right to be involved in decisions about daily life and routines.

✓ Feedback mechanisms and/or data confirm staff/volunteers understand:
- how the service provider ensures the environments it provides are safe, hygienic clean, and free from abuse and neglect
- how people are involved in day-to-day decision making.

✓ Regular review of records of environmental systems' monitoring (internal and external); for example, fire and emergency equipment, equipment maintenance, and food safety including traceability of actions required and taken.

✓ Up-to-date records of completion of fire and evacuation drills and training.

✓ Evidence demonstrates that people have the opportunity and are supported to provide feedback about the service environment including reference to safety, cleanliness, meals/ food, furnishings, building and room accessibility, and lighting.

✓ Regular review of the documented processes occurs and reflects:
- the involvement of people who use the service, staff, volunteers, carers and other stakeholders
- links to service planning and delivery
- feedback to people who use the service, staff, volunteers and other stakeholders.

Service-specific indicators — out-of-home care services

- 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.

Documented approach

✓ Documented processes are in place describing the system for:
- care and placement matching
- providing carers with the information they need to care adequately for children and young people (the information needs to clearly explain what is expected of them in relation to meeting the child's or young person's individual needs before the placement begins).

Knowledge and awareness

✓ Staff /carers/volunteers demonstrate an understanding of:
- the care and placement matching system
- the information provided to carers about how to care adequately for children and young people, including clearly explaining what is expected of them in relation to meeting the child's or young person's individual needs before that placement begins.

✓ Records reflect advice to staff/volunteers/carers about the care and placement matching system and what information needs to be given to carers; for example, training records, induction and staff files.

Monitoring and evaluation

✓ Regular monitoring of staff/carers/volunteers':
- knowledge and awareness of the care and placement system
- practice and alignment with documented processes; for example, client file audits.

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 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 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 formats people can understand and therefore inform choice and decision making
- use engagement strategies that are age, culturally and developmentally appropriate in assessment, planning and evaluation to gain knowledge 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, and 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 the 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.

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

Common evidence 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, religious and 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.

Documented approach

Common to all service types

✓ Documented processes are in place to describe the systems for active promotion of each person's right to choice and control in service delivery and life decisions. This may include reference to:
- involvement of an advocate of the person's choice and/or their appointed representative
- accessing services from alternative services when/if an initial assessment identifies needs that are outside the scope of the service provider
- access to and/or information about equipment, aids or technology that increase independence and strengthen current skills
- developing and maintaining their personal, gender, sexual, cultural, religious and spiritual identity
- their right to refuse a recommended action or activity, where appropriate
- involving family members and significant others in making choices and decisions, where appropriate.

✓ The information available for people is in an accessible format they can understand and outlines how the service provider supports people in:
- their choices and decision making
- maintaining and strengthening their cultural, religious and spiritual and other identities.

Knowledge and awareness

Common to all service types

✓ Staff/carers/volunteers demonstrate an understanding of:
- each person's right to choice and control in service delivery and life decisions
- the information available for people about maintaining and strengthening their cultural, spiritual and religious and other identities.

Monitoring and evaluation

Common to all service types

✓ Feedback mechanism and/or data confirm people's satisfaction levels in relation to:
- choice and decision making
- maintaining and strengthening their cultural, spiritual and religious and other identities.

✓ Feedback mechanisms and/or data confirm staff/volunteers/carers understand:
- upholding each person's right to exercise their choice and participate in decision making
- the records to be maintained
- the information and resources available to people.

✓ Assessment and planning records reflect that a collaborative approach to developing goals/strategies has occurred; for example, person-centred/case management and exit/transition plans.

✓ Feedback mechanism and/or data confirm people have been supported to exercise choice and control in service-delivery decision making.

✓ Regular review of the documented processes occurs and reflects:
- the involvement of people who use the service, staff, volunteers, carers and other stakeholders
- links to service planning and delivery
- feedback to people who use the service, staff, volunteers, carers and other stakeholders.

Service-specific indicator — homelessness services

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

Documented approach

✓ Documentation includes people's right to refuse a recommended action or activity.

Knowledge and awareness

✓ Staff/volunteers demonstrate understanding of the need to acknowledge and respect people's right to refuse a recommended action or activity.

Monitoring and evaluation

✓ Feedback mechanisms and/or data confirms that:
- people's right to refuse a recommended action or activity has been acknowledged and respected
- people have not been denied a service based on previous refusal of a recommended activity.

Criteria 4.2 — People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment

Common evidence 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 interests 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.

Documented approach

Common to all service types

✓ Documented processes are in place that describe the system for supporting people to actively participate in the community of their choice and pursue their interests and preferences in the short and longer term (see standard 3). Processes may include:
  - how the service provider identifies and supports people 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
  - how people are supported to participate in social roles that reflect their interests and preferences.

✓ Information is available for people, in an accessible format that facilitates understanding, outlining:
  - 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.

Knowledge and awareness

Common to all service types

✓ Evidence of staff/volunteers/carers' knowledge and awareness of:
  - how to support people to actively participate in their chosen community and pursue their interests and preferences in the short and longer term
  - the information and resources available to people.

✓ Records, including assessments and plans, reflect goal identification and the pursuit of opportunities in each person's chosen community.

Monitoring and evaluation

Common to all service types

✓ Feedback mechanism and/or data confirm people's understanding of:
- 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.

✓ 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 help people access these communities.

✓ Assessment and planning records show that:
- people have been supported to actively participate in the community through identifying a range of goals and strategies relating to health, education, training and employment
- people have been given 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 to ensure relevance and usefulness.

✓ Regular monitoring of how people are involved in their community of choice.

✓ Regular review of the documented processes occurs and reflects:
- the involvement of people who use the service, staff, carers, volunteers and other stakeholders
- links to service planning and delivery
- feedback to people who use the service, staff, carers, volunteers and other stakeholders.

Service-specific indicators — disability services

- 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.

Documented approach

✓ Documented processes are in place to describe how:
- 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.

Knowledge and awareness

✓ People know how to access community facilities.

✓ People acquire new skills and knowledge.

✓ Staff/volunteers are aware of how to support people to participate in their chosen community.

Monitoring and evaluation

✓ There is evidence that:
- people own their own property and possessions
- people are supported to access clean, safe and healthy home environments
- people have been given opportunities to participate in a range of community-based activities of their choice.

Service-specific indicator — out-of-home care services

- 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's 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 placements or leaving care.

Documented approach

✓ Documented processes are in place that describe how to develop a Life Book's content.

✓ Documented processes are in place that describe the system for transferring or transitioning the Life Book if the child or young person moves.

Knowledge and awareness

✓ Staff /volunteers/carers demonstrate an understanding of the requirement to develop a Life Book.

✓ Records reflect staff participation in sessions related to the development and content of Life Books.

Monitoring and evaluation

✓ Life Books are available and the content, as a minimum, reflects the requirements of the standard.

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

Common evidence 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.

Documented approach
Common to all service types

✓ Documented processes are in place that describe the system for supporting people to establish, maintain and enhance links with relevant people/organisations, such as families and friends.

Homelessness services

✓ Assessments and plans provide the ability to maintain records of strategies and approaches to support family reconciliation, where appropriate.

Knowledge and awareness
Common to all service types

✓ Staff/carers/volunteers demonstrate an understanding of the system of supporting people to establish, maintain and enhance links with relevant people/organisations, such as families and friends.

Homelessness services

✓ Evidence of staff/carer/volunteer understanding of family reconciliation strategies and approaches.

Monitoring and evaluation
Common to all service types

✓ Assessment and planning records show that people have been supported to establish, maintain and enhance links with family, friends and support networks, as appropriate, through identifying a range of goals and strategies.

✓ Regular review of feedback from people about the support provided to enable them to maintain and enhance links with relevant people/organisations.

✓ Regular review of the documented processes occurs and reflects:
  - the involvement of people who use the service, staff, carers, volunteers and other stakeholders
  - links to service planning and delivery
  - feedback to people who use the service, carers, staff, volunteers and other stakeholders.

Homelessness services

✓ Review of assessments, plans and other client records for inclusion of strategies and approaches to support family reconciliation.

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

Common evidence 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.

Documented approach
Common to all service types

✓ Documented processes are in place that describe the system for:
  - strategies the service provider will implement to support the increased access of Aboriginal and Torres Strait Islander people to their service
  - consideration of Aboriginal cultural competence in all aspects of service delivery
  - the provision of support to people to maintain and strengthen connections to their Aboriginal culture and community; that is, assessment and related individual and case management plans include the cultural needs of Aboriginal and Torres Strait Islander people (see standard 3)
  - achievement of appropriate community links and collaborations with Aboriginal services, such as memorandums of understanding.

Children, youth and family services

✓ Documented processes and/or memorandums of understanding with Aboriginal services to ensure legislative requirements are met and to support service providers to meet the cultural needs of Aboriginal and Torres Strait Islander children in out-of-home care and Aboriginal and Torres Strait Islander families who use the service.

✓ Documented processes are in place that ensure Aboriginal and Torres Strait Islander children's connections to their family and Aboriginal community.

✓ Documents refer to the *Aboriginal cultural competence framework* (DHS 2008).

Knowledge and awareness
Common to all service types

✓ Processes for training of board members, staff, carers and volunteers in the delivery of Aboriginal culturally competent services.

✓ Records of board members, staff, carers and volunteers being trained in the delivery of Aboriginal culturally competent services.

✓ Staff/carers/volunteers demonstrate an understanding of the strategies for strengthening the cultural competency of the service and increasing access to the service by Aboriginal and Torres Strait Islander people.

Children, youth, and family services

✓ Records demonstrate training of board members, staff, carers and volunteers in the *Aboriginal cultural competence framework* (DHS 2008).

Monitoring and evaluation

Common to all service types

✓ Records identifying the service provider's active involvement/links with Aboriginal community and Aboriginal services; for example, active participation in community events, collaborative service provision, referrals, consortia involvement, and memorandums of understanding.

✓ Review of:
  • service access and support strategies for Aboriginal and Torres Strait Islander people
  • service involvement/links with the Aboriginal community and Aboriginal services, as relevant
  • individual and case management plans for alignment with documented processes; for example, inclusion of Aboriginal cultural needs
  • feedback from Aboriginal and Torres Strait Islander people, and Aboriginal and non-Aboriginal carers related to the cultural competence of the services provided to Aboriginal and Torres Strait Islander people.

✓ Regular monitoring of board members, staff, carers and volunteers' knowledge and understanding in relation to Aboriginal cultural competency.

✓ Feedback mechanism and/or data confirm staff/carers/volunteers understand the processes and service provider links to local Aboriginal communities and Aboriginal services.

✓ Regular review of the documented processes occurs and reflects:
  • the involvement of people who use the service, staff, carers, volunteers and other stakeholders
  • links to service planning and delivery
  • feedback to people who use the service, staff, carers, volunteers and other stakeholders.

Children, youth and family services

✓ Cultural support plans are used for Aboriginal and Torres Strait Islander children on guardianship orders.

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

Common evidence indicators

- 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.

Documented approach

Common to all service types

✓ Documented processes are in place that describe the system for maintaining and strengthening the cultural, spiritual and language connections of people; for example, assessment and related individual and case management plans include help to maintain cultural identity and connection to their preferred cultural community (see standard 3).

✓ Documented process outlining access to and use of interpreters.

✓ Information is 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).

Knowledge and awareness

Common to all service types

✓ Staff/carers/volunteers demonstrate an understanding of:
  - cultural and linguistic diversity
  - how to access an interpreter
  - community linkages with culturally specific services.

✓ Records reflect staff/volunteers/carers' understanding of cultural diversity.

✓ Records of staff/volunteers/carers' training in cultural diversity service provision.

Monitoring and evaluation

Common to all service types

✓ Review of:
  - involvement/links with culturally specific services; for example, meeting minutes and attendance at forums
  - individual and case management assessments and plans for reference to culturally specific goals and strategies
  - feedback from people, and other culturally specific services, related to the cultural appropriateness of services.

✓ Records identifying the service provider's active involvement/links with culturally specific services; for example, collaborative service provision, referrals, consortia involvement, memorandums of understanding and service directories.

Criteria 4.6 — People develop, sustain and strengthen independent life skills

Common evidence indicator

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

Documented approach
Common to all service types

✓ Documented processes are in place that describe the systems for supporting people to develop and maintain independence, problem solving, social and self-care skills; for example, individual and case management plans include strategies that reflect how people may engage in meaningful education, recreation, leisure, cultural and community events (see standard 3).

Knowledge and awareness
Common to all service types

✓ Staff/carers/volunteers demonstrate an understanding of:
  - systems for supporting people to develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances
  - the records required, such as assessments and plans.
✓ Records of staff participation in training related to supporting people to maintain their independence, problem solving, and maintaining and strengthening their social and self-care skills.

Monitoring and evaluation
Common to all service types

✓ Assessment and planning records evidence that people 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) (see criteria 4.5).
✓ Review of:
  - individual and case management plans for alignment with documented processes
  - feedback from people related to satisfaction with the service provided to support them to maintain their independence, problem solve, and maintain and strengthen their social and self-care skills.
✓ Regular review of the documented processes occurs and reflects:
  - the involvement of people who use the service, staff, volunteers and other stakeholders
  - links to service planning and delivery
  - feedback to people who use the service, staff, volunteers and other stakeholders.

Service-specific indicator — out-of-home care services

- 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.

Documented approach

✓ Documented processes are in place that describe the system for ensuring that young people have appropriate life and self-care skills in preparation for leaving care and that support is given for up to three months after their placement ends.

Knowledge and awareness

✓ Staff/carers/volunteers who work directly with young people demonstrate an understanding of:
  - the systems for providing appropriate life and self-care skills to young people
  - records required to be maintained, such as assessments and plans.

✓ Records reflect advising staff/volunteers/carers of these approaches; for example, training records, induction and staff files.

Monitoring and evaluation

✓ Regular monitoring of staff/carer/volunteer training in relation to developing life and self-care skills.

✓ Review of records (such as assessments and plans) and feedback to ascertain satisfaction with the service provided.

Service-specific indicator — disability services

- People exercise control over their finances.

Documented approach

✓ Documented processes are in place that describe the system for ensuring people are supported to choose the level of control over the administration of their personal finances.

Knowledge and awareness

✓ Staff/carers/volunteers demonstrate an understanding of the system for people to exercise control over their finances.

✓ Records demonstrate staff/volunteers/carers have knowledge and awareness of people's right to exercise control over their finances.

Monitoring and evaluation

✓ Review of people's feedback related to their satisfaction with their control of their finances.

✓ Records are available that reflect appropriate financial management of people's finances.

Glossary[5]

Accessible formats	Accessible format' or 'alternative format' relates to the number of ways in which information can be produced. It can include the production of information in larger print size, use of plain language, verbal or audio, electronic documents or use of the Internet. The way in which information is designed and produced can affect people's understanding, particularly those who are blind or visually impaired and those with learning difficulties etc.
Advocacy	The process of standing beside, before or behind an individual or group and speaking out on their behalf to protect and promote their rights and interests. An advocate can be from an organisation or an individual advocate, such as a support person, worker, family member, friend or partner.
Allegations	Any claims made by a complainant, either orally or in writing that involves allegations of assault and/or abuse. Statutory reporting and investigation requirements must be followed and adhered to in these instances.
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.
Assessment	Identification of the strengths, needs, risk and wishes of a person accessing services. The assessment helps to determine what service or resources may be required.
Assessor	The person within the independent review body assessing against the standards, may also be referred to as an auditor, surveyor or reviewer. An assessor may also be working for a funded organisation conducting an internal assessment against the standards.
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.
Complaints	A complaint is an expression of concern, dissatisfaction or frustration with any aspect of the quality or delivery of service, a policy or procedure, or the conduct of another person. Complaints can be made by people using a service, their families, carers and/or advocates. A complaint is an opportunity for considering service improvements.
Criteria	The criteria describe the key components to be addressed to meet the standard.

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[5] Service providers must be able to demonstrate that an adequate number of their service outlets are physically accessible to all to meet service demand.

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, sexual orientation and gender identity, religion, preferred language or language spoken at home. (See the Department of Human Services *Cultural diversity guide and Language services policy*.)
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, 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	Documented information may be recorded on a variety of media including written, visual and audio recording.
Duty of care	A duty of care is a duty to take reasonable care of a person. Staff, volunteers and carers owe a duty of care to any person reasonably likely to be affected by the activities of the service they are providing.
Early intervention	Early intervention is not only intended to prevent the development of future problems such as child abuse, substance abuse and/or criminal behaviour, but also promote the conditions and build capacity necessary to improve health and development in all areas.
Evaluation	To measure the effectiveness and efficiency of a program or task.
Evidence indicator	For each criterion there are a series of measurable elements of practice used to assess whether the service meets a particular criteria.
Family	Family is not restricted to the traditional nuclear family, but includes the various arrangements people make to ensure that the young are nurtured and people looked after. The extended family is very important to Aboriginal and Torres Strait Islander people and can compose of mothers, fathers, uncles, aunties, brothers, sisters, cousins and so on.
Goal orientated	Identifies aims/objectives to be achieved.
Hard to reach	People that face challenges in engaging with services.
Holistic	A holistic approach looks at the whole picture. It considers all aspects of a person, including psychological, physical and social and is concerned with the relationship between these elements.
Independent review body	The department-endorsed external review, standards, certification or independent review body assessing against the Department of Human Services Standards.

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 2010*.
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 practice 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 and 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.
Reflective practice	A dedicated practice where practitioners, teams or services ask themselves questions based on the following: 'what are the underlying assumptions of my/our practice; what are we trying to achieve as a service or practitioner; and what can be done better as part of a continuous quality improvement process?'
Risk	The chance of something happening that will have an 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 to 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.