



Government of Western Australia
Department for Child Protection
and Family Support

SPECIALIST HOMELESSNESS SERVICES STANDARDS

Western Australia 2016



SPECIALIST HOMELESSNESS SERVICES STANDARDS

WESTERN AUSTRALIA 2016

Introduction:

In July 2012, the then Department for Child Protection, formed a working party comprising entirely of representatives from the not-for-profit community services sector to review the *SAAP Service Standards, Western Australia*, originally developed in 2002. The revised standards aim to promote good practice in service provision for people who are homeless or at risk of homelessness by Specialist Homelessness Services (SHS).

The Specialist Homelessness Services (SHS) Standards:

The SHS Standards provides a benchmark for acceptable ways of operating. They describe what needs to be done to ensure the best outcomes for clients. The SHS Standards are to be used by all SHS purchased by the Department for Child Protection and Family Support (the Department).

There are 14 SHS Standards and these are organised under five categories: direct service provision, client's rights and participation, integrated service system, service management and health and physical safety. Each SHS Standard appears in one category only although some standards may be relevant to more than one area.

Each SHS Standard has a primary objective, accompanied by explanatory practices that underpin what an agency should be undertaking to meet the SHS Standard or demonstrate as evidence of compliance to the SHS standards.

At the time of a service review by the Department, the Contract Manager will review the agency's compliance to the SHS Standards. Where an agency does not meet the SHS Standards, the agency will be required to develop an action plan to improve the quality of the service.

Note:

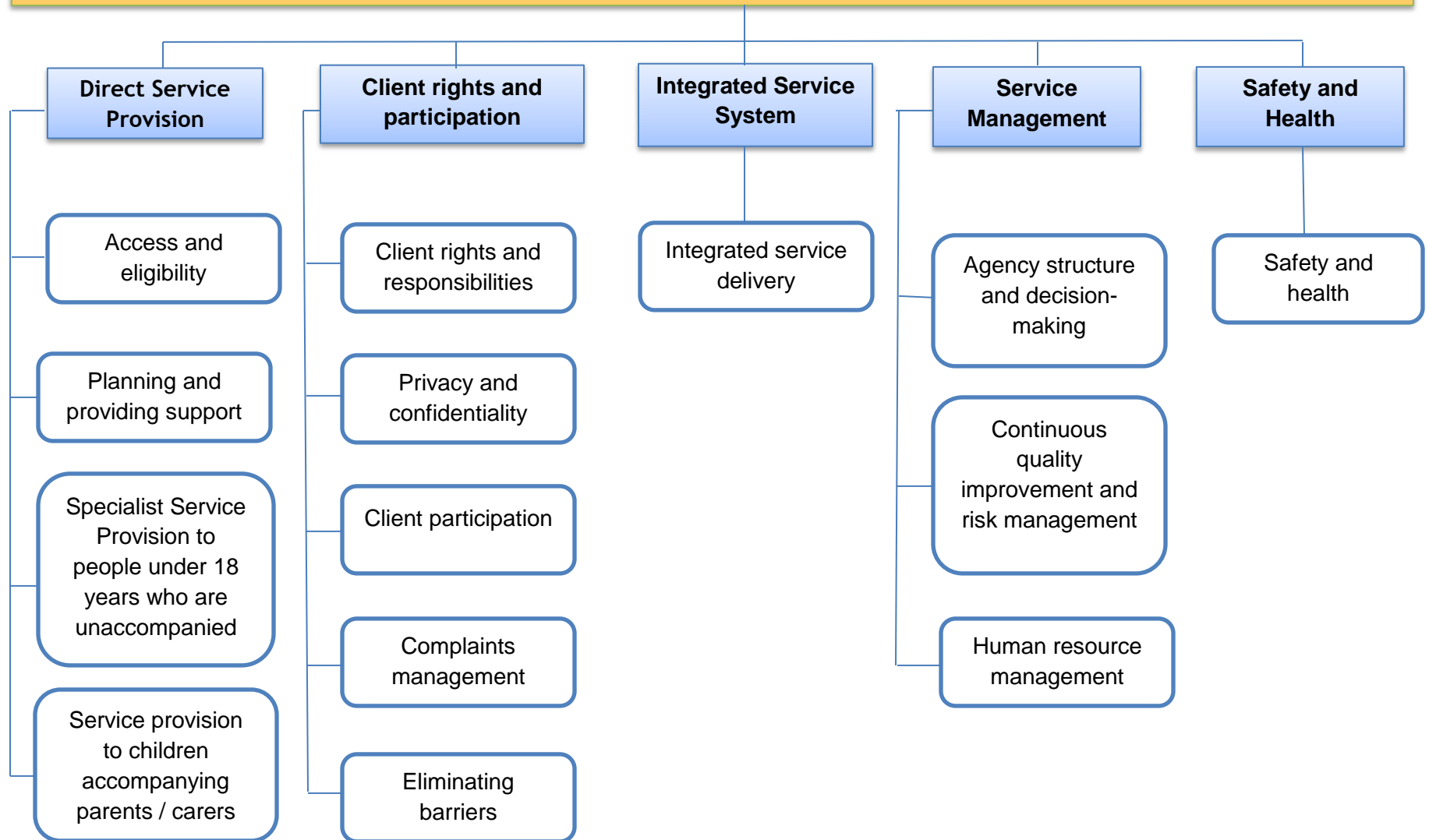
Requirements of legislation and regulations in areas such as occupational safety and health and disability or local government by laws have not been included in the standards. It is the responsibility of individual agencies to ensure they are fulfilling all obligations under the law.

Use of the standards:

Not-for-profit community sector organisations can use the standards in a number of ways:

- as an audit tool that provides an overall appreciation of where the organisation is placed with respect to best management practice for volunteer involvement;
- as a guideline or checklist to help identify opportunities for making improvements;
- as a framework of reference to assist in planning and establishing a new service; and
- as a baseline from which progress in making improvements can be monitored and measured.

Specialist Homelessness Services (SHS) Standards



Specialist Homelessness Services (SHS) Standards

Western Australia 2016

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DIRECT SERVICE PROVISION

The standards for direct service delivery relate to people's ability to access the agency and the way in which they will be supported by the agency.

Standard 1 Access and Eligibility

People have equitable access to services on the basis of need, within service capacity, and in a manner that is consistent with the stated aims of the organisation and the Service Agreement.

Standard 2 Planning and providing support

The agency works in partnership with people to identify needs, make choices and decisions about the services and where appropriate develop a support plan to achieve positive outcomes.

Standard 3 Specialist Service Provision to people under 18 years who are unaccompanied by an adult

People under 18 years of age who are unaccompanied by an adult are assessed with regard to their circumstances, age, vulnerability and legal status, and are provided with or assisted to access appropriate services. They are recognised as clients in their own right.

Standard 4 Service provision to children accompanying parents/carers

Children accompanying parents/carers and receiving a service are recognised as clients in their own right. Their needs are considered and where possible, they are provided with or assisted to access appropriate services.

CLIENT RIGHTS AND PARTICIPATION

The standards in this section are about the expectation that clients will be treated in a fair and respectful way.

Standard 5 Client rights and responsibilities

Clients are made aware of their rights and responsibilities while accessing and being supported by the agency, and the agency supports clients to exercise those rights.

Standard 6 Privacy and confidentiality

The agency respects and protects clients' privacy and confidentiality.

Standard 7 Client participation

The agency involves clients in planning and evaluation of services.

Standard 8 Complaints Management

The agency has a clear and accessible complaints handling procedure in place for people accessing the agency.

Standard 9 Eliminating barriers

The agency provides a service to people regardless of their gender, culture, race, disability or sexuality.

INTEGRATED SERVICE SYSTEM

The standard relating to integrated service delivery is:

Standard 10 Integrated Service Delivery

The agency works together with other relevant agencies to improve circumstances for people requiring support.

SERVICE MANAGEMENT

In order to provide quality services to people experiencing or at risk of homelessness, an agency will have stable and effective management practices in place.

Standard 11 Agency structure and decision making

The agency maintains clearly defined governance and operational practices, which meet all legal, contractual and administrative requirements and support quality client outcomes.

Standard 12 Continuous Quality Improvement and Risk Management

The agency maintains effective processes to manage risk and support continuous quality improvement which helps the agency to meet the needs of the community it serves.

Standard 13 Human resource management

The agency utilises effective human resource management practices to plan, develop and support the workforce, both paid and voluntary, and ensure compliance with legislative and regulatory requirements.

SAFETY AND HEALTH

Occupational safety and health is everyone's business.

Standard 14 Safety and Health

The agency is responsible for providing a safe and healthy environment for staff, volunteers, visitors and people accessing its services.

SECTION 2: IMPLEMENTATION GUIDE



The Implementation Guide was developed to assist SHS to guide and support when preparing for; and undertaking their service reviews with the Department. It is structured according to each of the 14 Standards. Each standard contains information on:










- the audit undertaken by the Department's Contract Manager to ascertain the SHS' competency against the Standard during a service review; and
- evidence or rationale for each practice within the Standard. This is provided as a guide to inform each practice. It should not be considered an exhaustive list.

Using this Guide and the accompanying Agency Assessment Guide (Section 3) will assist SHS to evaluate the current systems/processes, identify any factors that maybe contribute to poor performance and develop solutions to address them.

Standard 1 Access and Eligibility

People have equitable access to services on the basis of need, within service capacity, and in a manner that is consistent with the stated aims of the organisation and the Service Agreement.

When undertaking a service review using the standards, your Contract Manager will be looking out for:

-  Policies and procedures, including review schedules, relating to access and eligibility.
-  Information about the methods used to demonstrate implementation of the documented processes and systems, including regulatory requirements and professional standards.
-  Information for potential users of the service – services available, target group, eligibility etc.
-  Processes used to ensure information is accessible to people with special needs.
-  Processes for informing potential users of any possible waitlist or timeline for service provision.
-  Timeliness of assessment and intake.
-  Documentation/reports on processes, surveys and data.
-  Whether staff have a copy of service requirements, providing a clear understanding of KPI's and outcome objectives.
-  Demonstrated responsiveness to and management of referrals.









Practices	Documentary Evidence
<p>1.1 The agency provides fair, transparent and equitable access to its services through:</p> <ul style="list-style-type: none">maintaining effective documented policies and procedures to ensure all people have equal access to a service;addressing or removing any barriers to access;providing clear information on the agency and services provided and any service limitations; andproviding information on operating hours, location and accessing staff.	<ul style="list-style-type: none">Policies and procedures relating to access to services.Annual Disability Access Inclusion Plan reporting.Appropriate on-site disability access.Floor Plan.Physical layout.Signage.Initial assessment procedures that include information on agency, target group and eligibility criteria in accordance with Service Agreement.Brochures providing information on services provided, target group and eligibility criteria.Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report.Information on Client's Right and Responsibilities.Access to interpreter service.
<p>1.2 The agency maintains clear guidelines outlining eligibility criteria.</p>	<ul style="list-style-type: none">Policies and procedures relating to access to services.Initial assessment procedures that include information on agency, target group and eligibility criteria in accordance with Service Agreement.Assessment guidelines and processes.Assessment tools.Register for waitlists, prioritisation and turnaways.Service Agreement and Service Specifications.Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report.

Practices	Documentary Evidence
<p>1.3 Each person who contacts or accesses the agency receives a timely, constructive response in accordance with agency policy and appropriate to the service model and client needs.</p>	<ul style="list-style-type: none"> • Policies and procedures relating to access to services. • Case notes from initial contact (Client name removed). • Initial documentation and assessment procedures that include information on agency, target group and eligibility criteria in accordance with Service Agreement. • Assessment guidelines and processes. • Assessment tools including risk assessment. • Register for waitlists, prioritisation and turnaways. • Process for feedback mechanism to monitor/address timeliness of outcome or referral pathways. • Client feedback/satisfaction surveys.
<p>1.4 The agency informs each person not accepted as a client of the reason, provides with relevant information and where appropriate support to access other options.</p>	<ul style="list-style-type: none"> • Policies and procedures relating to access to services. • Register for waitlists, prioritisation and turnaways. • Process for feedback mechanism to monitor/address timeliness of outcome or referral pathways. • Client feedback/satisfaction surveys. • Complaints management procedures. • Up-to-date information on services.
<p>1.5 The agency utilises and maintains processes to actively monitor referral outcomes.</p>	<ul style="list-style-type: none"> • Policies and procedures relating to access to services. • Case notes for initial contact/consultation (client name blocked/removed). • Register for waitlists, prioritisation and turnaways. • Process for feedback mechanism to monitor/address timeliness of outcome or referral pathways. • Client feedback/satisfaction surveys. • Register of referrals and referral outcome. • Reports from client management system.

Standard 2 Planning and providing support

The agency works in partnership with people to identify needs, make choices and decisions about the services and where appropriate develop a support plan to achieve positive outcomes.

When undertaking a service review using the standards, your Contract Manager will be looking out for:

-  Policies and procedures, including review schedules, relating to planning and providing support.
-  Processes used to ensure information is accessible to people with special needs.
-  Suitability of assessment tools.
-  Processes used for terminating services to clients.
-  Processes in place for provision of information to clients for rationale for the type of service being provided to them and evidence of client participation.
-  Maintenance of client records.
-  Completed support plans evidencing review of support plans, assessments and effective case closure.
-  Staff knowledge of current referral pathways and services in the community.

Practices	Documentary Evidence
<p>2.1 A person accepted into the agency will be fully informed of:</p> <ul style="list-style-type: none">the types of services available;their rights and responsibilities as a client;limits of confidentiality;complaint procedures for clients;procedures/agency guidelines/rules and conditions including emergency and security procedures;data collection arrangements and requirements; andcircumstances under which support is terminated.	<ul style="list-style-type: none">Case notes for initial contact/consultation (client name blocked/removed).Initial documentation and assessment procedures that include information on agency, target group and eligibility criteria in accordance with Service Agreement.Policies and procedures relating to assessment guidelines and processes.Signage.Confidentiality and consent forms, including release of information where consent is not sought.Feedback mechanisms including suggestions, compliments, complaints and continuous improvements.Information on Client's Right and Responsibilities.Information for special needs groups, CaLD.Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report.Policies and procedures relating to client intake.Brochures providing information on services provided, target group and eligibility criteria.File records.
<p>2.2 Where the service is terminated by the agency, the person is provided with the reason for the termination and the conditions required to reinstate the service.</p>	<ul style="list-style-type: none">Initial assessment procedures that include information on agency, target group and eligibility criteria in accordance with Service Agreement.Brochures providing information on services provided, target group and eligibility criteria.Policies and procedures relating to client eligibility.Assessment plans reflect appropriate processes were used to gather required information.File records reflect appropriate utilisation of processes and procedures including conditions for

Practices	Documentary Evidence
	reinstatement. <ul style="list-style-type: none"> Exit plans and exit interviews. Codes of conduct relating to breaches.
2.3 The agency utilises a person-centered assessment process which includes the person's needs and preferences.	<ul style="list-style-type: none"> Initial assessment procedures that include information on agency, target group and eligibility criteria in accordance with Service Agreement. Access to interpreter service. Policies and procedures relating to assessment guidelines and processes. Assessment plans reflect appropriate processes were used to gather required information. Case notes from initial contact (Client name removed). Client feedback/satisfaction surveys.
2.4 The agency has appropriate tools to record information including: <ul style="list-style-type: none"> individual needs and wishes as identified by the person; the person's strengths; observations during initial assessment; and risk assessment of self harm, harm from others and/or harm to others. 	<ul style="list-style-type: none"> Initial assessment procedures that include information on agency, target group and eligibility criteria in accordance with Service Agreement. Policies and procedures relating to assessment guidelines and process. Assessment plans reflect appropriate processes were used to gather required information. Case notes from initial contact (Client name removed). Confidentiality and consent forms, including release of information where consent is not sought.
2.5 Where appropriate to the service model ¹ , each person is given the opportunity to actively participate in the support planning process to achieve positive outcomes through: <ul style="list-style-type: none"> planning immediate, short term and long term goals and priorities; discussing information on the range of options available and evaluate the choices; and partnering with the agency to identify and access services within the agency and outside the agency. 	<ul style="list-style-type: none"> Policies and procedures relating to support planning. Support plans reflect individual needs, including children identified needs, where applicable. File records reflect client's participation in their own support planning process. Minutes/Notes of case management/coordination meetings. Resource directory on information of relevant community services, including child development and parenting and strength based approaches, where applicable.
2.6 The agency will utilise case coordination and case management when working with external agencies in relation to the person's support plan.	<ul style="list-style-type: none"> Support plans reflect individual needs, including children identified needs, where applicable. Minutes/Notes of case management/coordination meetings. Policies and procedures relating to case coordination and case management. Resource directory on information of relevant community services, including child development and parenting and strength based approaches, where applicable.
2.7 Each person receives a copy of his or her support plan.	<ul style="list-style-type: none"> File records document a copy of support plan (signed and dated) is provided to client. Support plans reflect individual needs, including







¹ This is a requirement for all agencies that undertake case management as part of their service provision and service agreement.

Practices	Documentary Evidence
	children identified needs, where applicable.
<p>2.8 Individual support plans are reviewed with the person to:</p> <ul style="list-style-type: none"> • monitor progress; • provide the opportunity to reassess needs; • revise goals; and • renegotiate strategies. 	<ul style="list-style-type: none"> • Policies and procedures relating to review of support plans. • File records reflect review of client's support plan. • Schedule of support plan reviews.
<p>2.9 The agency regularly reviews its service delivery processes to support:</p> <ul style="list-style-type: none"> • the regular exchange of information to ensure coordination of services; • proper case documentation and updating of case files; • duty of care considerations; and • effective and efficient case coordination and case management. 	<ul style="list-style-type: none"> • File records. • Minutes/Notes of case management/coordination meetings and staff meetings. • Policies and procedures relating to review of support plans.
<p>2.10 The agency utilises and maintains effective case closure processes.</p>	<ul style="list-style-type: none"> • File records reflecting processes used for case closure. • Client feedback/satisfaction surveys. • Policies and procedures relating to case closure. • Exit plans and exit interviews.
<p>2.11 Each person is made aware in advance and involved in planning for withdrawal of agency support including:</p> <ul style="list-style-type: none"> • reviewing the goals achieved and strategies to maintain them after exit; and • provision of support during transition to other agencies through supporting independence, social integration into the community and readiness to move. 	<ul style="list-style-type: none"> • File records reflecting processes used for case closure. • Assessment guidelines and processes. • Support plans reflecting exit plans and interviews. • Resource directory on information of relevant community services, including child development and parenting and strength based approaches, where applicable.

Standard 3 Specialist Service Provision to people under 18 years who are unaccompanied by an adult

People under 18 years of age who are unaccompanied by an adult are assessed with regard to their circumstances, age, vulnerability and legal status, and are provided with or assisted to access appropriate services. They are recognised as clients in their own right.

When undertaking a service review using the standards, your Contract Manager will be looking out for:

-  *Policies and procedures, including review schedules, relating to service provision to people under 18 years.*
-  *Involvement of key parties, as appropriate, to better assess/understand the person's situation.*
-  *Age appropriate approach to the planning of support plans, including restoration or maintenance of family relationships.*
-  *Processes to identify and respond to any instances of abuse and neglect of people under 18 years.*
-  *Demonstrated communication strategies appropriate for children at various developmental stages.*
-  *Records of compliance with relevant legislation and regulations for the protection of the confidentiality and privacy of the children and young people in care.*

Practices	Documentary Evidence
3.1 The agency maintains written records when working with people under 18 years of age. These are consistent with the Department for Child Protection and Family Support service agreements and with legislative and regulatory requirements.	<ul style="list-style-type: none"> • Policies and procedures relating to Service Provision to people under 18 years who are unaccompanied by an adult. • Initial assessment procedures that include information on agency, target group and eligibility criteria in accordance with Service Agreement. • Assessment guidelines and process relating to Service Provision to people under 18 years who are unaccompanied by an adult. • Case notes from initial contact (Client name removed). • File records relating to Service Provision to people under 18 years who are unaccompanied by an adult. • Client feedback/satisfaction surveys. • Minutes/Notes of case management/coordination meetings. • Documentation relevant to children and young people is dated, signed and makes reference to the time of occurrence and is legible.
3.2 Responsibility for case management will depend on the circumstances, age, vulnerability and legal status of each young person. Case management coordination will be negotiated between the agencies involved, except where case management coordination is the responsibility of the Department for Child Protection and Family Support.	<ul style="list-style-type: none"> • Policies and procedures relating to Service Provision to people under 18 years who are unaccompanied by an adult. • File records. • Minutes/Notes of case management/coordination meetings. • Process for the coordination and negotiation with Department for Child Protection and Family Support, agencies and other organisations to enable children and young people to access relevant services.
3.3 The Department for Child Protection and Family Support has case management responsibility for young people in Specialist Homelessness Services in the following circumstances: <ul style="list-style-type: none"> • all people under 18 years who are in the care of 	<ul style="list-style-type: none"> • Policies and procedures relating to young people in the care of CEO and under 15 years old. • File records. • Minutes/Notes of case management/coordination meetings.

Practices	Documentary Evidence
<p>the CEO (formerly known as 'wards');</p> <ul style="list-style-type: none"> any person under 15 years of age; and any person aged 15 who does not have the consent of their parent/carer to be accommodated by the agency. 	
<p>3.4 Each young person is given the opportunity to participate in the development of their support plans. Where the agency is required to notify parents or the Department for Child Protection and Family Support or any other government and non-government agency where information sharing is required or beneficial to the young person, the young person is informed.</p>	<ul style="list-style-type: none"> Brochures providing information on services provided, target group and eligibility criteria. File records. Policies and procedures relating to Service Provision to people under 18 years who are unaccompanied by an adult. Support plans reflect individual needs, including children's identified needs, where applicable.
<p>3.5 The development of support plans will address the young person's identified needs.</p>	<ul style="list-style-type: none"> Access to interpreter service. File records. Support plans reflect individual needs, including children's identified needs, where applicable.
<p>3.6 Effective referral processes are utilised to link young persons with internal and/or external services that respond to their needs.</p>	<ul style="list-style-type: none"> Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report. Resource directory on information of relevant community services, including child development and parenting and strength based approaches, where applicable.
<p>3.7 Support plans include the maintenance or restoration of family relationships where appropriate.</p>	<ul style="list-style-type: none"> File records reflecting work done on addressing breakdown of family relationships. Minutes/Notes of case management/coordination meetings.
<p>3.8 The agency environment is safe and appropriate for young persons.</p>	<ul style="list-style-type: none"> Floor Plan. Physical layout. Brochures providing information on services provided, target group and eligibility criteria. Access to interpreter service. Staff planned training calendars. Staff orientation/induction. Staff training records. Client feedback/satisfaction surveys. Incident/accident/hazard alert mechanism and records. Minutes/Notes of case management/coordination meetings. Occupational health and safety requirements.
<p>3.9 The agency environment is culturally and age appropriate, nurturing and user friendly.</p>	<ul style="list-style-type: none"> Floor Plan. Physical layout includes age-appropriate furnishings. Signage. Brochures providing information on services provided, target group and eligibility criteria. Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report. Access to interpreter service.







Practices	Documentary Evidence
	<ul style="list-style-type: none"> • Service is visually welcoming and resourced. • Notice Board with relevant information pertaining to people under 18 years of age. • Minutes/Notes of staff meetings.
<p>3.10 The agency has a responsibility to provide duty of care for children where there may be a risk of physical, sexual or emotional harm. Protective action is taken through referral to specific protective and support services including the Department for Child Protection and Family Support or Western Australian Police.</p>	<ul style="list-style-type: none"> • File records. • Policies and procedures relating to Service Provision to people under 18 years who are unaccompanied by an adult. • Incident/accident/hazard alert mechanism and records. • Procedures for dealing with an unsatisfactory police clearance or Working with Children certificate.

Standard 4 Service provision to children accompanying parents/carers

Children accompanying parents/carers and receiving a service are recognised as clients in their own right. Their needs are considered and where possible, they are provided with or assisted to access appropriate services.

Note: Where appropriate, Standards 1 and 2 are also applicable to young persons under 18 who are unaccompanied by an adult.

When undertaking a service review using the standards, your Contract Manager will be looking out for:

-  Policies and procedures, including review schedules, relating to service provision to people under 18 years.
-  Involvement of key parties, as appropriate, to better assess/understand the person's situation.
-  Age appropriate approach to the planning of support plans, including restoration or maintenance of family relationships.
-  Processes to identify and respond to any instances of abuse and neglect of people under 18 years.
-  Demonstrates a range of communication strategies appropriate for children at various developmental stages.
-  Records of comply with relevant legislation and regulations for the protection of the confidentiality and privacy of the children and young people in care and keep all documentation in a secure environment.





Practices	Documentary Evidence
4.1 Policy documents in the agency will reflect a clear commitment that children accompanied by their parents/carers are recognised as clients in their own right.	<ul style="list-style-type: none">• Policies and procedures relating to young people.• Initial assessment procedures that include information on agency, target group and eligibility criteria in accordance with Service Agreement.• Brochures providing information on services provided, target group and eligibility criteria.• Programs and case management for children.• Access to interpreter service.• Assessment guidelines and process.• Assessment tools.
4.2 The agency maintains effective documented policy and procedures regarding assessment of, and planning for, the needs of children.	<ul style="list-style-type: none">• Policies and procedures relating to young people.• Initial assessment procedures that include information on agency, target group and eligibility criteria in accordance with Service Agreement.• Brochures providing information on services provided, target group and eligibility criteria.• Assessment guidelines and process.• Assessment tools.
4.3 Wherever possible, and taking into consideration the safety of the child, the parent/carer's participation in decision making is maximised. Decisions are documented and reviewed as part of the parent/carer's support plan.	<ul style="list-style-type: none">• File records.• Resources are available to parents/carers.
4.4 Services provided to children reflect child and family sensitive practices.	<ul style="list-style-type: none">• Floor Plan.• Physical layout.• Signage.• Brochures providing information on services provided, target group and eligibility criteria.• Access to interpreter service.

Practices	Documentary Evidence
4.5 Support plans will reflect a focus on the individual needs of the children and the parents' role in supporting their children.	<ul style="list-style-type: none"> • Assessment guidelines and process. • Assessment tools. • Case notes from initial contact (Client name removed). • File records.
4.6 The support plan will respond to the child's identified needs.	<ul style="list-style-type: none"> • File records.
4.7 Support plans will include the maintenance or restoration of family relationships where appropriate.	<ul style="list-style-type: none"> • File records.
4.8 The agency environment is safe and appropriate for children.	<ul style="list-style-type: none"> • Floor Plan. • Physical layout. • Brochures providing information on services provided, target group and eligibility criteria. • Access to interpreter service. • Staff planned training calendars. • Staff orientation/induction. • Staff training records. • Client feedback/satisfaction surveys. • Incident/accident/hazard alert mechanism and records. • Minutes/Notes of staff meetings. • Occupational health and safety requirements.
4.9 The agency environment is cultural and age appropriate, nurturing and user friendly.	<ul style="list-style-type: none"> • Floor Plan. • Physical layout includes age-appropriate furnishings. • Signage. • Notice Board with relevant information pertaining to people under 18 years of age. • Brochures providing information on services provided, target group and eligibility criteria. • Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report. • Access to interpreter service. • Minutes/Notes of staff meetings.
4.10 The agency has a duty of care for children where there may be a risk of physical, sexual or emotional harm. Protective action is taken through referral to specific protective and support services including the Department for Child Protection and Family Support or Western Australian Police.	<ul style="list-style-type: none"> • File records. • Policies and procedures relating to Service Provision to people under 18 years who are unaccompanied by an adult. • Incident/accident/hazard alert mechanism and records. • Procedures for dealing with an unsatisfactory police clearance or Working with Children certificate.

Standard 5 Client rights and responsibilities

Clients are made aware of their rights and responsibilities while accessing and being supported by the agency and the agency supports clients to exercise those rights.

When undertaking a service review using the standards, your Contract Manager will be looking out for:





-  *Policies and procedures, including review schedules, relating to client rights and responsibilities.*
-  *Ability by people accessing the agency to understanding their rights and responsibilities.*
-  *The agency's ability to demonstrate that people are able to exercise their rights and responsibilities.*
-  *Processes when restrictions of a person's right may be applied.*

Practices	Documentary Evidence
5.1 The agency maintains policies and procedures that uphold the rights and responsibilities of all people accessing its services and delivers a service in compliance with relevant legislation, regulations and organisational guidelines.	<ul style="list-style-type: none">• Annual Disability Access Inclusion Plan reporting.• Appropriate on-site disability access.• Policies and procedures relating to client rights and responsibilities.• Policies and procedures relating to applications of restrictions and rights.• Records of decisions applying to restrictions of rights.• Initial assessment procedures that include information on client rights and responsibilities.• Case notes from initial contact (Client name removed).• File records.• Client feedback/satisfaction surveys.• Minutes/Notes of Board/Annual General meetings.
5.2 Clients have a right not to engage in communal activities unless they are necessary for the security or safety of the agency or part of the client support plan and where applicable for safety planning.	<ul style="list-style-type: none">• Client's rights not to participate in communal activities is documented in the policy and procedures.• Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report.• Assessment guidelines and process.• Assessment tools.• File records.• Client feedback/satisfaction surveys.• Minutes/Notes of residents in accommodation services meetings.
5.3 A clearly defined statement of client rights and responsibilities relevant to the service type is clearly displayed and available to the client.	<ul style="list-style-type: none">• Signage.• Notice Board with information relating to client rights and responsibilities.• Brochures providing information on services provided, target group and eligibility criteria.• Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report.

Standard 6 Privacy and confidentiality

The agency respects and protects clients' privacy and confidentiality.

When undertaking a service review using the standards, your Contract Manager will be looking out for:

-  Policies and procedures, including review schedules, relating to privacy and confidentiality.
-  Compliance to legislation and regulatory requirements relating to client privacy and confidentiality.
-  Processes for obtaining client consent, including limitations of confidentiality.
-  Processes used to ensure information is accessible to people with special needs.

Practices	Documentary Evidence
6.1 The agency complies with relevant legislation, regulatory requirements and professional standards relating to privacy and confidentiality.	<ul style="list-style-type: none">Floor Plan.Interview rooms to ensure privacy and confidentiality.Initial assessment procedures that include information on privacy and confidentiality.
6.2 The agency maintains and regularly reviews its policy and procedures on privacy and confidentiality.	<ul style="list-style-type: none">Policies and procedures relating to privacy and confidentiality.Review schedules for Policies and procedures relating to privacy and confidentiality.
6.3 Information on client privacy and confidentiality is clearly displayed and accessible and will outline any legislated or regulatory limitation.	<ul style="list-style-type: none">Notice Board with information on client privacy and confidentiality.Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report.
6.4 The agency has processes in place for obtaining informed consent for keeping, sharing and using information.	<ul style="list-style-type: none">Initial assessment procedures that include information on obtaining informed consent.Policies and procedures relating to release of information and use of client data.Client feedback form.
6.5 The agency meets its legislative and regulatory requirement in relation to client privacy and confidentiality.	<ul style="list-style-type: none">Floor Plan.Physical layout.Assessment guidelines and process relating to privacy and confidentiality.Assessment tools.Secure storage for client files.Security to protect access to client data from unauthorised people.
6.6 Clients will be advised of circumstances that require the agency to divulge information to others without client consent.	<ul style="list-style-type: none">Initial assessment procedures that include information on limitations of client confidentiality.Assessment guidelines and process.Assessment tools.Consent form for client information or sharing of information.

Standard 7 Client participation

The agency involves clients in planning and evaluation of services.

When undertaking a service review using the standards, your Contract Manager will be looking out for:

✚ Policies and procedures, including review schedules, relating to client participation.





✚ Demonstrated evidence of people's involvement in reviews of quality of the services.

Practices	Documentary Evidence
7.1 The agency has policies and procedures that support client participation.	<ul style="list-style-type: none">• Policies and procedures relating to client participation.• Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report.• Access to interpreter service.• Client feedback/satisfaction surveys.
7.2 The agency undertakes or supports a range of activities that maximises client participation.	<ul style="list-style-type: none">• Brochures providing information on services provided, target group and eligibility criteria.• Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report.• Client feedback/satisfaction surveys.• Minutes/Notes of case management/coordination meetings.• Minutes/Notes of Staff and/or Planning Day meetings.
7.3 The agency seeks regular client feedback about its service delivery.	<ul style="list-style-type: none">• Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report.• Client feedback/satisfaction surveys.• Incident/accident/hazard alert mechanism and records.
7.4 Feedback is reviewed in a timely manner and where appropriate, utilised for service improvement.	<ul style="list-style-type: none">• Access to interpreter service.• Client feedback/satisfaction surveys.• Incident/accident/hazard alert mechanism and records.

Standard 8 Complaints Management

The agency has a clear and accessible complaints handling procedure in place for people accessing the agency.

When undertaking a service review using the standards, your Contract Manager will be looking out for:

-  Policies and procedures, including review schedules, relating to complaints management.
-  Processes for evaluating and improving programs and services resulting from feedback.
-  Processes for managing complaints including providing feedback to complainant and timeliness of it.
-  Accessibility to making a complaint – availability of information, variety to make a complaint.




Practices	Documentary Evidence
<p>8.1 The agency has a complaints handling process which:</p> <ul style="list-style-type: none"> complies with legislative and regulatory requirements; addresses all complaints in a timely manner; keeps the complainant informed of the outcome; encourages complainants to resolve issues directly with services in the first instance; makes an independent complaints investigation mechanism available to clients where complaints are not resolved or where a client does not feel comfortable complaining directly to the service; ensures that clients are able to continue to safely access the service while the complaint is being investigated; and clearly communicates that the process is not punitive and the client can pursue this avenue of action without fear of compromise. 	<ul style="list-style-type: none"> Policies and procedures relating to complaints handling and feedback mechanism. Client feedback/satisfaction surveys. Responsiveness to needs of complainants.
<p>8.2 The agency regularly reviews its complaints management procedures.</p>	<ul style="list-style-type: none"> Policies and procedures relating to reviewing complaints handling and feedback mechanism. Reports regarding the number of complaints.
<p>8.3 Complaint management procedures are available to people accessing the agency.</p>	<ul style="list-style-type: none"> Initial assessment procedures that include information on complaints handling and feedback mechanism. Complaint Form.
<p>8.4 The agency maintains a record of all complaints and documents the actions taken to resolve them.</p>	<ul style="list-style-type: none"> Register of complaints and feedback. Copy of complaint received and response to client in client's records. Report of outcomes of action taken.
<p>8.5 Agency staff understand the complaints handling process.</p>	<ul style="list-style-type: none"> Staff training on complaints handling and management. Assessment of staff knowledge and understanding.

Standard 9 Eliminating barriers

The agency provides a service to people regardless of their gender, culture, race, disability or sexuality.

THE FOLLOWING PRACTICES SHOULD BE IMPLEMENTED AS APPROPRIATE FOR THE SERVICE TYPE AND CLIENT TARGET GROUP

When undertaking a service review using the standards, your Contract Manager will be looking out for:





-  Policies and procedures, including review schedules, relating to eliminating barriers.
-  Records indicating how barriers to access have been addressed.
-  Demonstrated evidence in the organisation's commitment to eliminating barriers.

Practices	Documentary Evidence
9.1 The agency has inclusive policy and procedures that are regularly reviewed, to ensure the agency eliminates barriers.	<ul style="list-style-type: none">• Annual Disability Access Inclusion Plan reporting.• Appropriate on-site disability access.• Policies and procedures relating to eliminating barriers.• Access to interpreter service.• Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report.
9.2 Staff work in a holistic and non-judgemental environment that avoids assumptions, supports social inclusion, and recognises and respects individual choices.	<ul style="list-style-type: none">• Assessment guidelines and process.• Assessment tools.• Induction manual.• Relevant Training.• Mechanisms for strategies, appropriate to the individual when planning support plans.• Training on diversity and specific needs of the different groups.
9.3 Programs are designed with the cultural diversity of the target group in mind and services and programs are provided in a culturally safe and appropriate manner.	<ul style="list-style-type: none">• Organisational planning processes includes activities that supports cultural connection across individual, organisational and community level.• Resource directory of services, including cultural communities.• Participation in networking forums and activities.
9.4 Information about the agency is disseminated in the community to reach as wide a range of potential clients as possible.	<ul style="list-style-type: none">• Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report.
9.5 Staff are provided with training to support clients to overcome barriers to social inclusion.	<ul style="list-style-type: none">• Induction training.• Records of staff training.
9.6 The agency fosters active partnerships with other agencies to support clients to overcome barriers to social inclusion.	<ul style="list-style-type: none">• Attendance records at interagency forums and community education activities.• Newsletter article about participation.• Meeting notes at forums.• Strategic plans with details on maintaining referral networks.

Standard 10 Integrated Service System

The agency works together with other relevant agencies to improve circumstances for people requiring support.

When undertaking a service review using the standards, your Contract Manager will be looking out for:

-  Policies and procedures, including review schedules, relating to an integrated service system.
-  Evidence of linkages to maintain effective networks for supporting access.
-  Review of participation in referral networks.
-  Protocols between agencies to facilitate referrals.






Practices	Documentary Evidence
10.1 The agency has effective referral and support mechanisms which provide equitable access to services and assist people to achieve the best possible outcomes.	<ul style="list-style-type: none">Guidelines and processes relating to service linkage.Information sharing process of client's information (with client consent).Case conferencing.Support provision for client during transition phase.Referral Form.
10.2 The agency maintains and shares a directory of support services including details of their access/eligibility criteria, referral process and services available.	<ul style="list-style-type: none">Resource directory on information of relevant community services, including child development and parenting and strength based approaches, where applicable.Participation, including frequency, in networking forums.
10.3 The agency collaborates with service providers to enable seamless and integrated service pathways.	<ul style="list-style-type: none">Minutes of interagency network meeting.Case management notes.Records of participations in networks/links with other service providers.Referral Forms.
10.4 The agency utilises and maintains effective documented policies, procedures and processes regarding referral pathways.	<ul style="list-style-type: none">Policies and procedures relating to referral pathways.Memorandums of Understanding or protocols with other organisations to define roles and responsibilities for referral pathways.
10.5 Where appropriate, the agency provides feedback to referring agencies on the outcome of the referral.	<ul style="list-style-type: none">Process for referral feedback.Case conferencing notes.Case coordination meeting notes.File Note.
10.6 The agency utilises and maintains policies and procedures for effective referrals for people who are not accepted as clients, including persons under 18 years of age.	<ul style="list-style-type: none">Policies and procedures relating to referral pathways.Initial assessment procedures that include information on agency, target group and eligibility criteria in accordance with Service Agreement.File records.
10.7 The agency utilises standardised and consistent shared referral forms wherever possible to	<ul style="list-style-type: none">Policies and procedures relating to assessment and referral processes.Referral Form.

reduce duplication.	
10.8 The agency participates in relevant forums, professional development, partnerships and networks to ensure professional practice, community awareness and/or systemic improvements.	<ul style="list-style-type: none"> • Attendance, including frequency, at interagency and community-based networks to establish and maintain relationships with the full range of local services.
10.9 The agency engages in sharing of effective practice approaches, innovation and good practice development.	<ul style="list-style-type: none"> • Participation, including frequency, in network forums. • Information in newsletter, website or reports. • Demonstrate collaboration by leading or participating in co-location of services, projects.

Standard 11 Agency structure and decision making

The agency maintains clearly defined governance and operational practices, which meet all legal, contractual and administrative requirements and support quality client outcomes.

When undertaking a service review using the standards, your Contract Manager will be looking out for:

-  Policies and procedures, including review schedules, related to an agency structure and decision making.
-  Effectiveness of the Board – regular assessment of Board’s performance, effective use of sub-committees, where applicable, forward planning of Board-related activities, efficient operation of Board meetings.
-  Awareness of responsibilities and expectations of the Board.
-  Accountability and reporting processes.
-  Monitoring and management processes of compliance and service performance in accordance with Service Agreement.

Practices	Documentary Evidence
11.1 The respective roles and responsibilities of the governing body are clearly defined, documented, readily available and reviewed regularly.	<ul style="list-style-type: none">• Policies and procedures relating to governance.• Board composition and committee structure.• Clarity of roles and responsibilities of the Board.• Statement of duties of each member of the Board.• Annual Reports.• Minutes of Annual General Meetings, Board meetings.
11.2 The respective roles and responsibilities for paid staff and volunteers are clearly defined, documented, readily available and reviewed regularly.	<ul style="list-style-type: none">• Policies and procedures relating to governance of staff and volunteers.• Staff composition and structure.• Clarity of roles and responsibilities of staff and volunteers.• Statement of duties for each staff and volunteer.• Annual Reports.• Minutes of Annual General Meetings, Board meetings.
11.3 The current organisational chart is available to staff.	<ul style="list-style-type: none">• Policies and processes relating to reviewing of organisational structure.• Review schedule of organisational structure.• Minutes of staff meeting.
11.4 Lines of authority and delegation of responsibility are clearly defined and implemented.	<ul style="list-style-type: none">• Clarity of roles and responsibilities of staff and volunteers.• Statement of duties of staff and volunteers.
11.5 The agency maintains systems and processes to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.	<ul style="list-style-type: none">• Strategic, business and operational plans and programs are maintained with objectives, targets and key performance indicators.• Documents evidencing review of practice to ensure relevance, appropriateness and transparency.• Policies and procedures reflecting legislative and regulatory requirements.• Service Agreement with the Department for Child Protection and Family Support.
11.6 The agency has a current strategic plan which details: <ul style="list-style-type: none">• organisational aims and objectives related to the environment and community within which it	<ul style="list-style-type: none">• Business Plan.• Program Plan.• Agency Action Plan.






<ul style="list-style-type: none"> operates; key priorities in the coming period; the monitoring, reviewing and evaluating of the strategic plan; and responsibility for implementation. 	<ul style="list-style-type: none"> Organisational Budget.
<p>11.7 The governing body has an understanding of the contractual obligations of specialist homelessness services and the service agreement requirements of the Department for Child Protection and Family Support.</p>	<ul style="list-style-type: none"> Service Agreement between agency and the Department. Minutes of meetings.
<p>11.8 The governing body operates in compliance with statutory incorporation regulations.</p>	<ul style="list-style-type: none"> Internal audit report. External audit report.
<p>11.9 The agency utilises effective policies and procedures for financial management which includes:</p> <ul style="list-style-type: none"> appropriate financial record keeping; development, regular monitoring and reviewing of budgets and financial reports; clearly defined delegation of authority; compliance with legislative, regulatory and contractual financial reporting requirements; and effective asset management. 	<ul style="list-style-type: none"> Policies and procedures relating to financial management. Audit reports. Financial reporting. Asset register. Asset maintenance register.
<p>11.10 The agency regularly reviews and maintains adequate insurance cover to meet legal and contractual requirements.</p>	<ul style="list-style-type: none"> Incident/accident/hazard alert mechanism and records.
<p>11.11 The agency meets its legislative and regulatory requirements in relation to record and document management.</p>	<ul style="list-style-type: none"> Policies and procedures relating to record management. Information for clients of agency regarding consent and sharing of client information. System for archiving client data. Processes for people to access their own information.
<p>11.12 The agency has an operational plan which supports the aims and objective of the agency's strategic plan.</p>	<ul style="list-style-type: none"> Incident/accident/hazard alert mechanism and records. Policies and procedures relating to governance.
<p>11.13 The agency has a process in place to regularly review the operational plan, including opportunities for input from people who use the service. The plan includes reviewing programs and service delivery strategies and the effectiveness of structures and processes.</p>	<ul style="list-style-type: none"> Client feedback/satisfaction surveys. Action Plan. Outcomes report from reviewing operational plan.
<p>11.14 The agency has a process in place to follow up with actions arising from the review process.</p>	<ul style="list-style-type: none"> Action Plan. Updated processes. Register of changes following review.

Standard 12

Continuous Quality Improvement and Risk Management

The agency maintains effective processes to manage risk and support continuous quality improvement which help the agency to meet the needs of the community it serves.

When undertaking a service review using the standards, your Contract Manager will be looking out for:





-  Policies and procedures, including review schedules, relating to continuous quality improvement and risk management.
-  Processes for analysing complaint/feedback information for evaluating possible strengths and weakness in current/new programs and services.
-  Process for disseminating information on outcomes of improved processes or activities to the wider community.
-  Records of improvements/action plan.
-  Identification of strategies in reviewing and managing risk.

Practices	Documentary Evidence
12.1 The agency utilises processes and systems to ensure planning, review and quality improvement is an integral part of all service delivery and operational management.	<ul style="list-style-type: none">• Annual Disability Access Inclusion Plan reporting.• Policies and procedures relating to quality improvement and risk management.• Appropriate on-site disability access.
12.2 The agency utilises effective information and feedback mechanisms for people accessing the service to support responsiveness to the needs of the community it serves.	<ul style="list-style-type: none">• Availability and access to information in a variety of formats e.g. newsletters, brochures, agency website, information in different languages, annual report.• Client feedback/satisfaction surveys.• Incident/accident/hazard alert mechanism and records.
12.3 The agency utilises appropriate data to guide and evaluate improvement efforts.	<ul style="list-style-type: none">• Incident/accident/hazard alert mechanism and records.• Written and verbal feedback/complaints/suggestions.• Client survey reports.• Staff feedback.
12.4 The agency provides ongoing professional development opportunities to staff and volunteers to support continuous improvement in service delivery.	<ul style="list-style-type: none">• Minutes/Notes of staff and Planning Day meetings.• Staff training register.
12.5 The agency has a risk management framework in place that identifies, evaluates and addresses risk.	<ul style="list-style-type: none">• Policies and procedures relating to risk management.
12.6 The agency documents the ongoing monitoring of risks including identification and reporting of potential risks / noncompliance with risk reduction strategies.	<ul style="list-style-type: none">• Incident/accident/hazard alert mechanism and records.
12.7 The agency has ongoing staff and volunteer education and training in relation to risk management.	<ul style="list-style-type: none">• Staff induction.• Training register.

Standard 13 Human resource management

The agency utilises effective human resource management practices to plan, develop and support the workforce, both paid and voluntary, and ensure compliance with legislative and regulatory requirements.

When undertaking a service review using the standards, your Contract Manager will be looking out for:

-  Policies and procedures, including review schedules, relating to human resource management.
-  Recruitment and retention processes.
-  Strategies/Processes for Staff Supervision.
-  Training Needs Analysis.

Practices	Documentary Evidence
13.1 The agency utilises and maintains an effective equal employment opportunity policy that is reflected in all relevant processes.	<ul style="list-style-type: none">• Policies and procedures relating to human resource management, including equal employment opportunity.• Induction manual.
13.2 The agency ensures that employment related policies and procedures comply with equal employment opportunity principles and support diversity across the workforce.	<ul style="list-style-type: none">• Policies and procedures relating to human resource management, including equal employment opportunity.• Staff recruitment records.
13.3 The agency utilises appropriate policies and procedures related to: <ul style="list-style-type: none">• pre-employment screening checks; and• recruitment and selection of paid staff and volunteers.	<ul style="list-style-type: none">• Policies and procedures related to recruitment and pre-employment screening, including compliance with industrial awards.• Advertisement of positions.
13.4 The agency provides: <ul style="list-style-type: none">• staff and volunteer induction;• professional development and training;• diversity awareness through training and other activities;• role-related supervision and support of staff and volunteers in their work; and• annual performance reviews that are documented.	<ul style="list-style-type: none">• Policies and procedures related to induction, training, supervision and performance reviews.• Induction manual.• Training register.• Training attendance records.• Training Calendar.• Performance reviews.• Staff supervision schedule.• Supervision records.
13.5 Staff and volunteers are managed within a framework that assists them to achieve the objectives of their roles, develop their skills and contribute to the overall goals of the organisation.	<ul style="list-style-type: none">• Minutes of Staff Meeting.• Staff supervision records.
13.6 The agency has grievances and complaints process in place to ensure these are investigated fairly, addressed and documented in a timely manner.	<ul style="list-style-type: none">• Policies and procedures relating to grievance and employee assistance.• Records of feedback from staff.

Standard 14 Safety and Health

The agency is responsible for providing a safe and healthy environment for staff, volunteers, visitors and people accessing its services.

When undertaking a service review using the standards, your Contract Manager will be looking out for:

 *Policies and procedures, including review schedules, relating to safety and health.*

Practices	Documentary Evidence
14.1 Policy and procedures are implemented to protect clients from risk of harm or abuse within the service environment.	<ul style="list-style-type: none">• Policies and procedures relating to occupational safety and health.• Incident/accident/hazard alert mechanism and records.
14.2 The physical environment is safe and well maintained, and meets all health, safety, fire and building laws and regulations.	<ul style="list-style-type: none">• Floor Plan.• Physical layout.• Fire extinguishers
14.3 Suitable facilities are available for the particular client group (including children where relevant).	<ul style="list-style-type: none">• Annual Disability Access Inclusion Plan reporting• Appropriate on-site disability access.• Assessment guidelines and process.• Assessment tools.• Process for feedback mechanism.• Policies and procedures relating to occupational safety and health
14.4 The agency ensures effective risk management strategies are implemented and maintained to minimise, manage and/or mitigate risks to health or safety.	<ul style="list-style-type: none">• Incident/accident/hazard alert mechanism and records.• Specific responsibilities for managers and employees relating to occupational health and safety.
14.5 The agency maintains effective emergency management procedures.	<ul style="list-style-type: none">• Floor Plan.• Physical layout.• Incident/accident/hazard alert mechanism and records.• Up to date records of fire and evacuation drills and training (past and future dates)• Development of emergency response procedures.• Specific responsibilities for managers and employees relating to occupational health and safety.
14.6 Emergency procedures are clearly displayed and easily accessible in the workplace.	<ul style="list-style-type: none">• Floor Plan.• Physical layout.• Signage.
14.7 Emergency procedures are included in orientation/induction training and ongoing training.	<ul style="list-style-type: none">• Development of emergency response procedures.• Inclusion of first aid kits and schedule for maintenance and replenishing of the kits.• Use of fire extinguishers.
14.8 The agency provides a safe workplace in accordance with the <i>Occupational Safety And Health Act 1984</i> and other relevant regulations,	<ul style="list-style-type: none">• Floor Plan.• Physical layout.

Codes, and Standards.	<ul style="list-style-type: none"> • Develop a written occupational health and safety policy that states the organisation's commitment to occupational health and safety and outlines specific occupational health and safety responsibilities for managers and employees.
14.9 The agency provides access to information to enable safe work practice.	<ul style="list-style-type: none"> • Information on notice boards, newsletters etc. • Occupational health and safety is a standing agenda item at staff, management and board meetings.
14.10 Effective policies and procedures are implemented, maintained and reviewed regularly to support safe work practice.	<ul style="list-style-type: none"> • Policies and procedures relating to occupational health and safety. • Schedule for periodical review of system. • Reviews of incidents and hazards. • Maintenance of emergency procedures and reviewing of plan in place for addressing foreseeable emergencies.
14.11 The agency ensures that occupational safety and health induction is part of orientation/induction and ongoing training.	<ul style="list-style-type: none"> • Development of safety training needs. • Training plan. • Training register and attendance list.
14.12 The agency provides effective support and supervision to staff to enable them to perform their work in a safe environment.	<ul style="list-style-type: none"> • Provision of adequate facilities and safe working environment. • Provision of information that is easily understood. • Records of consultation about occupational health and safety issues.
14.13 The agency has effective processes in place for post-critical incident debriefing.	<ul style="list-style-type: none"> • Timeliness of post-critical incident debriefing. • Timeliness of initial counselling, if applicable. • Post-critical incident debriefing report.

SECTION 3: AGENCY ASSESSMENT TOOL



The Agency Assessment Guide is a self-assessment tool provided for agencies to:

- identify how well they meet the needs of consumers;
- determine where there is scope for improvement; and
- develop an action plan to improve the quality of service.

The Assessment Guide has been designed for agencies to gather information based on:

- processes/policies in place including legislative mandate, mission or purpose of the agency, detailed work instructions; and
- how these work in practise. This can be evidenced by knowledge and understanding of staff and management in relation to the process documentation that directs their work. This can be demonstrated by staff knowing where to locate or access information, or providing examples of where they have implemented a process.

At the time of a service review by the Department, the Contract Manager will review the agency's compliance to the SHS Standards. The agency will be asked to submit evidence on how the Standard was implemented in the workplace. This Assessment Guide assists in demonstrating the agency's compliance with the Standards.

AGENCY ASSESSMENT

Self-Assessment for Specialist Homelessness Services

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 1: Access and Eligibility					
<p>1.1 The agency provides fair, transparent and equitable access to its services through:</p> <ul style="list-style-type: none"> • maintaining effective documented policies and procedures to ensure all people have equal access to a service; • addressing or removing any barriers to access; • providing clear information on the agency and services provided and any service limitations; and 					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 1: Access and Eligibility					
<ul style="list-style-type: none"> providing information on operating hours, location and accessing staff. 					
1.2 The agency maintains clear guidelines outlining eligibility criteria.					
1.3 Each person who contacts or accesses the agency receives a timely, constructive response in accordance with agency policy and appropriate to the service model and client needs.					
1.4 The agency informs each person not accepted as a client of the reason, provides with relevant information and where appropriate					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 1: Access and Eligibility					
support to access other options.					
1.5 The agency utilises and maintains processes to actively monitor referral outcomes.					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 2: Planning and providing support					
2.1 A person accepted into the agency will be fully informed of: <ul style="list-style-type: none"> the types of services available; their rights and responsibilities as a client; limits of confidentiality; complaint procedures for clients; procedures/agency guidelines/rules and conditions including emergency and security procedures; data collection arrangements and requirements; and circumstances under which support is terminated. 					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 2: Planning and providing support					
2.2 Where the service is terminated by the agency, the person is provided with the reason for the termination and the conditions required to reinstate the service.					
2.3 The agency utilises a person-centered assessment process which includes the person's needs and preferences.					
2.4 The agency has appropriate tools to record information including: <ul style="list-style-type: none"> individual needs and wishes as identified by the person; the person's strengths; observations during initial assessment; and 					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 2: Planning and providing support					
<ul style="list-style-type: none"> risk assessment of self harm, harm from others and/or harm to others. 					
<p>2.5 Where appropriate to the service model¹, each person is given the opportunity to actively participate in the support planning process to achieve positive outcomes through:</p> <ul style="list-style-type: none"> planning immediate, short term and long term goals and priorities; discussing information on the range of options available and evaluate the choices; and partnering with the agency to identify and access services within the agency and outside 					

¹ This is a requirement for all agencies that undertake case management as part of their service provision and service agreement.

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 2: Planning and providing support					
the agency.					
2.6 The agency will utilise case coordination and case management when working with external agencies in relation to the person's support plan.					
2.7 Each person receives a copy of his or her support plan.					
2.8 Individual support plans are reviewed with the person to: <ul style="list-style-type: none"> • monitor progress; • provide the opportunity to reassess needs; • revise goals; and • renegotiate strategies. 					
2.9 The agency regularly reviews					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 2: Planning and providing support					
its service delivery processes to support: <ul style="list-style-type: none"> the regular exchange of information to ensure coordination of services; proper case documentation and updating of case files; duty of care considerations; and effective and efficient case coordination and case management. 					
2.10 The agency utilises and maintains effective case closure processes.					
2.11 Each person is made aware in advance and involved in planning for withdrawal of					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 2: Planning and providing support					
agency support including: <ul style="list-style-type: none"> • reviewing the goals achieved and strategies to maintain them after exit; and • provision of support during transition to other agencies through supporting independence, social integration into the community and readiness to move. 					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 3: Specialist Service Provision to people under 18 years who are unaccompanied by an adult					
3.1 The agency maintains written records when working with people under 18 years of age. These are consistent with the Department for Child Protection and Family Support service agreements and with legislative and regulatory requirements.					
3.2 Responsibility for case management will depend on the circumstances, age, vulnerability and legal status of each young person. Case management coordination will be negotiated between the agencies involved, except where case management coordination is the					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 3: Specialist Service Provision to people under 18 years who are unaccompanied by an adult					
responsibility of the Department for Child Protection and Family Support.					
<p>3.3 The Department for Child Protection and Family Support has case management responsibility for young people in Specialist Homelessness Services in the following circumstances:</p> <ul style="list-style-type: none"> all people under 18 years who are in the care of the CEO (formerly known as 'wards'); any person under 15 years of age; and any person aged 15 who does not have the consent of their parent/carer to be accommodated 					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 3: Specialist Service Provision to people under 18 years who are unaccompanied by an adult					
by the agency.					
3.4 Each young person is given the opportunity to participate in the development of their support plans. Where the agency is required to notify parents or the Department for Child Protection and Family Support or any other government and non-government agency where information sharing is required or beneficial to the young person, the young person is informed.					
3.5 The development of support plans will address the young person's identified needs.					
3.6 Effective referral processes are					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 3: Specialist Service Provision to people under 18 years who are unaccompanied by an adult					
utilised to link young persons with internal and/or external services that respond to their needs.					
3.7 Support plans include the maintenance or restoration of family relationships where appropriate.					
3.8 The agency environment is safe and appropriate for young persons.					
3.9 The agency environment is culturally and age appropriate, nurturing and user friendly.					
3.10 The agency has a responsibility to provide duty of care for children where there may be a risk of physical, sexual or					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 3: Specialist Service Provision to people under 18 years who are unaccompanied by an adult					
emotional harm. Protective action is taken through referral to specific protective and support services including the Department for Child Protection and Family Support or Western Australian Police.					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 4: Service provision to children accompanying parents/carers					
4.1 Policy documents in the agency will reflect a clear commitment that children accompanied by their parents/carers are recognised as clients in their own right.					
4.2 The agency maintains effective documented policy and procedures regarding assessment of, and planning for, the needs of children.					
4.3 Wherever possible, and taking into consideration the safety of the child, the parent/carer's participation in decision making is maximised. Decisions are documented and reviewed as part of the parent/carer's					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 4: Service provision to children accompanying parents/carers					
support plan.					
4.4 Services provided to children reflect child and family sensitive practices.					
4.5 Support plans will reflect a focus on the individual needs of the children and the parents' role in supporting their children.					
4.6 The support plan will respond to the child's identified needs.					
4.7 Support plans will include the maintenance or restoration of family relationships where appropriate.					
4.8 The agency environment is safe and appropriate for children.					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 4: Service provision to children accompanying parents/carers					
4.9 The agency environment is cultural and age appropriate, nurturing and user friendly.					
4.10 The agency has a duty of care for children where there may be a risk of physical, sexual or emotional harm. Protective action is taken through referral to specific protective and support services including the Department for Child Protection and Family Support or Western Australian Police.					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 5: Client rights and responsibilities					
5.1 The agency maintains policies and procedures that uphold the rights and responsibilities of all people accessing its services and delivers a service in compliance with relevant legislation, regulations and organisational guidelines.					
5.2 Clients have a right not to engage in communal activities unless they are necessary for the security or safety of the agency or part of the client support plan and where applicable for safety planning.					
5.3 A clearly defined statement of client rights and responsibilities relevant to the service type is clearly					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 5: Client rights and responsibilities					
displayed and available to the client.					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 6: Privacy and confidentiality					
6.1 The agency complies with relevant legislation, regulatory requirements and professional standards relating to privacy and confidentiality.					
6.2 The agency maintains and regularly reviews its policy and procedures on privacy and confidentiality.					
6.3 Information on client privacy and confidentiality is clearly displayed and accessible and will outline any legislated or regulatory limitation.					
6.4 The agency has processes in place for obtaining informed consent					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 6: Privacy and confidentiality					
for keeping, sharing and using information.					
6.5 The agency meets its legislative and regulatory requirement in relation to client privacy and confidentiality.					
6.6 Clients will be advised of circumstances that require the agency to divulge information to others without client consent.					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 7: Client participation					
7.1 The agency has policies and procedures that support client participation.					
7.2 The agency undertakes or supports a range of activities that maximises client participation.					
7.3 The agency seeks regular client feedback about its service delivery.					
7.4 Feedback is reviewed in a timely manner and where appropriate, utilised for service improvement.					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 8: Complaints Management					
<p>8.1 The agency has a complaints handling process which:</p> <ul style="list-style-type: none"> • complies with legislative and regulatory requirements; • addresses all complaints in a timely manner; • keeps the complainant informed of the outcome; • encourages complainants to resolve issues directly with services in the first instance; • makes an independent complaints investigation mechanism available to clients where complaints are not resolved or 					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 8: Complaints Management					
<p>where a client does not feel comfortable complaining directly to the service;</p> <ul style="list-style-type: none"> ensures that clients are able to continue to safely access the service while the complaint is being investigated; and clearly communicates that the process is not punitive and the client can pursue this avenue of action without fear of compromise. 					
8.2 The agency regularly reviews its complaints management procedures.					
8.3 Complaint management procedures are available to people					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 8: Complaints Management					
accessing the agency.					
8.4 The agency maintains a record of all complaints and documents the actions taken to resolve them.					
8.5 Agency staff understand the complaints handling process.					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 9: Eliminating barriers					
9.1 The agency has inclusive policy and procedures that are regularly reviewed, to ensure the agency eliminates barriers.					
9.2 Staff work in a holistic and non-judgemental environment that avoids assumptions, supports social inclusion, and recognises and respects individual choices.					
9.3 Programs are designed with the cultural diversity of the target group in mind and services and programs are provided in a culturally safe and appropriate manner.					
9.4 Information about					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 9: Eliminating barriers					
the agency is disseminated in the community to reach as wide a range of potential clients as possible.					
9.5 Staff are provided with training to support clients to overcome barriers to social inclusion.					
9.6 The agency fosters active partnerships with other agencies to support clients to overcome barriers to social inclusion.					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 10: Integrated Service Delivery					
10.1 The agency has effective referral and support mechanisms which provide equitable access to services and assist people to achieve the best possible outcomes.					
10.2 The agency maintains and shares a directory of support services including details of their access/eligibility criteria, referral process and services available.					
10.3 The agency collaborates with service providers to enable seamless and integrated service pathways.					
10.4 The agency utilises and maintains effective documented					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 10: Integrated Service Delivery					
polices, procedures and processes regarding referral pathways.					
10.5 Where appropriate, the agency provides feedback to referring agencies on the outcome of the referral.					
10.6 The agency utilises and maintains policies and procedures for effective referrals for people who are not accepted as clients, including persons under 18 years of age.					
10.7 The agency utilises standardised and consistent shared referral forms wherever possible to reduce duplication.					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 10: Integrated Service Delivery					
10.8 The agency participates in relevant forums, professional development, partnerships and networks to ensure professional practice, community awareness and/or systemic improvements.					
10.9 The agency engages in sharing of effective practice approaches, innovation and good practice development.					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 11: Agency structure and decision making					
11.1 The respective roles and responsibilities of the governing body are clearly defined, documented, readily available and reviewed regularly.					
11.2 The respective roles and responsibilities for paid staff and volunteers are clearly defined, documented, readily available and reviewed regularly.					
11.3 The current organisational chart is available to staff.					
11.4 Lines of authority and delegation of responsibility are clearly defined and implemented.					
11.5 The agency maintains systems					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 11: Agency structure and decision making					
and processes to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.					
11.6 The agency has a current strategic plan which details: <ul style="list-style-type: none"> organisational aims and objectives related to the environment and community within which it operates; key priorities in the coming period; the monitoring, reviewing and evaluating of the strategic plan; and responsibility for implementation. 					
11.7 The governing body has an understanding of					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 11: Agency structure and decision making					
the contractual obligations of specialist homelessness services and the service agreement requirements of the Department for Child Protection and Family Support.					
11.8 The governing body operates in compliance with statutory incorporation regulations.					
11.9 The agency utilises effective policies and procedures for financial management which includes: <ul style="list-style-type: none"> • appropriate financial record keeping; • development, regular monitoring and reviewing of budgets and 					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 11: Agency structure and decision making					
financial reports; • clearly defined delegation of authority; • compliance with legislative, regulatory and contractual financial reporting requirements; and • effective asset management.					
11.10 The agency regularly reviews and maintains adequate insurance cover to meet legal and contractual requirements.					
11.11 The agency meets its legislative and regulatory requirements in relation to record and document management.					
11.12 The agency has an operational plan					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 11: Agency structure and decision making					
which supports the aims and objective of the agency's strategic plan.					
11.13 The agency has a process in place to regularly review the operational plan, including opportunities for input from people who use the service. The plan includes reviewing programs and service delivery strategies and the effectiveness of structures and processes.					
11.14 The agency has a process in place to follow up with actions arising from the review process.					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 12: Continuous Quality Improvement and Risk Management					
12.1 The agency utilises processes and systems to ensure planning, review and quality improvement is an integral part of all service delivery and operational management.					
12.2 The agency utilises effective information and feedback mechanisms for people accessing the service to support responsiveness to the needs of the community it serves.					
12.3 The agency utilises appropriate data to guide and evaluate improvement efforts.					
12.4 The agency provides ongoing					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 12: Continuous Quality Improvement and Risk Management					
professional development opportunities to staff and volunteers to support continuous improvement in service delivery.					
12.5 The agency has a risk management framework in place that identifies, evaluates and addresses risk.					
12.6 The agency documents the ongoing monitoring of risks including identification and reporting of potential risks / noncompliance with risk reduction strategies.					
12.7 The agency has ongoing staff and volunteer education and training in relation to risk					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 12: Continuous Quality Improvement and Risk Management					
management.					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 13: Human resource management					
13.1 The agency utilises and maintains an effective equal employment opportunity policy that is reflected in all relevant processes.					
13.2 The agency ensures that employment related policies and procedures comply with equal employment opportunity principles and support diversity across the workforce.					
13.3 The agency utilises appropriate policies and procedures related to: <ul style="list-style-type: none"> • pre-employment screening checks; and • recruitment and selection of paid 					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 13: Human resource management					
staff and volunteers.					
13.4 The agency provides: <ul style="list-style-type: none"> • staff and volunteer induction; • professional development and training; • diversity awareness through training and other activities; • role-related supervision and support of staff and volunteers in their work; and • annual performance reviews that are documented. 					
13.5 Staff and volunteers are managed within a framework that assists them to achieve the					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 13: Human resource management					
objectives of their roles, develop their skills and contribute to the overall goals of the organisation.					
13.6 The agency has grievances and complaints process in place to ensure these are investigated fairly, addressed and documented in a timely manner.					

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 14: Safety and Health					
14.1 Policy and procedures are implemented to protect clients from risk of harm or abuse within the service environment.					
14.2 The physical environment is safe and well maintained, and meets all health, safety, fire and building laws and regulations.					
14.3 Suitable facilities are available for the particular client group (including children where relevant).					
14.4 The agency ensures effective risk management strategies are implemented and maintained to minimise, manage					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 14: Safety and Health					
and/or mitigate risks to health or safety.					
14.5 The agency maintains effective emergency management procedures.					
14.6 Emergency procedures are clearly displayed and easily accessible in the workplace.					
14.7 Emergency procedures are included in orientation/induction training and ongoing training.					
14.8 The agency provides a safe workplace in accordance with the <i>Occupational Safety And Health Act 1984</i> and other relevant regulations, Codes, and					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 14: Safety and Health					
Standards.					
14.9 The agency provides access to information to enable safe work practice.					
14.10 Effective policies and procedures are implemented, maintained and reviewed regularly to support safe work practice.					
14.11 The agency ensures that occupational safety and health induction is part of orientation/induction and ongoing training.					
14.12 The agency provides effective support and supervision to staff to enable them to perform their work in a safe environment.					

Agency Name:

Practices	What do you have in place to meet each standard?	What is the demonstrated evidence for meeting the standard?	Have you met the outcome? Yes / No	What actions and timelines are required to meet the outcome?	Comments
Standard 14: Safety and Health					
14.13 The agency has effective processes in place for post-critical incident debriefing.					