

Guide to Compliance Ratings

A Guide to rating compliance with the Approval Requirements for the Family Support Program

The Department would like to acknowledge the work of Australian Healthcare Associates Pty Ltd (AHA) in the development of this guide. Website <http://www.ahaconsulting.com.au>.

Introduction

The Guide to Compliance Ratings has been developed to assist organisations funded under the Family Support Program (FSP) and assessors in identifying findings that would result in a “NonCompliant”, “Partially Compliant” or “Fully Compliant” rating for each Approval Requirement standard and its attributes.

This Guide also includes a list of potential evidence examples for each standard including policies, procedures, processes, and documents that organisations may choose to provide at the time of assessment in order to demonstrate their compliance with the attributes within each of the standards. The list of evidence examples is intended as a guide only and is not prescriptive, nor exhaustive.

When requested, organisations will be required to produce example(s) of evidence that best demonstrate their full compliance with the standards. Any example that demonstrates compliance is acceptable. It is not a requirement for organisations to provide evidence against every example in the list. Some of the evidence examples provided in the Guide may not be relevant to all FSP Activities. For example, the evidence provided to support compliance with Standard 14: Service Design, Attribute 1, may vary between organisations as this attribute requires descriptions of core processes. Therefore the evidence provided will depend on the nature of the FSP Activity/ies the organisation is funded to deliver.

LEADERSHIP AND GOVERNANCE Standard 1: Values and Ethical Framework

Standard 1: Values and ethical framework

The organisation has a clear ethical framework which is reflected in a statement of values and purpose, a code of ethics/conduct and other documents. The ethical framework includes a non-discriminatory/equitable approach to service provision. There is a code of ethics/conduct that clearly sets out expectations of appropriate conduct by staff, management and volunteers.

The Statement of Values and Purpose is supportive of the aims of the Family Support Program (FSP).

Management and staff have the opportunity to contribute to the development and ongoing review of the Statement of Values and Purpose and code of ethics/conduct. Management and staff are aware of the organisation's values, purpose and code of ethics/conduct and it is communicated to consumers and other stakeholders.

Attributes	Non-Compliant	Partially-Compliant	Fully Compliant
1.The statement of values and purpose: <ul style="list-style-type: none"> ▪ reflects the organisation's position in the community; ▪ is supportive of the aims of the FSP. 	The organisation has not documented a statement of values and purpose.	The statement of values and purpose addresses the requirements of Attribute 1 in part. The organisations' statement: <ul style="list-style-type: none"> ▪ does not clearly reflect the organisation's position in the community or ▪ is not supportive of the aims of the FSP. 	The statement of values and purpose addresses all of the requirements of Attribute 1.

<p>2. The service has a clear ethical framework which is reflected in the statement of values and purpose, a code of ethics/conduct, and other documents.</p> <p>The ethical framework includes a commitment to a non-discriminatory and equitable approach to service provision.</p> <p>The code of ethics/conduct (and other documents) clearly sets out expectations of appropriate conduct by staff, volunteers and Board/committee members in relation to:</p> <ul style="list-style-type: none"> ▪ having a positive and respectful approach to clients and other staff, including behaviour that excludes harassment or abuse; ▪ confidentiality/privacy; ▪ conflicts of interest; ▪ responsible use of resources/facilities; ▪ and sets out procedures for the management of professional misconduct. 	<p>The service does not have a clear ethical framework which is reflected in the nominated documents.</p>	<p>The service's ethical framework addresses the requirements of Attribute 2 in part.</p> <p>The ethical framework does not include commitment to a non-discriminatory and equitable approach to service provision and/or</p> <p>The code of ethics/conduct does not clearly document expectations of appropriate conduct by staff, volunteers, Board/committee members in relation to:</p> <ul style="list-style-type: none"> ▪ having a positive and respectful approach to clients and other staff, including behaviour that excludes harassment, abuse/unlawful behaviour; ▪ confidentiality/privacy; ▪ conflicts of interest; ▪ responsible use of resources/facilities; <p>and/or</p> <ul style="list-style-type: none"> ▪ does not include clear procedures for management of professional misconduct. 	<p>The service has a clear ethical framework which is clearly reflected within the nominated documents.</p> <p>The framework reflects a non-discriminatory and equitable approach.</p> <p>The framework includes the statement of values and purpose and a code of ethics/conduct. The code addresses all of the requirements of Attribute 2.</p>
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<p>3. Management and staff contribute to the development and ongoing review of the organisation's values, purpose and code of ethics/conduct.</p>	<p>The organisation is unable to demonstrate that management and staff contribute to the development and ongoing review of the organisation's values, purpose and code of ethics/conduct.</p>	<p>The organisation has processes in place which address the requirements of Attribute 3 in part. Management and/or staff have not contributed to the development of the organisation's values, purpose, and code of ethics/conduct or Management and/or staff have not contributed to the ongoing review of the organisation's values, purpose, and code of ethics/conduct</p>	<p>The organisation demonstrates that management and staff contribute to the development and ongoing review of the organisation's values, purpose and code of ethics/conduct.</p>
<p>4. Staff and management are aware of the organisation's values, purpose and code of ethics/conduct, and these are communicated to consumers and other stakeholders.</p>	<p>The organisation is unable to demonstrate that staff and management are aware of this information and that it is communicated to consumers and other stakeholders.</p>	<p>The organisation has processes in place which address the requirements of Attribute 4 in part. Staff and/or management are not aware of this information and/or This information is not communicated to consumers and other stakeholders.</p>	<p>The organisation demonstrates that staff and management are aware of this information and that it is communicated to consumers and other stakeholders.</p>

Standard 1: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- A statement of values and purpose, code of ethics/conduct
- Policies and procedures which ensure that staff, management, consumers and other stakeholders are aware of same
- Development of written information for service users regarding the organisation's values and purpose, code of ethics/conduct
- Staff handbook and/or induction records reflecting that staff are made aware of this information
- Policies and procedures regarding consultation with staff and management at the time of development and review of this information
- Records of staff and management consultation/input
- Interviews with staff and management to demonstrate their knowledge of the statement of values and purpose, code of ethics/conduct

LEADERSHIP AND GOVERNANCE Standard 2: Governance

Standard 2: Governance

The organisation has clear and effective arrangements for internal control and transparent decision making which are appropriate to its scale and scope of operations. The organisation's financial systems support effective management and accountability. There are appropriate systems in place to identify and manage financial and non-financial risks.

Attributes	Non-Compliant	Partially-Compliant	Fully Compliant
<p>1. Evidence of clear and effective arrangements for internal control and transparent decision making, which include:</p> <ul style="list-style-type: none"> ▪ regular, minuted, well attended Board/committee meetings; ▪ Board/management committee with a sufficient range of expertise and access to appropriate induction and training; ▪ Board/management committee understands and controls how the organisation conducts its business; ▪ Clear delineation between the roles to be filled by the governing body and the person(s) delegated responsibility for management of the organisation. 	<p>The organisation is unable to demonstrate that there are clear and effective arrangements for internal control and transparent decision making which include the requirements of Attribute 1.</p>	<p>The organisation has processes in place which address the requirements of Attribute 1 in part. Processes in place do not include all of the following:</p> <ul style="list-style-type: none"> ▪ regular, minuted, well attended Board/committee meetings; ▪ Board/management committee with a sufficient range of expertise and access to appropriate induction and training; ▪ Board/management committee understands and controls how the organisation conducts its business; ▪ Clear organisational structure which delineates between the roles to be filled by the governing body 	<p>The organisation demonstrates that there are clear and effective arrangements for internal control and transparent decision making which address all of the requirements of Attribute 1.</p>

<p>1. Evidence of clear and effective arrangements for internal control and transparent decision making, which include:</p> <ul style="list-style-type: none"> ▪ regular, minuted, well attended Board/committee meetings; ▪ Board/management committee with a sufficient range of expertise and access to appropriate induction and training; ▪ Board/management committee understands and controls how the organisation conducts its business; ▪ Clear delineation between the roles to be filled by the governing body and the person(s) delegated responsibility for management of the organisation. 	<p>The organisation is unable to demonstrate that there are clear and effective arrangements for internal control and transparent decision making which include the requirements of Attribute 1.</p>	<p>The organisation has processes in place which address the requirements of Attribute 1 in part. Processes in place do not include all of the following:</p> <ul style="list-style-type: none"> ▪ regular, minuted, well attended Board/committee meetings; ▪ Board/management committee with a sufficient range of expertise and access to appropriate induction and training; ▪ Board/management committee understands and controls how the organisation conducts its business; ▪ Clear organisational structure which delineates between the roles to be filled by the governing body and the person(s) delegated responsibility for management of the organisation. 	<p>The organisation demonstrates that that there are clear and effective arrangements for internal control and transparent decision making which address all of the requirements of Attribute 1.</p>
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<p>2. The organisation's financial systems support effective management and accountability. Appropriate systems are in place to identify and manage financial and non-financial risks, and include:</p> <ul style="list-style-type: none"> ▪ Board/management committee receives an annual budget, regular reports on financial status against the budget, and staffing arrangements; ▪ there are established procedures for minimising risks of fraud or mismanagement of funds; ▪ the organisation holds appropriate insurance such as workers compensation, director's public and professional liability, volunteers, property and contents; ▪ information systems allow timely and accurate extraction of data in suitable formats for statutory and regulatory reporting. 	<p>The organisation is unable to demonstrate that there are financial systems which support effective management and accountability including appropriate systems to identify and manage financial and non-financial risk as listed in Attribute 2.</p>	<p>The organisation has processes in place which address the requirements of Attribute 2 in part. Systems in place to identify and manage financial and non-financial risks do not include all of the following;</p> <ul style="list-style-type: none"> ▪ Board/management committee receiving an annual budget, regular reports on financial status against the budget, and staffing arrangements; ▪ Established procedures for minimising risks of fraud or mismanagement of funds; ▪ the organisation holding appropriate insurance such as workers compensation, director's public and professional liability, volunteers, property and contents; ▪ information systems allowing timely and accurate extraction of data in suitable formats for statutory and regulatory reporting. 	<p>The organisation demonstrates that there are financial systems which support effective management and accountability and appropriate systems to identify and manage financial and non-financial risk, which address all of the requirements of Attribute 2.</p>
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Standard 2: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Board/committee meeting schedule and minutes
- Meetings conducted in line with the organisation's governance guidelines/by-laws
- Processes to ensure that minutes are appropriately circulated
- Board/committee selection criteria, succession and planning processes which contribute to ensuring continuity/sustainability of governance structure
- Documented roles and responsibilities of Board/committee members which include commitment to continuous improvement processes
- Documented role and responsibilities for management of organisation (i.e. Instrument of Delegation, position descriptions, CEO reporting requirements, CEO performance evaluation)
- Policies and procedures regarding Board/committee members selection, recruitment, induction, training and ongoing evaluation
- Documentation to support that appointed Board/committee members meet the related selection criteria
- Policies and procedures regarding financial management including risk minimisation (budget development, monitoring and reporting/accountability processes)
- Risk management plan
- Budget (including funds allocated for staff training/development)
- Audited Financial Acquittal Report with Approved Auditor report
- FSP Annual Service Reports
- Policies and procedures relating to retention of financial records
- Policies and procedures regarding insurance requirements
- Evidence of current insurance including;
 - Workers compensation as required by law
 - Director's insurance
 - Public liability for not less than \$10 million for each and every claim
 - Professional indemnity (for not less than \$5 million per claim and in the aggregate in a year)
 - Volunteers insurance
 - Property and contents insurance
 - Compulsory third party and comprehensive insurance (for not less than market value for all motor vehicles acquired with the Funding)

- Policies and procedures regarding data management to enable timely and accurate statutory and regulatory reporting
- Sample report to demonstrate effective information systems
- Interviews with management and/or Board Members to demonstrate knowledge and implementation of governance policies and procedures
- Reporting processes include responsibility for monitoring compliance with Funding Agreement
- Processes for ensuring awareness and adherence to relevant legislation ie *Family Law Act 1975, Family Law Regulations 1984, Occupational Health and Safety Act 2006*
- Policies and procedures for monitoring subcontracted services and consortia arrangement

STRATEGY, POLICY AND PLANNING Standard 3: Planning

Standard 3: Planning

The development and delivery of family support services occurs in a planned rather than reactive way and are integrated with the organisation's work.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
<p>1. The existence of clear documented strategic directions that covers all aspects of the organisation's work, including FSP related services.</p>	<p>The organisation is unable to demonstrate that there is clear documented strategic direction which covers all aspects of the organisation's work, including FSP related services.</p>	<p>The organisation has documentation which addresses the requirements of Attribute 1 in part. The strategic plan does not include all of the following;</p> <ul style="list-style-type: none"> ▪ does not clearly document strategic direction and/or ▪ does not cover all aspects of the organisations work and/or ▪ does not include FSP related services and/or ▪ is not systematically monitored and/or ▪ is not current and/or has not been endorsed by the Board/Committee. 	<p>The organisation demonstrates that there is clear documented strategic direction which addresses all of the requirements of Attribute 1.</p>
<p>2. The existence and use of operational plans, which provide detail about the delivery of FSP services, including regular reporting against them.</p>	<p>The organisation is unable to demonstrate the existence and use of operational plans which provide detail about the delivery of FSP services, including reporting against them.</p>	<p>The organisation has documentation which addresses the requirements of Attribute 2 in part. An operational plan is documented which provides detail about the delivery of FSP services however processes are</p>	<p>The organisation demonstrates the existence and use of operational plans which address all the requirements of Attribute 2.</p>

		not in place to ensure that regular reporting against the plan occurs.	
3. Evidence of broad stakeholder input and participation in FSP planning processes.	The organisation is unable to demonstrate broad stakeholder input and participation in FSP planning processes. Stakeholder consultation is limited to management level.	The organisation has processes in place which address the requirements of Attribute 3 in part. Stakeholder consultation does not include one of the following; <ul style="list-style-type: none"> ▪ management and staff ▪ clients ▪ other relevant stakeholders (ie other organisations that form consortia, government). 	The organisation demonstrates that there is broad input from internal and external stakeholders and participation in FSP planning processes.
4. Evidence that organisational planning for FSP takes account of FSP strategic directions or priorities established from time to time by the Department, such as the needs of children, and the issues of violence and diversity.	The organisation does not have a documented plan.	The organisation has processes in place which address the requirements of Attribute 4 in part. The organisational plan is consistent with the purpose or direction of the FSP program. However the organisation does not have a process to delegate responsibility for ensuring the plan is updated to include changes in FSP strategic direction or priorities.	The organisation demonstrates that organisational planning for FSP addresses the requirements of Attribute 4.

Standard 3: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Policies and procedures regarding development, monitoring of and reporting against strategic and operational plans
- Current and past strategic and operational plans which evidence ongoing monitoring, review and evaluation
- Stakeholder input/participation processes (i.e. surveys, feedback/improvement forms, meetings, forums, focus groups)
- Interviews with management to demonstrate knowledge and implementation of planning policies and procedures.

Note: Family Relationship Centre's (FRCs) are required to demonstrate that planning incorporates "cooperative arrangements with prevention and early intervention services." This may involve purchase of services via a sub-contracting arrangement.

INFORMATION AND ANALYSIS Standard 4: Management of Data

Standard 4: Management of Data

Family support services enter core and optional data in FRSP Online¹ that is accurate, comprehensive and timely, and observe the FRSP Online protocols.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
<p>1. Written procedures exist for the management of data to be entered into Family Relationship Services Program (FRSP) Online and the observance of FRSP Online protocols.</p> <p>The procedures address:</p> <ul style="list-style-type: none"> ▪ who is responsible for entering what data; ▪ when data is required to be entered; ▪ how compliance with FRSP Online protocols is achieved; ▪ how the entry of data is internally validated from time to time. 	<p>The organisation is unable to demonstrate that there are written procedures regarding the management of data to be entered into FRSP Online and the observance of FRSP Online protocols.</p>	<p>The organisation has written procedures which address the requirements of Attribute 1 in part.</p> <p>The procedures do not include all of the following address;</p> <ul style="list-style-type: none"> ▪ who is responsible for entering what data; ▪ when data is required to be entered; ▪ how compliance with FRSP Online protocols is achieved; ▪ how the entry of data is internally validated from time to time. 	<p>The organisation demonstrates that there are written procedures which address all of the requirements of Attribute 1 and that these procedures are implemented in practice.</p>

¹ Services that do not use FRSP Online are required to have appropriate data management systems in place.

<p>2. All relevant staff are aware of and understand the procedures for the management of data and the FRSP Online protocols.</p>	<p>The organisation is unable to demonstrate that all relevant staff are aware of and understand the procedures for the management of data and the FRSP Online protocols.</p>	<p>The organisation has processes which address the requirements of Attribute 2 in part. Procedures are not consistently implemented in practice.</p>	<p>The organisation demonstrates processes which address all the requirements of Attribute 2. Relevant staff demonstrated awareness and understanding of data and the FRSP Online protocols and consistent procedural practices.</p>
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Standard 4: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Written procedures regarding management, entry and transfer of FRSP Online data
- Written procedures regarding training of relevant staff
- Staff training/orientation records relating to use of FRSP Online Training Guide
- Internal quality processes to validate data
- Records of data submission to FRSP Online
- Interviews with staff and management to demonstrate knowledge and implementation of data management policies and procedures (For example, awareness of privacy and confidentiality and informed consent requirements and the FRSP Online Security Policy)

PEOPLE Standard 5: Entry of Practitioners

Standard 5: Entry of practitioners

To appoint a person as a family support services practitioner, an organisation is required to:

1. ensure that a person:
 - holds an appropriate degree, diploma or other qualification; and
 - demonstrates a level of competence appropriate to the commencement of the role in an assessment by the organisation; or
2. ensure that, in exceptional circumstances, an appointment of a person without an appropriate degree, diploma or other qualification is justified on grounds that:
 - the person demonstrates a level of competence appropriate to the commencement of the role in an assessment by the organisation; or
 - the appointee is:
 - (i) required to work in a rural/remote area or with a target group where the availability of tertiary qualified staff is highly limited; or
 - (ii) a person (whether currently a practitioner or not) who has worked as a practitioner for not less than twelve months within the last three years in a family support services role similar to the appointment.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
1. Evidence that an organisation has checked appointees' qualifications in terms of an appropriate degree, diploma or other qualification, consisting of a course of: <ul style="list-style-type: none"> ▪ at least three years with an orientation to behavioural or social sciences, education or other relevant degree; or ▪ post graduate study of at least one year in an area of direct relevance to the specialised role to be undertaken. 	The organisation is unable to demonstrate that all appointees' qualifications are checked in terms of an appropriate degree, diploma or other qualification.	The organisation has processes which address the requirements of Attribute 1 in part. Qualifications are checked when appointing practitioners however the standard of qualifications does not meet the criteria documented in Attribute 1.	The organisation demonstrates that all appointees' qualifications are checked and meet all of the requirements of Attribute 1.

<p>2. Evidence of competencies formulated by organisations for use in recruitment to practitioner roles.</p>	<p>The organisation is unable to demonstrate that competencies are formulated and used in recruitment to practitioner roles.</p>	<p>The organisation has processes which address the requirements of Attribute 2 in part. The organisation has formulated competencies however could not demonstrate that competencies are consistently used in recruitment to practitioner roles.</p>	<p>The organisation demonstrates the development and use of competencies in recruitment to all practitioner roles.</p>
<p>3. A record of appointments made where the appointee is not tertiary qualified and the grounds on which each such appointment was made.</p>	<p>The organisation is unable to demonstrate that the appropriate record is developed.</p>	<p>The organisation has processes which address the requirements of Attribute 3 in part. The record of appointments made where the appointee is not tertiary qualified does not clearly advise of the grounds on which each appointment was made.</p>	<p>The organisation demonstrates that an appropriate record of appointments is maintained where the appointee is not tertiary qualified which includes the grounds on which each appointment was made.</p>

Standard 5: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Policies and procedures regarding staff selection and recruitment
- Competency tools (ie screening and assessment staff competency)
- Position descriptions including selection criteria and qualifications/skills required
- Evidence of registration/accreditation of Family Dispute Resolution Practitioners
- Staff records including evidence of qualifications or record of appointment where not tertiary qualified
- Interview with management and staff to demonstrate knowledge and implementation of practitioner selection and recruitment policies and procedure

PEOPLE Standard 6: Supervision of Practitioners

Standard 6: Supervision of practitioners

Practitioners working in family support services receive regular professional supervision to address practice issues. The supervision is:

- provided by a suitably qualified and experienced supervisor;
- conducted individually or in a supervisor-facilitated group, or, where practitioners are suitably experienced, in a peer group; and
- based on individual needs for supervision in accordance with the attributes below.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
1. Evidence of organisation satisfying itself as to the qualifications and experience of supervisors being used.	The organisation is unable to demonstrate a process to ensure that supervisors have appropriate qualifications and experience.	The organisation has processes which address the requirements of Attribute 1 in part. The process used to verify the qualifications and experience of supervisors is; <ul style="list-style-type: none"> ▪ unclear and/or ▪ not consistently applied. 	The organisation demonstrates that processes are in place to address all of the requirements of Attribute 1.
2. Record of supervision sessions for all practitioners showing at least: <ul style="list-style-type: none"> ▪ a baseline of 26 hours² of supervision per year for full time practitioners covered by this standard; and ▪ pro rata hours of supervision on a monthly basis for people working part time in these roles. 	The organisation is unable to demonstrate that records of supervision are held.	The organisation has records which address the requirements of Attribute 2 in part. Records of supervision; <ul style="list-style-type: none"> ▪ are not held for all practitioners and/or ▪ in some cases the hours of supervision recorded do not meet the baseline requirement. 	The organisation demonstrates that a record of supervision sessions is documented for all practitioners which meet the baseline requirements.

² This is a specific requirement of some FSP services

<p>3. Evidence that the organisation assesses individual practitioner needs for supervision over and above the baseline requirement, having regard to experience of the practitioner and the nature of the role.</p>	<p>The organisation is unable to demonstrate that individual practitioner needs for supervision over and above the baseline requirement are assessed.</p>	<p>The organisation has records which address the requirements of Attribute 3 in part. Assessment of individual practitioner needs for supervision over and above the baseline required does not occur for all practitioners.</p>	<p>The organisation demonstrates that assessment of individual practitioner needs for supervision over and above the baseline requirement occurs regularly.</p>
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Standard 6: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Policies and procedures regarding supervision of practitioners, including where supervision over and above the baseline is required
- Policies and procedures regarding supervisor qualifications and experience
- Position descriptions including selection criteria and qualifications/skills required for supervisor role.
- Staff records (supervisor) of qualifications/experience
- Records of practitioner supervision sessions
- Interview with management and staff to demonstrate knowledge and implementation of practitioner supervision policies and procedures.

PEOPLE Standard 7: Training and Development

Standard 7: Training and development

All family support services practitioners have access to training and development opportunities, externally delivered where appropriate, related directly to their professional development needs and the organisational plan.

Other service staff have access to appropriate training.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
1. A planned approach to training is evident in each organisation including evidence of an assessment and prioritising of staff training needs and stated intentions for how priorities will be addressed.	The organisation is unable to demonstrate a planned approach to training.	The organisation has processes which address the requirements of Attribute 1 in part. Assessment and prioritising of staff training needs is not evident for all staff.	The organisation demonstrates a planned approach to training based upon assessment and prioritising of staff training needs.
2. A planned approach is evident to ensuring the training and development of volunteers (if applicable).	The organisation is unable to demonstrate a planned approach to the training and development of volunteers.	The organisation has records which address the requirements of Attribute 2 in part. Processes to assess and plan for training and development of volunteers are unclear.	The organisation demonstrates a planned approach to the development and training of all volunteers.
3. A record of training events attended by staff is maintained.	The organisation is unable to demonstrate that a record of training events attended by staff is maintained.	The organisation has records which address the requirements of Attribute 3 in part. Training records are not consistently completed.	The organisation demonstrates that a record of all training events attended by staff is maintained.

Standard 7: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Policies and procedures regarding staff training and development (access, prioritising, planning and recording of attendance)
- Policies and procedures regarding volunteer training and development (if applicable)
- Training needs analysis
- Training included in staff appraisal process
- Training calendar/information
- Training applications/confirmation
- Training records (individual and/or organisational)
- Training evaluations
- Interview with management and staff to demonstrate knowledge and implementation of training policies and procedures.

PEOPLE Standard 8: Staff Appraisal

Standard 8: Staff appraisal

Family support services have designed and implemented a system for appraisal of the performance of individual staff within the context of organisational and FSP goals.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
<p>1. Documentation of a system jointly implemented by a staff person and appraiser/s for review of performance over an agreed period of time, which includes steps for:</p> <ul style="list-style-type: none"> ▪ setting performance goals; ▪ ongoing supervision for people other than those receiving professional supervision; ▪ an assessment of achievements against agreed goals; ▪ establishing a plan for how any improvements can be achieved; and ▪ setting performance goals for the next period of review. 	<p>The organisation is unable to demonstrate a documented system of performance review.</p>	<p>The organisation has a documented system of performance review which addresses the requirements of Attribute 1 in part.</p> <p>The appraisal system does not include steps for all of the following:</p> <ul style="list-style-type: none"> ▪ setting performance goals; ▪ ongoing supervision for people other than those receiving professional supervision; ▪ an assessment of achievements against agreed goals; ▪ establishing a plan for how any improvements can be achieved; ▪ setting performance goals for the next period of review. 	<p>The organisation demonstrates a documented system of performance review which is jointly implemented and addresses all of the requirements of Attribute 1.</p>

<p>2. The system of appraisal should provide details of how a review outcome may be moderated within the organisation where an individual and his or her appraiser/s do not agree on the appraisal.</p>	<p>The organisation is unable to demonstrate that the appraisal system includes details of how a review outcome may be moderated within the organisation where an individual and his or her appraiser/s do not agree on a review outcome.</p>	<p>The organisation demonstrates that the appraisal system includes details of how a review outcome may be moderated within the organisation where an individual and his or her appraiser/s do not agree on a review outcome. This process is not implemented in practice.</p>	<p>The organisation demonstrates that the appraisal system includes details of how a review outcome may be moderated within the organisation where an individual and his or her appraiser/s do not agree on a review outcome and that this process is implemented in practice, as needed.</p>
<p>3. Evidence that the system is implemented.</p>	<p>The organisation is unable to demonstrate that the appraisal system is implemented.</p>	<p>The organisation is unable to demonstrate that all staff have completed and current staff appraisals.</p>	<p>The organisation demonstrates that the appraisal system is consistently implemented.</p>

Standard 8: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Policies and procedures regarding staff appraisal
- Processes to ensure staff are aware of the related policy and procedure
- Staff appraisal tool/proforma
- Records of staff appraisals reflecting cyclical completion within agreed timeframes
- Interview with management and staff to demonstrate knowledge and implementation of staff appraisal policies and procedures.

PEOPLE Standard 9: Safety of Staff

Standard 9: Safety of staff

Family support services take active measures to maximise the safety of staff.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
1. An assessment of risks to staff safety is carried out and reviewed regularly.	The organisation is unable to demonstrate a process to assess risks to staff safety.	The organisation has a process to assess risks to staff safety. However risk assessment and review are not regularly carried out in practice.	The organisation demonstrates that an assessment of risks to staff safety is carried out and reviewed regularly.
2. Procedures are in place to manage risks which are identified.	The organisation is unable to demonstrate that procedures are in place to manage identified risks.	The organisation demonstrates that procedures are in place to manage identified risks. However the procedures are not consistently implemented.	The organisation demonstrates that procedures are in place to manage identified risks. The procedures are consistently implemented.
3. Evidence that the organisation understands and meets its workplace health and safety obligations.	The organisation is unable to demonstrate that it understands and meets its workplace health and safety obligations.	The organisation demonstrates that it understands its workplace health and safety obligations but could not demonstrate that these obligations are met in practice.	The organisation demonstrates that it understands and meets its workplace health and safety obligations.

Standard 9: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Policies and procedures regarding workplace health and safety (including emergency procedures relating to fire/physical threat etc.)
- Processes to ensure staff are aware of the related policies and procedures (i.e. staff induction program/records, staff handbook)
- Workplace health and safety legislation
- Workplace health and safety officer appointment and training
- Staff training (including fire safety/evacuation)
- Risk assessment tools
- Hazard/incident/accident reporting and monitoring system
- Records of action taken in response to identified risks
- OH&S Committee meeting minutes
- Current workers compensation insurance
- Interview with management and staff to demonstrate knowledge and implementation of staff safety policies and procedures.
- Safety and Security Plan (FRC's)

CLIENT FOCUS Standard 10: Accessibility of Services

Standard 10: Accessibility of services ³

Family support services work to ensure their sensitivity and accessibility to any people who face a real or perceived barrier to receiving assistance whether on the basis of:

- race, creed, language or ethnic background;
- gender;
- disability;
- age;
- locality;
- socio-economic disadvantage;
- sexual preference;
- or any other unjustifiable basis.

Family support services operate in, or plan over time to operate in, buildings and/or services that are accessible to people with disabilities.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
1. Documented evidence of the key characteristics of the actual and potential client group, based on the expressed need and demographic features of an organisation's catchment area.	The organisation is unable to demonstrate that it has documented evidence of the key characteristics of actual and potential client group.	The organisation has some documented evidence relating to the actual and potential client group. This information does not meet all the requirements of Attribute 1. This information does not relate to both the actual client group and the potential client group.	The organisation demonstrates that it has identified and documented the key characteristics the actual and potential client group, based on the expressed need and demographic features of the organisation's catchment area.

³ Assessment of this standard will take into account the size and resources available to the organisation and program, its length of operation and the characteristics of the area served.

<p>2. Having identified the key characteristics of the community, the organisation has used a planned, evidence based approach to prioritising and addressing access barriers.</p>	<p>The organisation is unable to demonstrate that it has identified the key characteristics of the community.</p>	<p>The organisation demonstrates that it has identified the key characteristics of the community. The organisation is yet to implement a planned evidence based approach to prioritising and addressing access barriers.</p>	<p>The organisation demonstrates that it has identified the key characteristics of the community and has planned evidence based approach to prioritising and addressing access barriers.</p>
<p>3. Evidence of progress in implementing strategies for overcoming barriers.</p>	<p>The organisation is unable to demonstrate that it has identified strategies for overcoming barriers.</p>	<p>The organisation demonstrates that it has identified strategies for overcoming barriers and the implementation of strategies is planned.</p>	<p>The organisation demonstrates evidence of progress in implementing strategies for overcoming barriers.</p>
<p>4. The organisation has developed a fees policy that addresses access for people on low incomes.</p>	<p>The organisation is unable to demonstrate that a fees policy has been developed that addresses access for people on low incomes.</p>	<p>The organisation demonstrates that a fees policy has been developed that addresses access for people on low incomes however the policy is not consistently implemented.</p>	<p>The organisation demonstrates that a fees policy has been developed and implemented that addresses access for people on low incomes.</p>

Standard 10: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Organisational data reflecting knowledge of the demographic profile of the catchment area
- Evidence of working collaboratively with other agencies in determining barriers to access to services and identifying gaps in service delivery
- Client group profile/data
- Policies and procedures regarding assessment of barriers
- Policies and procedures regarding cultural sensitivity
- Policies and procedures regarding the use of interpreters or referral to a more culturally appropriate service provider
- Client information available in languages other than English
- Employment of bilingual staff
- CALD/Aboriginal and Torres Strait Islander clients' feedback regarding delivery of a culturally appropriate service.
- Staff training in cultural awareness/sensitivity
- Fees policy that is publicly displayed, where applicable
- Data reflecting the number of low income clients vs. the number of clients for whom the policy has been implemented
- Strategic/operational plans
- Minutes of planning meetings
- Tour of the service to demonstrate physical accessibility
- Interview with management and staff to demonstrate knowledge and implementation of service accessibility policies and procedures.
- Outreach programs (FRC's)

CLIENT FOCUS Standard 11: Managing Client Feedback and Complaints

Standard 11: Managing client feedback and complaints

Family support services offer opportunities to all clients to voluntarily provide feedback on their experiences with a service provided by an organisation and manage complaints from clients in a positive, timely, fair and predictable way.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
<p>1. The organisation has procedures for the management of complaints which:</p> <ul style="list-style-type: none"> ▪ welcome complaints and informs clients about how to complain; ▪ ensure timely resolution of complaints; ▪ provide feedback to clients on complaints; ▪ distinguish between simple complaints and those of a more serious nature; ▪ ensure that where complaints about staff/volunteers /Board members occur, principles of natural justice are utilised in the assessment process, except where complaints relate to criminal matters. In these circumstances, all such complaints are referred to police and not assessed by the organisation; ▪ ensure that issues arising from complaints and outcomes are reported to management and are used to improve service delivery. 	<p>The organisation is unable to demonstrate that it has procedures for the management of complaints.</p>	<p>The organisation has procedures relating to complaints and client feedback management; however the procedures do not meet all of the requirements listed under Attribute 1.</p> <p>The organisation is unable to demonstrate that feedback obtained via complaints and more informal feedback is incorporated into service planning and design, to improve service delivery.</p>	<p>The organisation has documented complaints management procedures that include all requirements listed under Attribute 1, and is able demonstrate that these procedures are followed in practice.</p> <p>The organisation is able to demonstrate that issues arising from complaints are incorporated into service planning and design, to improve service delivery.</p>

<p>2. Procedures are documented for the management of client feedback that:</p> <ul style="list-style-type: none"> ▪ offer all clients the opportunity to provide feedback with anonymity and in ways which are appropriate to them, on their experience as clients, including their view on whether a client benefit was obtained; ▪ are adjusted as appropriate to encourage people from diverse cultural and linguistic backgrounds to participate; ▪ ensure that client feedback is obtained in a variety of ways; ▪ indicate how service delivery may be altered in response to client feedback. 	<p>The organisation is unable to demonstrate all of the requirements of Attribute 2.</p> <p>The organisation is unable to demonstrate that it has documented procedures for the management of client feedback.</p>	<p>The organisation is able to describe some or all of the processes to demonstrate the requirements listed under Attribute 2, however, these processes are not documented.</p> <p>The organisation has documented procedures for the management of client feedback, however, one or more of the four requirements listed under Attribute 2 are lacking in the documented procedures.</p> <p>The organisation is unable to demonstrate how client feedback is incorporated into improvements to service delivery.</p>	<p>The organisation has documented procedures for the management of client feedback that include all of the requirements listed under Attribute 2. The organisation is able to demonstrate that client feedback is incorporated into service planning and design, resulting in improved service delivery.</p>
<p>3. Evidence of staff awareness of procedures for managing client feedback and complaints.</p>	<p>The organisation is unable to demonstrate that staff are made aware of feedback and complaints management procedures</p>	<p>The organisation is able to demonstrate that most staff are aware of procedures for managing client feedback and complaints; discussions with staff may demonstrate a lack of or limited awareness of procedures.</p>	<p>The organisation is able to demonstrate that all staff are aware of, and have been trained in, procedures for managing client feedback and complaints.</p>

Standard 11: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- The development of information for service users, related to how to make a complaint/provide feedback, who to complain/provide feedback to, the expected time frame for receiving responses and how to access an external complaints process, available in languages other than English if required
- Documented policies and procedures related to formal and informal complaints
- Policies and procedures related to other feedback mechanisms, i.e. client surveys, forums etc.
- Policies and procedures related to Privacy
- Tools and forms to be used in complaints/feedback procedure which are made readily available to service users
- Processes to ensure:
 - Complaints are handled within nominated time frames
 - Complainants are kept informed of the complaint progress – documentation sent to complainant
 - Complainant satisfaction with the complaint handling process
- Complaints register or equivalent
- Use of complaints register/database/quality improvement register in which complaint/feedback summaries are held to enable monitoring, collation and analysis to identify trends
- Examples of action taken in response to complaints including those resulting in changes/modifications to service delivery
- Discussions with Staff/Management in relation to complaints management procedures demonstrate Staff awareness of procedures for managing complaints and other feedback
- Interview with management and staff to demonstrate knowledge and implementation of client feedback and complaint policies and procedures.

CLIENT FOCUS Standard 12: Client Confidentiality and Privacy

Standard 12: Client confidentiality and privacy

Family support services ensure that their interactions with clients are held under conditions of privacy⁴, and that clients understand:

- the type and purpose of client information that is maintained and used in services and in FRSP Online;
- the circumstances under which the confidentiality of client data may not be maintained.

Client records stored in, or accessible through, family support services are maintained in secure conditions.

Subject to considerations about legal and privacy issues and the safety of other people, clients have the opportunity to view records or access copies of records relating to themselves. Where copies of records sought unavoidably relate to another client, services require the written approval of that client for the release of that information.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
<p>Procedures for the management of client interaction and data include provision for how the security of data will be achieved and maintained, with a focus on ensuring that:</p> <ul style="list-style-type: none"> ▪ all records containing identifying client information, such as videos, files, lists of attendance etc. are locked away when not in use or when the service is closed ; ▪ a system of authorisations is in place to cover access to individual files, the movement of files outside the immediate service outlet and disposal of files; ▪ clients provide consent for disclosure of personal (identifying) information and the circumstances where this is overridden are specified; ▪ clients are aware of the type and purpose of data that will be collected, to whom it is released, and when consent is overridden; ▪ steps necessary to enable a client to have access to 	<p>The organisation is unable to demonstrate that it has documented procedures for the management of client interaction and data.</p>	<p>The organisation has documented procedures for the management of client interaction and data however the procedures do not meet all of the requirements listed under Attribute 1.</p> <p>Procedures do not focus on ensuring all of the following;</p> <ul style="list-style-type: none"> ▪ all records containing identifying client information are locked away when not in use or when the service is closed; ▪ a system of authorisations is in place to cover access 	<p>The organisation has documented procedures that include all requirements listed under Attribute 1, and is able demonstrate that these procedures are followed in practice.</p>

⁴ As consistent with Commonwealth Privacy legislation

<p>their personal file, including assessment of any safety issues;</p> <ul style="list-style-type: none"> ▪ FRSP Online protocols are met. 		<p>to individual files, the movement of files outside the immediate service outlet and disposal of files;</p> <ul style="list-style-type: none"> ▪ clients provide consent for disclosure of personal (identifying) information and the circumstances where this is overridden are specified; ▪ clients are aware of the type and purpose of data that will be collected, to whom it is released, and when consent is overridden; ▪ steps necessary to enable a client to have access to their personal file, including assessment of any safety issues; ▪ FRSP Online protocols are met. 	
<p>2. Private rooms are available for interacting with clients.</p>	<p>The organisation is unable to demonstrate that private rooms are available for interacting with clients.</p>	<p>The number of rooms available is limited. The features of the rooms do not ensure client privacy.</p>	<p>The organisation is able to demonstrate that private rooms are available for interacting with clients.</p>

Standard 12: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Policies and procedures regarding client confidentiality and privacy
- Policies and procedures regarding data collection, use, storage/security and disclosure
- Policies and procedures regarding client consent and access to their personal information
- Comprehensive client information explaining the privacy and confidentiality provisions applying to their dealings with the organisation
- Client files/forms associated with client consent
- Client files/forms associated with requesting access to personal information.
- Discussions with Staff/Management in relation to client confidentiality and privacy. Staff awareness of procedures for client confidentiality and privacy and FRSP Online protocols.
- Tour of office to view private rooms and client documentation storage areas
- Interview with management and staff to demonstrate knowledge and implementation of client confidentiality policies and procedures
- Safety and Security Plan (FRC's)

CLIENT FOCUS Standard 13: Client Safety

Standard 13: Client safety

Family support services are committed to the safety of people who seek their assistance and manage and assess issues of violence and safety in a planned and effective way.

Police checks are conducted for all staff and volunteers who have contact with vulnerable persons, for example children and young people, people with intellectual disabilities.

Subject to any relevant legal obligations, services immediately report to an appropriate agency or person a reasonable suspicion of a current threat or actual harm in the form of:

- *serious harm to the life or body of a person (noting the person's sense of danger and fear);*
- *the commission of a serious crime against a person;*
- *child abuse and neglect.*

Services recognise and immediately assess and take appropriate preventive action regarding other situations of danger and physical harm involving clients, such as suicide threats, threats of serious self harm and actual self-mutilation. Organisations take active measures to manage the occurrence or perception of professional misconduct by staff.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
<p>Procedures are in place which ensure that police checks are conducted for all new staff and volunteers who have contact with children and young people and other vulnerable clients. The police check is conducted in the state/s where an applicant has an employment history.</p> <p>1. Procedures are in place for responding to all situations where there are concerns about violence and safety. The procedures cover circumstances where violence involving clients occurs or is threatened on the premises or is alleged to have occurred or has been threatened elsewhere.</p> <p>The procedures include:</p> <ul style="list-style-type: none"> ▪ detailed guidance on what matters should be reported, who is to be consulted in a decision to report, and how and when such matters should be reported; ▪ practices for assessing the presence of violence in relationships; ▪ practices for recognising indicators/evidence of child abuse and neglect. 	<p>The organisation is unable to demonstrate that police checks are conducted for all new staff and volunteers (where possible under legislation) who have contact with children and young people and other vulnerable clients.</p> <p>The organisation is unable to demonstrate that procedures are in place for responding to all situations where there are concerns about violence and safety.</p>	<p>The organisation has documented procedures for conducting police checks. However the organisation could not demonstrate that the procedures meet the requirements under Attribute 1 and that the procedures are consistently implemented.</p> <p>The organisation has documented procedures for responding to all situations where there are concerns about violence and safety. However the organisation could not demonstrate that the procedures meet all of the requirements under Attribute 1 and that the procedures are consistently implemented.</p>	<p>The organisation is able to demonstrate that they have procedures in place to ensure that all new staff and volunteers (where possible under legislation) who have contact with children and young people and other vulnerable clients have a police check.</p> <p>The organisation is able to demonstrate that there are documented procedures for responding to all situations where there are concerns about violence and safety which meet all of the requirements under Attribute 1, and are consistently implemented.</p>
<p>2. Management of arrival/departure times of clients as necessary.</p>	<p>The organisation is unable to demonstrate a process to manage client arrival/departure times as necessary.</p>	<p>The organisation was unable to demonstrate that this process is consistently followed.</p>	<p>The organisation is able to demonstrate processes and practices to manage arrival/departure times of clients as necessary.</p>

3. Evidence of staff awareness of the procedures.	The organisation is unable to demonstrate staff awareness of the procedures.	The organisation could not demonstrate that all relevant staff are aware of the procedures.	The organisation is able to demonstrate staff awareness of the procedures.
4. Evidence that staff have gained access to training relevant to child abuse and neglect, domestic violence and suicide prevention.	The organisation is unable to demonstrate that staff have accessed training relevant to child abuse and neglect, domestic violence and suicide prevention.	The organisation is unable to demonstrate that all relevant staff have accessed training that meets all of the requirements under Attribute 4.	The organisation is able to demonstrate that staff have gained access to training relevant to child abuse and neglect, domestic violence and suicide prevention.

Standard 13: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Policies and procedures regarding police checks
- Records of police checks
- Policies and procedures regarding measures to be implemented where legislation prohibits checking volunteers
- Policies and procedures regarding screening for risks to safety and development of safety plans
- Policies and procedures regarding mandatory reporting and disclosure of information/Duty of Care
- Policies and procedures regarding assessment of suitability of joint sessions
- Policies and procedures regarding management of client arrival/departure times
- Policies and procedures regarding management of management of client safety where violence occurs or is threatened on the premises
- Records of training related to child abuse, domestic violence and suicide prevention
- Interview with management and staff to demonstrate knowledge and implementation of client safety policies and procedures and related legislation (*Family Law Act 1975, Family Law Regulations 1984, Child Protection Legislation*)
- Safety and Security Plan (FRC's)

PROCESSES, PRODUCTS AND SERVICES Standard 14: Service Design

Standard 14: Service design

Family support services are designed around the needs of clients, and, in the interests of improving client benefits and outcomes, have the capacity to adjust service processes and procedures.

The needs of each client are individually assessed so that appropriate assistance can be provided by the service itself, in collaboration with other services or through referral. Where the service is provided by the organisation, staff have the competence to provide the service.

The organisation works to achieve continuous improvement in service delivery and professional practice.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
<p>1. A description of core service processes is maintained covering the full range of service types including individual client services and education programs. Depending on the nature of the FSP service provided, core service processes might include:</p> <ul style="list-style-type: none"> ▪ intake; ▪ assessment of need; ▪ waiting list management; ▪ referral; ▪ case closure; ▪ documentation of programs (for example education or client assistance provided); ▪ work with other organisations; ▪ monitoring and evaluation including community and client feedback. 	<p>The organisation is unable to demonstrate that a description of core service processes is maintained.</p>	<p>The organisation demonstrates that a description of core processes is maintained. However this does not include all current core processes relevant to the services provided.</p>	<p>The organisation is able to demonstrate that a description of core processes, relevant to the services provided, is maintained.</p>

<p>2. The needs of each client are individually assessed so that appropriate assistance can be provided by the service itself, in collaboration with other services or through referral. Where the service is provided by the organisation itself, staff have the competence to provide the service.</p>	<p>The organisation is unable to demonstrate that the needs of each client are individually assessed and that where the service is provided by the agency, staff have the competence to provide the service.</p>	<p>The organisation could not demonstrate that procedures meet all of the requirements of Attribute 2.</p> <p>Procedures do not ensure that all clients are individually assessed; or Not all staff providing the service demonstrate the competence to do so.</p>	<p>The organisation is able to demonstrate that the needs of each client are individually assessed and that staff have the competence to provide the service.</p>
<p>3. Procedures are in place for assessing the extent to which service delivery occurs in accordance with the core processes described.</p>	<p>The organisation is unable to demonstrate that procedures are in place for assessing the extent to which service delivery occurs in accordance with the core processes described.</p>	<p>The organisation has procedures in place for assessing the extent to which service delivery occurs in accordance with the core processes described. However the organisation is unable to demonstrate that these procedures are consistently implemented.</p>	<p>The organisation is able to demonstrate that procedures are in place for assessing the extent to which service delivery occurs in accordance with the core processes described.</p>
<p>4. The organisation has in place methods/processes to achieve continuous improvement in service delivery and professional practice. This includes:</p> <ul style="list-style-type: none"> ▪ procedures for “listening” to ideas from staff and members of management bodies, for considering client feedback, and ideas from other organisations; ▪ evidence that questions about service design are part of planning processes; ▪ the organisation using a range of approaches to evaluate and inform service and practice improvement. 	<p>The organisation is unable to demonstrate that methods/processes to achieve continuous improvement in service delivery and professional practice are in place.</p>	<p>The organisation is unable to demonstrate that there are methods/processes in place to achieve continuous improvement that meets all of the requirements under Attribute 4 and are consistently implemented.</p>	<p>The organisation demonstrates that there are methods/processes in place to achieve continuous improvement that meets all of the requirements under Attribute 4 and these are implemented in practice.</p>

<p>5. The organisation uses evidence based and peer based information to inform service development and professional practice.</p>	<p>The organisation is unable to demonstrate the use of evidence based and peer based information to inform service development and professional practice</p>	<p>There is limited use of evidence based and peer based information to inform service development and professional practice</p>	<p>The organisation demonstrates consistent use of evidence based and peer based information to inform service development and professional practice.</p>
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Standard 14: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Policies and procedures describing core processes
- Policies and procedures regarding client intake, screening and assessment practices, including risk assessments and indicators within each domain and action that should be taken
- Client screening and assessment tools
- Policies and procedures regarding the management of waiting lists
- Policies and procedures regarding linking/collaboration with other service providers
- Policies and procedures regarding client referral internally (ie if transfer to a specialist is required) and externally (to other service providers)
- Counselling guidelines
- Dispute resolution policy and procedures
- Policies and procedures regarding client education and skills training
- Policies and procedures regarding change over and supervised contact
- Policies and procedures regarding monitoring of service delivery in line with core processes
- Policies and procedures regarding continuous improvement
- Associated tools/forms to assist review and evaluation of service delivery and identify opportunities for improvement. (i.e. improvement/feedback forms, complaint forms, audit reports, planning meeting minutes, liaison with peer organisations)
- Evidence of client feedback being obtained, analysed and used to improve service delivery
- Records of continuous improvement initiatives/activities.
- Interview with management and staff to demonstrate knowledge and implementation of core service and continuous improvement policies and procedures.
- Policies and procedures for monitoring subcontracted services.

Organisational Performance Standard 15: Assessing Performance

Standard 15: assessing performance

Family support services use a range of performance indicators as part of their internal ongoing monitoring effort and as a means of helping to inform evaluations as they occur.

Attributes	Non-Compliant	Partially- Compliant	Fully Compliant
1. Reports on performance data are tabled in meetings of management bodies and used for management purposes.	The organisation is unable to demonstrate that performance data reports are tabled and used for management purposes.	The organisation reviews performance management data reports at management meetings. However the organisation could not demonstrate that this occurs consistently.	The organisation is able to demonstrate that performance data is reviewed and regularly used to monitor and assess the organisations performance.
2. Information about performance trends are shared with organisational staff.	The organisation is unable to demonstrate that information about performance trends are shared with staff.	The organisation has processes to share information about performance trends with staff. However these processes are not consistently implemented.	The organisation has clear processes to ensure that information about performance trends is shared with staff.
3. Evidence that performance data is considered in planning processes.	The organisation is unable to demonstrate that performance data is considered in planning processes.	The organisation is unable to clearly demonstrate how performance data is routinely considered in planning processes.	The organisation is able to demonstrate that performance data is routinely considered in planning processes.

Standard 15: Evidence examples that may be submitted to demonstrate compliance with this Approval Requirement

- Policies and procedures regarding the reporting and review of performance data
- Meeting minutes showing evidence of reports on performance data are tabled in meetings of management bodies and used for management purposes
- Samples of performance data
- Policies and procedures regarding sharing of trend data with staff
- Records of communication with staff re: trend data
- Policies and procedures regarding planning processes
- Organisational plans (Strategic/operational)
- Policies and procedures regarding continuous improvement and associated activities
- Interview with management and staff to demonstrate knowledge and implementation of performance assessment policies and procedures