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| Self-assessment toolPreparing to meet the Social Services Standards |
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## Introduction

The Social Services Regulator’s self-assessment tool is designed to support social services providers to meet the Social Services Standards.

The [*Social Services Regulation Act 2021*](https://www.legislation.vic.gov.au/in-force/acts/social-services-regulation-act-2021/001) (the Act), [*Social Services Regulations 2023*](https://www.legislation.vic.gov.au/in-force/statutory-rules/social-services-regulations-2023/001) (the Regulations) and the [*Social Services (Supported Residential Services) Regulations 2024*](https://www.legislation.vic.gov.au/in-force/statutory-rules/social-services-supported-residential-services-regulations-2024/001)(the SRS Regulations) created a new regulatory framework for social services in Victoria from 1 July 2024.

This framework puts the protection and safety of social services users at the centre of social services delivery, guided by the Social Services Standards (the Standards). Service providers registered with the Social Services Regulator (the Regulator) must meet requirements under the new scheme, including the 6 Standards and the 11 Child Safe Standards, if they provide services or facilities to children.

Our regulatory approach recognises many requirements are similar to previous schemes. This means that we recognise many providers will have well-developed systems in place that meet the Standards and the Child Safe Standards. A self-assessment tool for the Child Safe Standards is available at [Changes to the regulation of Child Safe Standards | vic.gov.au](https://www.vic.gov.au/changes-regulation-child-safe-standards).

The Regulator also recognises the scheme introduces requirements for providers who are new to the regulatory scheme.

Before completing this tool, we recommend that providers are familiar with the Standards and the guidance published by the Regulator about meeting the Standards. These guidance materials are available at: https://www.vic.gov.au/social-services-regulator-social-services-standards.

For service providers who previously had to meet requirements under the Human Services Standards, there is also guidance to support you to understand where the Standards are similar and where they are different, at: <https://www.vic.gov.au/comparing-social-services-standards-other-standards>.

This self-assessment tool outlines compliant practice and makes suggestions on how providers can successfully meet requirements under the Standards.

## Why do I need to complete a self-assessment?

Completing this self-assessment is voluntary.

The Regulator does not require you to complete this document and will not ask you to submit a completed version.

We provide this tool for preparation purposes to support providers in understanding your performance in meeting the Standards, to check ongoing compliance with requirements and the extent to which you are providing safe services for service users.

This tool may also be useful to revisit as part of building regular continuous improvement practices.

## Using the tool

### Overview

#### Step 1: Understand each Standard

* Build awareness of the 6 Standards.
* Identify outcomes for each Standard.
* If relevant: note key differences between your practices under the Human Service Standards and the new Standards.

#### Step 2: Prepare to share the tool with colleagues

We recommend you complete this tool with people across all levels of your organisation who are involved in providing social services.

This helps you to access knowledge about day-to-day activities, policies and procedures, and the experiences of staff, volunteers and service users. These steps may include:

* Review current policies and procedures for safe service delivery.
* Discuss and review service requirements at leadership level.
* Review feedback collated from staff, volunteers and service users.

#### Step 3: Progressing through the tool

This tool helps you identify where you need to take action to meet a Standard. Completing each section will support you to:

* Check your processes against each Standard’s service requirements.
* Identify gaps to meeting service requirements.
* Use checklists to guide your preparation and take notes on action areas.
* Include key documents showing compliance in your risk frameworks.

#### Step 4: Act on identified areas

Completing the self-assessment steps for a Standard supports you to prioritise key areas to take action, and how to do this. When assessing a completed table for each Standard in the self-assessment tool, your next steps may include:

* Align policies and procedures to service requirements.
* Build in indicators of success and review points to stay on track for ongoing compliance.
* Regularly check how effectively you are meeting the Standards.

### Navigating each section

This tool follows the 6 Social Services Standards listed in sections 39 to 44 of the Act*.* The service requirements you must meet in each Standard are outlined in Schedule 1 of the Regulations.

To support your review and preparation, in this tool each Standard includes a link to a detailed guide about meeting the Standard.

The tool helps you assess your preparation to meet **each service requirement** in a Standard, by completing the following sections as outlined in Figure 1.

**Figure 1**: Using each part of the self-assessment tool

|  | Sections of the tool | Action |
| --- | --- | --- |
| 1 | Review your existing practices, systems and processes in place to meet the service requirement in focus | * Scan and review
* List relevant materials
 |
| 2 | Complete a quick checklist of examples which can help you to collate evidence to demonstrate that you meet the service requirement | * Review examples
* Complete check boxes
 |
| 3 | Review and select steps to demonstrate successful implementation of the service requirement, including staff awareness and performance | * Review examples
* Complete check boxes
 |
| 4 | Take notes to prompt you to take action to address checklists and gaps identified | Specify how you will action the checklists and gaps |
| 5 | Complete a self-assessment table for each Standard. This table asks you how you will take action to make sure you are meeting each service requirement in the Standard, to address gaps identified. | * Select targeted action
* Include details, responsibility, timing
 |

After progressing through these sections, you will be ready to complete a self-assessment table at the end of each Standard. This table helps you to assess your readiness to meet each service requirement in the Standard, and the actions you plan to take to address gaps.

The table also includes a self-assessment rating, and a future date to review. See Figure 2 for more details.

**Figure 2:** Example ofself-assessment table



### Do I have to complete each part?

The self-assessment tool is designed for you to use in a way that is most helpful for your preparation to meet the Standards and to ensure ongoing compliant practice.

You may find you have a greater level of readiness to meet some Standards, and choose to begin the self-assessment tool focused on your preparation for a particular Standard that requires further attention at your provider.

Other providers may find that completing all of the self-assessment tool will help to identify the key areas of action to prioritise, to make sure that adequate processes and procedures are in place to meet all the Standards and the specific points where preparation may be lagging.

Completing the self-assessment tool may also assist your preparation to review the detailed tables available in the Appendix of each of the Standards guides. These tables have suggestions on actions, useful documents and success indicators, for each service requirement in a Standard.

### What if I have further questions about using the tool?

Guidance materials to support your preparation are available on our website:

* About the [Standards](https://www.vic.gov.au/social-services-regulator-social-services-standards)
* [Comparing the Standards](https://www.vic.gov.au/comparing-social-services-standards-other-standards)

The Regulator is committed to continuously improving the guidance, tools and information we provide to support service providers to meet the Standards and ongoing compliance practice.

If you have noticed errors or have suggestions about the self-assessment tool that you’d like to share, you can email us at enquiries@ssr.vic.gov.au

## Standard 1 – Safe service delivery

[Standard 1 protects service users from harm, neglect and abuse](https://www.vic.gov.au/sites/default/files/2024-06/Standard-1-Safe-service-delivery.docx).

The Standard requires social services providers to identify and manage risk, and consider service users’:

* + physical health
	+ mental health
	+ cultural background
	+ Aboriginal cultural safety.

Standard 1 supports the safe delivery of social services using current evidence-based practice, including trauma-informed practice.

The **outcomes** Standard 1 aims to achieve are:

* + to protect service users from **avoidable harm** when providing social services
	+ to take into account service users’ **needs, circumstances and goals** when providing a social service
	+ service users receive services that **support their health and wellbeing**
	+ service users receive social services that are **culturally safe**
	+ Aboriginal service users receive social services that are culturally safe.

Outcomes are the expected results from measures providers put in place to meet the service requirements in a Standard. These outcomes highlight what the 5 service requirements in Standard 1 aim to achieve.

### Meeting the service requirements

Some documents may help to provide evidence of meeting several service requirements in Standard 1. In this tool, we refer to the specific language used for each service requirement, to help guide your preparation to meet a Standard.

Before reviewing the checklists and completing the self-assessment table on your readiness to meet Standard 1, you may wish to check if you have specific documents to hand that may address multiple service requirements. Some sectors may wish to refer to sector-specific frameworks and documentation they already use to provide evidence of safe service delivery.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Meeting**  | **1.1** | **1.2** | **1.3** | **1.4** | **1.5** |
| **Standard 1** | **Service user safety** | **Needs assessment and planning** | **Health and wellbeing** | **Cultural safety and inclusion** | **Aboriginal cultural safety and inclusion** |
| **Policies or procedures**  | [insert your example] |  |  |  |  |
| **Other resources** example forms, audits, records |  |  |  |  |  |
| **Quality assurance activities** |  |  |  |  |  |
| **Supporting staff performance** |  |  |  |  |  |
| Other  |  |  |  |  |  |

#### 1.1 Service user safety

A provider must implement and maintain practices that identify and reduce the risk of harm to service users in the delivery of social services, including the delivery of online services.

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| **Getting started**: what practices, systems and processes are in place to meet requirements in service user safety?  |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Evidence of risk management**[ ]  Risk management system, including frameworks, policies, processes, records of implementation and reviews [ ]  Risk assessment and management plans that identify risks of harm to service users and how to manage them [ ]  Individual risk assessments for service users, if needed[ ]  Environmental scan or audit of the physical service environment, where applicable **Other policies and procedures** [ ]  Incident management policies, processes and records, including near misses[ ]  On staff supervision and performance management[ ]  For handling feedback, complaints or concerns **Resources for service users**[ ]  Information for service users about online safety**Supporting staff performance**[ ]  Records of staff information, education and training on risks of harm to service users, including abuse and neglect[ ]  Code of conduct that includes acceptable and unacceptable conduct and staff behaviour [ ]  Information for staff about online safety |
| Identified areas to address | Issues or gaps to address |
| [ ]  Evidence of risk management[ ]  Other policies and procedures[ ]  Resources for service users[ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
| **Safe service delivery** (general)☐ Feedback from service users about receiving safe services☐ Active steps that reduce or remove risks in service delivery ☐ Examples of how safe service delivery is embedded in day-to-day practices☐ Examples of risk managementused in decision making**Management and leadership action**☐ Leaders and managers demonstrating awareness of risks of harm to service users☐ Evidence that performance and conduct is managed to ensure safe service delivery☐ Examples of service user safety actively embedded into organisational leadership, governance and culture**Staff performance**☐ Examples of staff following the code of conduct and risk management policies and procedures☐ Staff demonstrating awareness of risks of harm to service users and actively monitoring risks☐ Staff appropriately responding to and reporting service user abuse and neglect | **Planned action:** |

#### 1.2 Needs assessment and service planning

1. A provider must assess and review each service user’s needs, taking into account the service user’s individual circumstances and the goals of the service user.
2. If a service user is provided with social services and other services delivered by other providers, the social service provider must plan and coordinate the provision of the social services having regard to the other services and providers and the service user’s preferences.
3. Providers should assess their ability to support service users.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in needs assessment and service planning?  |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Needs-assessment resources**[ ] Initial and ongoing assessment of service user needs[ ]  Support, case or service plans that include service users’ needs, services received and scope to review[ ]  Intake, transition or exit forms that identify service users’ needs, circumstances and goals[ ]  Contracts, service agreements or information sharing arrangements with other providers that show how service delivery is planned and coordinated**Policies and procedures**[ ]  Systems and processes that make sure service user needs are regularly reviewed, such as a monthly or quarterly review[ ]  Appropriate policies and procedures to contract or partner with other organisations to provide services  |
| Identified areas to address | Issues or gaps to address |
| [ ]  Resources[ ]  Policies and procedures |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Needs recognised through assessment**[ ]  Evidence that staff regularly identify service users’ needs through initial assessment[ ]  Evidence that staffidentify service users’ needs through reviewing assessments, taking into account a service user’s circumstances and goals**Support plans**[ ]  Evidence showing that serviceusers are actively involved in developing and reviewing their plans[ ]  Support, case or service plans that reflect the service user’s circumstances and goals[ ]  Staff apply a cultural lens as they develop support, case or service plans **Service delivery** (general)[ ]  Examples of overall care for the service user taking into the account the needs, circumstances and goals of the service user[ ]  Strengths-based assessment practices [ ]  Early intervention approaches to service delivery [ ]  Providers planning and coordinating services with other providers to meet the service user’s needs with the other services, providers and the service user’s preferences.**Other examples of staff performance**[ ]  Staff using appropriate policies and procedures and proper due diligence when contracting or partnering with other organisations to provide services[ ]  Staff coordinating exit or moves to other services and sharing important information |  |

#### 1.3 Health and wellbeing

A provider must implement and maintain practices to ensure that:

1. social services provided to a service user support the health and wellbeing of the service user
2. the delivery of the social services is consistent with current evidence-informed practice, including trauma‑informed practice.

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| **Getting started**: what practices, systems and processes are in place to meet requirements in health and wellbeing?  |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Assessment or intake forms**[ ]  Intake form and initial assessments that identify a service user’s health and wellbeing needs [ ]  Support, case or service plans that address a service user’s ongoing health and wellbeing needs. [ ]  If relevant and with the service user’s consent, plan notes of other services used by the service user**Policies and procedures**[ ]  Policies and processes on how the provider supports service users’ health and wellbeing[ ]  Evidence of applied research into best-practice service delivery**Supporting staff** [ ]  Records of staff training on evidence-informed practice, including trauma-informed practice |
| Identified areas to address | *Issues or gaps to address* |
| [ ]  Assessment or intake forms[ ]  Support, case or service plans[ ]  Policies and procedures[ ]  Records on staff support |  |
| **Evidence of implementation**: How do you ensure this service requirement is successfully implemented and staff are aware? |
| **Service delivery** | **Planned action:** |
| [ ]  Examples of systems and processes showing that service delivery is in line with current evidence-based practice[ ]  Social service delivery based on current evidence-based practice, including trauma-informed practice[ ]  Examples of leadership action to make sure that systems and processes are in line with current evidence-based practice**Staff performance**[ ]  Demonstrated examples of management and staff providing social services that support service users’ health and wellbeing[ ]  Evidence that *s*taff monitor the health and wellbeing of service users and put in place intervention strategies when needed [ ]  Evidence of staff working with other service providers to assess and manage service user health and wellbeing needs, when needed |  |

#### 1.4 Cultural safety and inclusion

1. A provider must ensure that social services delivered to a service user respect the service user's cultural identity and lived experience.
2. A provider must ensure staff access training and are supported to deliver culturally safe services that respect each service user's cultural identity and experience.
3. A provider must ensure that, with respect to all service users, measures are adopted by the provider to ensure racism within the organisation of the provider is identified and confronted, is not tolerated and is addressed with appropriate consequences.

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| **Getting started**: what practices, systems and processes are in place to meet requirements in cultural safety and inclusion?  |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Resources**[ ]  Intake forms and initial assessments that include scope to identify service user cultural needs and preferences[ ]  Support, case or service plans that address a service user’s ongoing cultural needs and preferences**Policies and processes**[ ] To respond to racism, including potential consequences[ ] To ensure service user’s cultural identity and lived experience are respected[ ] That include intersectional approaches to address barriers to inclusion, which take into account how multiple aspects of someone’s identity (for example sexual orientation, age, race) can compound experiences of discrimination and exclusion**Supporting staff**[ ]  Records of staff training on providing culturally safe services [ ]  Records of relevant information and education provided to staff[ ]  Code of conduct that includes acceptable and unacceptable conduct and staff behaviour |
| Identified areas to address | Issues or gaps to address |
| [ ]  Resources[ ]  Policies and processes[ ]  Evidence of supporting staff performance |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Cultural safety for service users**[ ] Service users feel safe to express their cultural needs[ ]  Management and staff respect service users’ unique cultural identity and lived experience[ ]  Leaders and staff support service users to express their cultural rights[ ]  Staff are equipped to provide culturally safe services**Providing a culturally safe environment**[ ]  Systems and processes ensure racism is identified and addressed[ ]  Evidence that policies, procedures and systems create a culturally safe environment for service users and their families[ ]  Evidence that racism is not tolerated[ ]  Evidence showing service users and their families are actively supported to take part in creating a culturally safe environment |  |

#### 1.5 Aboriginal cultural safety and inclusion

1. A provider must ensure that, with respect to Aboriginal service users:
2. service user’s ability to express the service user's culture and enjoy the service user's cultural rights is encouraged and actively supported; and
3. strategies are embedded within the organisation of the provider that equip all members and workers of the organisation to acknowledge and appreciate the strengths of Aboriginal culture and understand its importance to the wellbeing and safety of Aboriginal persons; and
4. measures are adopted by the provider to ensure racism within the organisation of the provider is identified, confronted and not tolerated and that instances of racism are addressed with appropriate consequences; and
5. the provider actively supports and facilitates participation and inclusion within its organisation by Aboriginal persons and the families of Aboriginal persons; and
6. all of the provider’s policies, procedures, systems and processes together create a culturally safe and inclusive environment and meet the needs of Aboriginal persons and the families of Aboriginal persons.

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| **Getting started**: what practices, systems and processes are in place to meet requirements in Aboriginal cultural safety and inclusion?  |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following: |
| **Resources**[ ]  Intake forms and initial assessments that include scope to identify Aboriginal service users’ cultural needs and preferences[ ]  Support, case or service plans that address Aboriginal service users’ ongoing cultural needs and preferences**Policies and processes on safety and inclusion**:[ ]  To ensure racism is identified, confronted, not tolerated and addressed[ ]  To enable Aboriginal service users to express their culture and enjoy cultural rights [ ]  That create a culturally safe environment, respecting Aboriginal service users’ cultural identity and experience[ ]  To actively support and facilitate participation and inclusion by Aboriginal people and their families**Supporting staff**[ ]  Strategies to equip all staff to acknowledge and appreciate the strengths of Aboriginal culture and understand its importance to the wellbeing and safety of Aboriginal people[ ]  Records of staff education and training on the strengths of Aboriginal culture and its importance to Aboriginal people’s wellbeing and safety[ ]  Code of conduct that includes acceptable and unacceptable conduct and staff behaviour |
| **Identified areas to address** | Issues or gaps to address |
| [ ]  Resources[ ]  Policies and processes on safety and inclusion[ ]  Evidence of supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Cultural safety for service users**[ ]  Management and staff respect each Aboriginal service user’s cultural identity and lived experience [ ]  Management and staff support Aboriginal service users to express their cultural rights[ ]  Aboriginal service users feel safe to express their cultural needs and enjoy their cultural rights**Inclusion** [ ]  Management and staff actively support Aboriginal people and their families to take part and be included [ ]  Management and staff have practices in place to ensure a culturally safe environment for Aboriginal service users and their families**Culturally safe environment for Aboriginal staff and service users**[ ]  Systems and processes that identify and address racism, with appropriate consequences[ ]  Staff receive information and training on the strengths of Aboriginal culture and its importance to Aboriginal people’s wellbeing and safety[ ]  Feedback that management and staff provide culturally safe services |  |

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| **Self-assessment on meeting this Standard** |
| **1.1**Service user safety | **1.2**Needs assessment and planning | **1.3**Health and wellbeing | **1.4**Cultural safety and inclusion | **1.5**Aboriginal cultural safety and inclusion |
| [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track |
| Transfer | You need to demonstrate you’ve taken reasonable steps to meet a service requirement |
| Overall ratingChoose an item. |
| **Actions required** | **Details** | **Person responsible** | **Due date** | Comp-lete? |
|  |  |  |  | [ ]  |
|  |  |  |  | [ ]  |
|  |  |  |  | [ ]  |
| 1.
 |  |  |  | [ ]  |

#### Date for review:

## Standard 2 – Service user agency and dignity

[Standard 2: Service user agency and dignity – Social services are person‐centred and respect and uphold service user rights and agency.](https://www.vic.gov.au/sites/default/files/2024-06/Standard-2-Service-user-agency-and-dignity.docx)

Standard 2 focuses on the dignity and agency of service users. It recognises the importance of staying connected to culture, family, friends and community.

Standard 2 requires social service providers to acknowledge this diversity and to uphold service user rights around advocacy, accessible information, participation and informed consent.

The outcomes Standard 2 aims to achieve are:

* the rights of service users are promoted and upheld
* service users can exercise their agency and take part in decisions about the social services they receive
* service users’ connection to culture, family, friends, and community is supported and respected

Outcomes are the expected results from measures providers put in place to meet the service requirements in a Standard. These outcomes highlight what the 7 service requirements in Standard 2 aim to achieve.

### Meeting the service requirements

Some documents may help to provide evidence of meeting multiple service requirements in Standard 2. In this tool, we refer to the specific language used for each service requirement, to help guide your preparation to meet a Standard.

Before reviewing the checklists and completing the self-assessment table on your readiness to meet Standard 2, you may wish to check if you have specific documents to hand that may address multiple service requirements. Some sectors may also wish to refer to sector-specific frameworks and documentation they already use to provide evidence of service user agency and dignity.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Meeting**  | **2.1** | **2.2** | **2.3** | **2.4** | **2.5** | **2.6** | **2.7** |
| **Standard 2** | **Dignity and respect** | **Service user rights and responsibilities** | **Advocacy and support** | **Clear and accessible information** | **Service user inclusion and participation** | **Informed consent** | **Connection to family, friends, culture, community** |
| **Anti-discrimination procedures** |   |  |  |  |  |  |  |
| **Intake forms** |  |  |  |  |  |  |  |
| **Feedback and complaints policy** |  |  |  |  |  |  |  |
| **Relevant plain language resource** |  |  |  |  |  |  |  |
| **Information about rights** |  |  |  |  |  |  |  |
| **Service user feedback** |  |  |  |  |  |  |  |
| **Service user participation examples** |  |  |  |  |  |  |  |

#### 2.1 Dignity and respect

A registered social service provider must implement and maintain practices which ensure that:

1. each service user is treated with dignity and respect, acknowledging the service user’s individual diversity
2. social services are delivered free from discrimination.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in dignity and respect for service users?  |
| List relevant policies, procedures or records: |
| **Gathering evidence**: check if you have any of the following |
| **Policies and procedures**[ ]  Policies and processes to respond to discrimination[ ]  Accessible feedback and complaints-handling policy and procedures[ ]  House rules or similar for accommodation services**Resources** [ ]  Intake forms that collect information about multiple aspects of a service user’s identity[ ]  Other types of documents that collect information about a service user’s identity**Supporting staff**[ ]  Code of conduct that clearly describes appropriate and inappropriate behaviour[ ]  Records of staff training and education in diversity and discrimination, including intersectional approaches that recognise multiple aspects of someone’s identity (for example age, gender, race) can compound experiences of discrimination |
| Identified areas to address | Issues or gaps to address |
| [ ]  Procedures and policies[ ]  Resources [ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Service delivery examples**[ ]  Service users are supported to express their individual identity[ ]  Social services are delivered without discrimination**Management and staff action**[ ]  Management and staff treat service users with dignity and respect[ ]  Management and staff acknowledge service users’ individual diversity[ ]  Management and staff recognise that identity is clearly linked to a person’s wellbeing[ ]  Leaders and staff recognise and value diversity, including in culture, beliefs, sexuality and other aspects of identity**Service user feedback**[ ]  Service users are treated with dignity and respect. This might be in the form of a report[ ]  Service users’ family, friends and community are treated with dignity and respect. This might be in the form of feedback. |  |

#### 2.2 Service user rights and responsibilities

A registered social service provider must implement and maintain practices that:

1. support each service user to freely exercise the service user’s rights and responsibilities
2. are compatible with a service user’s right to personal privacy.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in service user rights and responsibilities?  |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Accessible information**[ ]  For service users about their rights and responsibilities[ ]  For service users about privacy and information sharing[ ]  Information collection statements and consent forms**Policies and procedures**[ ]  Policies outlining service-user rights and responsibilities[ ]  Feedback and complaints-handling procedures that are accessible and easy to understand[ ] Privacy and data security policies[ ] Systems and processes to protect service-user privacy and keep information confidential[ ]  House rules or similar for accommodation services**Supporting staff**[ ]  Records of staff information, education and training on service users’ rights and privacy |
| Identified areas to address | Issues or gaps to address |
| [ ]  Accessible information[ ]  Policies and procedures[ ]  Conduct standards |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Providing information**[ ] Information about service-user rights and responsibilities are made available on the premises[ ] Management and staff make sure service users get information about their rights and responsibilities in clear and accessible formats**Supporting service users**[ ]  Service users confidently exercising their rights and responsibilities[ ]  Feedback and complaints from service users are confidential, taken seriously and addressed appropriately[ ] Breaches of service-user rights are addressed promptly[ ] Service users’ privacy is protected and information kept confidential**Staff performance**[ ]  Staff promote service-user rights and responsibilities[ ] Staff support service users to exercise their rights and responsibilities [ ] Staff respect and uphold service users’ personal privacy |  |

#### Advocacy and support

A provider must implement and maintain practices that support service users to freely access any relevant independent or state-funded advocacy services or other relevant support services.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in advocacy and support?  |
| List relevant policies, procedures and information: |
| **Gathering evidence**: check if you have any of the following |
| [ ]  Information for service users about advocacy and support services[ ]  Policies and processes to help service users access advocacy and support services, including interpreter services if needed[ ]  Dispute management policy and processes[ ]  Records of staff receiving information, training or education on service users’ right to advocacy and available supports |
| Identified areas to address | Issues or gaps to address |
| [ ]  Policies and procedures[ ]  Providing information to service users[ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Providing information**[ ]  Evidence of providing accessible information and resources on advocacy and support to service users**Supporting access**[ ]  Examples showing service users know how to access advocacy services (or other relevant support services) if they need to[ ]  Examples showing service users accessing and engaging advocacy services (or other support services) if needed[ ]  Evidence that advocacy and support services have access to service users and premises[ ]  Examples of how advocacy and support are embedded in day-to-day practices in service delivery[ ]  Other examples showing how advocacy and support are embedded into day-to-day practice**Staff performance**[ ]  Examples of staff providing practical help to service users (and their support people) to access advocacy services or other support services they need |  |

#### 2.4 Clear and accessible information

A registered social service provider must provide clear, comprehensive, and accurate information about the following matters in a way that is accessible to and understandable by the service users:

1. the social services that are provided and, if applicable, any relevant service or activity that is not provided by the registered social service provider
2. the fees and costs for the social services provided
3. the rights and responsibilities of service users in relation to the provision of social services
4. the processes for lodging feedback, complaints, or concerns in relation to social service delivery or safety
5. the processes for dispute management in relation to social service delivery or safety.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in providing clear and accessible information?  |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: consider if you have any of the following |
| **Accessible information for service users about:**[ ] social services provided[ ]  fees and costs[ ]  service user rights and responsibilities[ ]  processes for lodging feedback[ ]  complaints or safety concerns[ ]  dispute management**Evidence showing this information is provided in different formats, to meet the needs of different service users**Examples may include:[ ]  plain language[ ]  Easy English[ ]  translated information[ ]  age-appropriate[ ]  child-friendly[ ]  audio-visual[ ]  accessible to service users from culturally and linguistically diverse background[ ]  accessible for service users with disability.**Examples showing that information provided to service users is:**[ ]  clear[ ]  comprehensive[ ]  accurate**Resources for service users**[ ]  Examples of accessible accommodation or service agreements that clearly outline service fees and costs[ ]  Service user support, case or service plans that outline services provided[ ]  If relevant, the service user support, case or service plans that outline services not offered by the service provider**Policies and procedures**[ ]  For seeking service user feedback[ ]  For responding to complaints, feedback or concerns raised about service safety[ ]  For managing disputes about social service delivery or safety[ ]  For creating a support plan or planning service delivery |
| Identified areas to address | Issues or gaps to address |
| [ ]  Type of information provided to service users[ ]  Format of information provided to service users[ ]  Resources provided to service users[ ]  Policies and procedures |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Service users have received clear and accessible information on:**[ ]  social services provided [ ]  any relevant service or activity that is not provided by the provider[ ]  fees and costs for social services provided[ ]  rights and responsibilities of service users related to social services delivered[ ]  process for lodging feedback, complaints or concerns about service delivery or safety[ ]  process for dispute management related to service delivery or safety **Evidence that service users understand:**[ ]  social services provided[ ]  fees and costs[ ]  relevant matters about safe service delivery**Management action**[ ]  Management ensures that systems and processes are in place to check that information given to service users is easily understood[ ]  Management ensures documents and information are reviewed regularly for accessibility for all service users**Staff performance**[ ]  Evidence that staff are aware where to access information for service users[ ]  Evidence that staff provide information to service users on request |  |

#### 2.5 Service user inclusion and participation

A registered social service provider must implement and maintain practices that support each service user and the service user’s support persons to actively participate in decisions about the social services provided to the service user.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in service user inclusion and participation?  |
| List relevant policies, procedures and information: |
| **Gathering evidence**: check if you have any of the following |
| **Information provided to service users** (and their support people):[ ]  About how to take part in decisions about their social services[ ]  Service user support, case or service plans that show participation of service users (or their support people) in making decisions about their services**Policies and processes**[ ] On service user inclusion and participation in decision making[ ] Systems to help service users take part in decision-making**Staff support**[ ]  Records of staff information, training and education on service user inclusion and participation in decision making |
| Identified areas to address | Issues or gaps to address |
| [ ]  Information provided to service users[ ]  Policies and procedures[ ] Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Active participation** [ ] Examples of service users and their support people actively taking part in making decisions about their services[ ]  Examples showing that service users understand their support plans and how to make changes to their services**Management action**[ ]  Leaders ensuring that service users and their support people have opportunity to take part in planning, monitoring and improving their services**Staff performance**[ ] Examples of staff informing service users about their right to take part in decisions that affect them[ ] Staff supporting service users to take part in activities that involve risk when appropriate[ ]  Staff recording and acting on service users’ choices and decisions  |  |

#### 2.6 Informed consent

1. A registered social service provider must, before providing any social service to a service user obtain and document the informed consent of:
	1. the service user
	2. the service user’s authorised representative
	3. if the service user does not have decision-making capacity, a person authorised by law to make decisions for the service user in relation to the provision of the social service.
2. A registered social service provider is not required to obtain informed consent to the provision of a social service if the provider is authorised or required under another Act or law to provide the social service without consent and the registered social service provider:
	* + 1. complies with the requirements of that Act or law, including any notification requirements
			2. unless notification is required under that Act, notifies the following persons as soon as practicable of the provision of the social service without informed consent and of the legal authority or requirement to do so
		1. the service user
		2. the services user’s authorised representative
		3. if the service user does not have decision-making capacity, a person authorised by law to make decisions for the service user in relation to the provision of social service.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in informed consent?  |
| List relevant policies, procedures and forms: |
| **Gathering evidence**: check if you have any of the following |
| **Policies and processes**[ ]  For getting service users’ informed consent from service users before providing services[ ]  For providing social services without consent (if relevant) that includes: [ ] how it complies with relevant laws [ ]  notification requirements [ ]  consultation with the service user and their support people **Resources**[ ]  Information collection statements and consent forms[ ]  Service user support, case or service plans showing that a service user (or their authorised representative) gave informed consent before service delivery[ ]  Service user support, case or service plans showing that a service user (or their authorised representative) gave informed consent before service delivery was provided without consent**Supporting staff**[ ]  Records of staff information, training and education on the principles and practices of informed consent |
| Identified areas to address | Issues or gaps to address |
| [ ]  Resources[ ]  Policies and procedures[ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Informing service users** [ ]  Examples of service users receiving necessary information in a timely way to make informed and active choices about their services[ ]  Evidence that service users are aware of the potential benefits, negative effects, alternatives and costs before giving informed consent to receive a social service[ ]  Evidence that service users’ support people know and are included in informed consent practices[ ]  Showing that information on informed consent is readily available in accessible formats**Staff performance**[ ]  Records of staff recording informed consent from service users and their authorised representatives before social services are provided, where necessary |  |

#### 2.7 Connection to culture, family, friends and community

A provider must implement and maintain practices that support service users to maintain connections to service users’ culture, family, friends and community.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in connection to culture, family, friends and community?  |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Resources**[ ]  Intake forms (or similar) that collect information about a service user’s culture, family, friends and community[ ]  Cultural support plans or similar[ ]  Service user support, case or service plans to help support connection with culture, family, friends and community**Policies and procedures**[ ]  Policies and processes that show the importance of family and community involvement and describe ways this can occur |
| Identified areas to address | Issues or gaps to address |
| [ ]  Resources[ ]  Policies and procedures |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Service user feedback**[ ]  Feedback from service users that they feel connected to family, friends and community[ ]  Feedback from service users they feel safe to express their cultural and diversity needs**Supportive practices**[ ]  Examples showing practices and processes that support service users to maintain connections to culture, family, friends and community**Staff performance**[ ]  Evidence of staff helping service users to stay connected to their chosen family, friends and community[ ]  Staff identifying and recording service-user needs and preferences on connection, to use these to inform planned activities |  |

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| **Self-assessment on meeting this Standard** |

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| **2.1**Dignity and respect | **2.2**Service user rights, responsibilities | **2.3**Advocacy and support | **2.4**Clear, accessible information | **2.5**Service user inclusion, participation | **2.6**Informed consent | **2.7**Connection to culture, family, friends, community |
| [ ]  Prioritise for action[ ]  Some action[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track |

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| Transfer | You need to demonstrate you’ve taken reasonable steps to meet a service requirement |
| Overall ratingChoose an item. |

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| --- | --- | --- | --- | --- |
| **Actions required** | **Details** | **Person responsible** | **Due date** | Comp-lete? |
| 1. |  |  |  | [ ]  |
| 2. |  |  |  | [ ]  |
| 3. |  |  |  | [ ]  |
| 4. |  |  |  | [ ]  |

#### Date for review:

## Standard 3: Safe service environment

[Safe service environment – Social services are provided in a safe, secure and fit-for-purpose environment.](https://www.vic.gov.au/sites/default/files/2024-06/Standard-3-safe-service-environment.docx)

To meet Standard 3, social service providers’ premises need to meet a minimum standard to maintain a safe space that is:

* free from physical hazards
* in a condition that supports the health and wellbeing of service users.

Under this Standard, social service providers must:

* secure service users’ personal and private property
* manage the risk of harm
* give staff and service users clear directions in an emergency.

The **outcomes** that Standard 3 aims to achieve are:

* social services are provided in an environment that supports service user safety, health and wellbeing
* emergency planning and management protect service users from risks of harm.

Outcomes are the expected results from measures providers put in place to meet the service requirements in a Standard. These outcomes highlight what the 3 service requirements in Standard 3 aim to achieve.

### Meeting the service requirements

Some documents may help to provide evidence of meeting multiple service requirements in Standard 3. In this tool, we refer to the specific language used for each service requirement, to help guide your preparation to meet a Standard.

Before reviewing the checklists and completing the self-assessment table on your readiness to meet Standard 3, you may wish to check if you have specific documents to hand that may address multiple service requirements. Some sectors may also wish to refer to sector-specific frameworks and documentation they already use to provide evidence of a safe service environment.

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| **Meeting**  | **3.1** | **3.2** | **3.3** |
| **Standard 3** | **Safe, secure and fit-for-purpose premises** | **Personal and private property** | **Emergency management planning** |
| **Risk assessment and management plans**  |  |  |  |
| **Policies and procedures** |  |  |  |
| **Records of staff training** |  |  |  |

#### 3.1 Safe, secure and fit-for-purpose premises, facilities and equipment

1. A registered social service provider who delivers social services at premises that the registered social services provider owns or occupies must:
2. identify and reduce hazards and risks of harm to service users relating to the premises, facilities, equipment, furniture and fittings used to deliver social services
3. ensure that the premises, facilities, equipment, furniture and fittings used to deliver social services are suitable for the provision of the service, including having regard to the accessibility needs of service users
4. ensure that the premises, facilities, equipment, furniture and fittings used to deliver social services are maintained in a safe and serviceable condition, and
5. in the case of a registered social service provider who occupies but does not own the premises, enter into any arrangements or agreements necessary to comply with the requirements of paragraphs (a), (b) and (c).
6. A registered social service provider who delivers social services at a place other than premises owned or occupied by the service provider must implement and maintain practices to manage risks to ensure the safe delivery of social services at that place.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in fit-for-purpose premises, facilities and equipment |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Checks on physical service environment**[ ]  Risk assessment and management plans that identify hazards and risks of harm to service users and how these will be managed[ ]  Environmental scan of service environment[ ]  Audit of service environment[ ]  Occupational health and safety checklists[ ]  Maintenance schedules and records**Policies and procedures** [ ]  On safety and security[ ]  For seeking service user feedback on the suitability of premises, facilities, equipment, furniture and fittings for service delivery[ ]  On how service users can seek adjustments to the service environment to meet their accessibility needs[ ]  For regular maintenance of premises, facilities, equipment, furniture and fittings**Lease agreement**[ ]  Lease agreement (or similar) that make sure Standard 3 requirements are still met when the provider does not own the premises. |
| Identified areas to address | Issues or gaps to address |
| [ ]  Checks on physical service environment[ ]  Policies and procedures[ ]  Lease agreement |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Applied processes** [ ]  Examples of systems and processes to identify and reduce hazards and risks of harms to service users around:[ ]  the premises, [ ]  facilities, [ ]  equipment,[ ]  furniture, and [ ]  fittings used to deliver social services[ ]  Examples that premises, facilities, equipment, furniture and fittings are suitable and meet relevant standards and laws[ ]  Examples of reasonable adjustments being offered when providing equipment to meet service users’ needs**Service user feedback**[ ]  Management and staff seeking feedback from service users on the suitability of the premises, facilities, equipment, furniture, and fittings used for service delivery[ ]  Feedback from service users they feel safe and secure in the service environment**Management action**[ ]  Examples of management making sure that the premises, facilities, equipment, furniture, and fittings are suitable, regularly maintained and meet relevant standards and laws[ ]  Examples of management ensuring that effective arrangements are made if the provider does not own the premises **Staff performance**[ ]  Staff taking action to report and fix property damage that threatens service user or staff safety and wellbeing |  |

### 3.2 Personal and private property

A provider must implement and maintain practices to secure service users’ personal and private property:

1. at the registered social service provider’s premises, if the social services are delivered at premises owned or occupied by the registered social service provider, and
2. if the social services are delivered at a place other than premises owned or occupied by the registered social service provider, while the social services are delivered at that place.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in personal and private property? |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| [ ] Policies and processes on secure storage of and access to service users’ personal and private property[ ]  Information for service users on how their personal and private property will be stored and kept secure[ ]  Inventory or records of service users’ personal belongings[ ]  Training for staff on how to secure service users’ private property |
| Identified areas to address | Issues or gaps to address |
| [ ]  Policies and procedures[ ]  Information for service users[ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Adequate storage facilities**[ ]  Examples showing service users have a safe place to secure their personal belongings and private property[ ]  Enough suitable storage facilities provided for service users to secure their personal and private property **Staff performance**[ ]  Staff providing service users with access to their personal or private belongings as required[ ]  Examples that staff recognise and respect service users’ right to privacy [ ]  Staff maintaining records of service users’ valuables stored by the provider**Management action**[ ]  If a provider does not own the premises, evidence of arrangements made (for example a contract) to make sure service users’ personal and private property is secured while social services are delivered there |  |

### 3.3 Emergency management planning

1. A registered social service provider must implement and maintain practices:
	1. to manage the risk of harm in an emergency, and
	2. to provide clear directions to service workers and service users on what to do in an emergency.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in emergency management planning? |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Plans**[ ]  Risk assessment and management plans that identify risks of harm to service users and how these will be managed[ ]  Emergency preparedness or management plan including fire safety, evacuation and infection control plan**Resources**[ ] Map of premises or facilities with emergency exits and external safe meeting points clearly marked[ ]  Schedule of fire drills or evacuation exercises, with evidence of completion[ ]  Checklist for communicating with emergency services**Supporting staff**[ ]  Records of information, education and training provided to staff on how to respond in an emergency |
| Identified areas to address | Issues or gaps to address |
| [ ]  Plans[ ]  Resources[ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Systems and processes**[ ]  Demonstrated preparation for an emergency, including managing risks of harm to service users[ ]  Evidence of risk mitigation strategies for greater emergency preparedness, such as regular fire drills and evacuation exercises[ ]  Examples showing that risk of harm to service users is minimised due to effective emergency management planning**Service user awareness**[ ] Evidence that information has been given toservice users on what to do in an emergency[ ]  Evidence showingservice users know what to expect in an emergency and are aware of evacuation procedures**Staff performance**[ ]  Evidence demonstrating staff are prepared for a range of emergencies relevant to the social service provided[ ]  Evidence demonstrating staff responded appropriately during an emergency |  |

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| Self-assessment on meeting this Standard |
| **3.1**Fit-for-purpose premises, facilities, equipment | **3.2**Personal and private property | **3.3**Emergency management planning |
| [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track |
| Transfer | You need to demonstrate you’ve taken reasonable steps to meet a service requirement |
| Overall ratingChoose an item. |
| **Actions required** | **Details** | **Person responsible** | **Due date** | Comp-lete? |
|  |  |  |  | [ ]  |
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#### Date for review:

## Standard 4: Feedback and complaints

[Feedback and complaints – Service users are supported to provide feedback, complaints or concerns about service safety.](https://www.vic.gov.au/sites/default/files/2024-06/Standard-4-Feedback-and-Complaints.docx)

Under Standard 4, service users must be supported to share feedback, make a complaint or raise concerns about the safety of their services.

Some providers may already have a complaints management policy that meets Standard 4’s service requirements. Standard 4:

* + builds on the participation standard by setting specific and more detailed requirements for seeking and responding to feedback and complaints
	+ has more detail on what is needed for feedback and complaints
	+ builds greater consistency in feedback and complaint processes across the sector.

The **outcomes** Standard 4 aims to achieve are:

* service users **understand complaint-handling processes**
* service users are **supported** to provide **feedback, complaints or concerns** on service safety and quality
* service users are **protected from reprisal** when providing feedback, complaints or concerns about service safety and quality
* service user feedback, complaints or concerns are **promptly acknowledged and dealt with.**

Outcomes are the expected results from measures providers put in place to meet the service requirements in a Standard. These outcomes highlight what the 4 service requirements in Standard 4 aim to achieve.

### Meeting the service requirements

Some documents may help to provide evidence of meeting several service requirements in Standard 4. In this tool, we refer to the specific language used for each service requirement, to help guide your preparation to meet a Standard.

Before reviewing the checklists and completing the self-assessment table on your readiness to meet Standard 4, you may wish to check if you have specific documents to hand that may address multiple service requirements. Some sectors may also wish to refer to sector-specific frameworks and documentation they already use to provide evidence on feedback and complaints systems and processes.

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| **Meeting**  | **4.1** | **4.2** | **4.3** | **4.4** |
| **Standard 4** | **Feedback** | **Systems and processes** | **Response to feedback and complaints** | **Dispute management** |
| **Complaints and feedback policy** |  |  |  |  |
| **Complaints management processes** |  |  |  |  |
| **Staff training** |  |  |  |  |
| **Service user feedback** |  |  |  |  |

#### 4.1 Feedback

A provider must seek feedback, in accordance with any guidelines issued under section 18 of the Act, from service users or the service users’ support persons about service safety.

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| **Getting started:** what practices, systems and processes are in place to meet feedback requirements? |
| List relevant policies, procedures and information: |
| **Gathering evidence**: check if you have any of the following |
| **Policies and procedures**[ ] Accessible policies and processes for seeking feedback from service users (or their support people) about service safety[ ]  Policies that outline service users will not face reprisal for providing feedback about the safety of services received[ ]  Procedures ensuring service-user feedback is promptly captured and addressed**Information and records**[ ]  Information for service users about how to make a complaint, give feedback or raise concerns about service safety[ ]  Records of service-user feedback on service safety[ ]  Records of staff training on feedback processes |
| Identified areas to address | Issues or gaps to address |
| [ ]  Resources[ ]  Policies and procedures[ ]  Records of service user feedback |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Supporting service users**[ ]  Examples of service users and their support people receiving information on how to give feedback on the safety of a social service[ ]  Evidence service users and their support people understand the feedback process[ ]  Evidence service users and their support people are given the opportunity to give feedback on the safety of a social service[ ]  Examples of service users providing feedback **Workplace practices**[ ]  Examples of a workplace culture where feedback and complaints are taken seriously[ ]  Examples of service user feedback being promptly acknowledged and dealt with[ ]  Staff regularly seeking feedback from service users (or their support people) about the safety of a social service |  |

#### 4.2 Systems and processes

1. A registered social service provider must implement and maintain systems and processes:
2. to support service users and their support persons to give feedback, make a complaint or raise a concern about the safety of a social service
3. to investigate, respond to and resolve any feedback given, complaint made or concern raised by service users and their support persons about the safety of a social service
4. to report on:
	* 1. any feedback given, complaint made or concern raised by service users and their support persons about the safety of a social service
		2. the registered social service provider's response to, or resolution of, the feedback, complaint or concern.
5. A registered social service provider must inform service users about their right:
6. to raise matters of social service safety with the Regulator for the purpose of monitoring and enforcing compliance with the Social Services Standards
7. to make a complaint about the safety of a social service to any other entity.

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| **Getting started:** what practices, systems and processes are in place? |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Complaints management systems**[ ]  Systems and processes that are transparent and accessible to service users [ ]  Records of implementation and review[ ]  Reporting on feedback, complaints or concerns **Policies and processes**[ ]  Accessible feedback and complaints-handling policies, including investigation processes[ ]  Policies that outline service users will not face reprisal for providing feedback or complaints[ ]  Procedures ensuring service user feedback is promptly captured and addressed**Resources**[ ]  Information for service users on their right to raise matters about service safety with the Social Services Regulator[ ]  Information for service users on their right to make a complaint about the safety of a social service to other agencies**Supporting staff**[ ]  Records of staff information, education or training on complaints handling processes, including how to investigate, respond and resolve |
| Identified areas to address | Issues or gaps to address |
| [ ]  Policies and procedures[ ]  Resources[ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Supporting service users**[ ]  Examples that service users understand and know how to access complaints handling systems and processes[ ]  Evidence that service users receive accessible information about how to share feedback, make a complaint or raise concerns about the safety of a social service[ ]  Evidence that leaders maintain accessible, transparent complaints handling systems and processes for service users to access**Staff performance**[ ]  Examples of staff giving service users practical help to make a complaint, provide feedback or raise concerns about the safety of a social service[ ]  Examples of staff effectively investigating and responding to feedback or complaints shared by service users or their support people[ ]  Examples of staff resolving complaints and concerns raised about the safety of a social service[ ]  Examples of staff informing service users of their right to give feedback and make complaints, including to raise matters with external bodies like the Social Services Regulator[ ]  Evidence of staff recording and reporting complaints and concerns raised by service users |  |

#### 4.3 Response to feedback, complaints and concerns

1. A provider must acknowledge and respond to feedback, complaints or concerns of service users and the service users’ support persons in a way that:
2. is confidential
3. appropriate and accessible to service users
4. is without reprisal to the service user or support person
5. meets timeframes agreed with the service user or support person.
6. A provider must use the feedback, complaints and concerns of service users and support persons to inform continuous improvements to safe social service design and delivery.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in response to feedback, complaints and concerns? |
| List relevant policies, procedures and systems: |
| **Gathering evidence**: check if you have any of the following |
| **Complaints management**[ ]  A complaints management system, with records of implementation and review[ ]  Analysis of feedback and complaints to inform continuous improvement[ ]  Improvements made due to feedback, complaints or concerns raised**Policies and procedures**[ ]  Accessible feedback and complaints-handling policies and processes, including on timeliness of response[ ]  A privacy policy that outlines how confidential information will be handled[ ]  Procedures that ensure service users will not face reprisal for providing feedback or making a complaint[ ]  A code of conduct that clearly describes appropriate and inappropriate behaviour**Supporting staff**[ ]  Records of staff training on how to respond to complaints and feedback in an appropriate and timely way |
| Identified areas to address | Issues or gaps to address |
| [ ]  Complaints management[ ]  Policies and procedures[ ]  Supporting staff  |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Applied procedures**[ ]  Examples of providers responding appropriately and in a timely way to feedback and complaints, including keeping service users informed of progress[ ]  Evidence showing all feedback, complaints and concerns about service safety are recorded, including any action taken**Continuous improvement approaches**[ ]  Evidence of management and staff analysing feedback and complaints to identify causes and systemic failures[ ]  Examples of continuous improvement to improve service delivery by addressing insights from feedback, complaints and safety concerns raised**Service user feedback**[ ]  Evidence that service users (or their support people) feel safe to give feedback or make a complaint without reprisal[ ]  Feedback that complaints were managed appropriately and in a confidential way[ ]  Records of feedback, complaints and concerns about social service safety**Staff performance**[ ]  Evidence of staff acknowledging and responding to feedback, complaints and concerns in a confidential, appropriate and accessible way[ ]  Evidence of staff responsiveness to feedback and complaints, with demonstrated understanding of the complaints-handling system[ ]  Evidence that staff have met timeframes agreed with the service user about the feedback, complaint or concern, or have let them know if the timeframe won’t be met |  |

#### 4.4 Dispute management

If requested, a provider must assist service users and the service users’ support persons to access services to manage and resolve disputes between the service users and the provider about the delivery of social services, whether or not the dispute management services are delivered by the provider or another provider.

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| **Getting started:** what practices, systems and processes are in place to meet dispute management requirements? |
| List relevant policies and dispute management options: |
| **Gathering evidence**: check if you have any of the following |
| [ ]  Information for service users and their support people on how to access dispute resolution services[ ]  Policies and processes that outline how conflicts between the provider and service user will be resolved[ ]  Records of staff information, education and training on complaints handling and dispute resolution |
| Identified areas to address | Issues or gaps to address |
| [ ]  Resources[ ]  Policies and procedures[ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Use of dispute resolution** [ ]  Examples of service users accessing and using the provider’s dispute resolution services[ ]  Feedback from service users about using the provider’s dispute resolution services, including on how conflicts between the service user and service provider have been managed and/or resolved[ ]  Evidence of service users accessing and using dispute resolution services external to the provider**Staff performance**[ ]  Examples of staff helping service users to access dispute resolution services if requested[ ]  Examples of staff giving service users accessible information on dispute resolution, including options provided by the service provider and external options |  |

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| Self-assessment on meeting this Standard |
| **4.1**Feedback | **4.2**Systems and processes | **4.3**Response to feedback, complaints and concerns | **4.4**Dispute management |
| [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track |
| Transfer | You need to demonstrate you’ve taken reasonable steps to meet a service requirement |
| Overall ratingChoose an item. |
| **Actions required** | **Details** | **Person responsible** | **Due date** | Comp-lete? |
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#### Date for review:

## Standard 5: Accountable organisational governance

[Standard 5: Accountable organisational governance – effective governance and organisational systems support safe delivery of social services](https://www.vic.gov.au/sites/default/files/2024-06/Standard-5-Accountable-organisational-governance.docx)

Providers must set up and maintain policies, procedures and review mechanisms that foster accountable governance practices.

Standard 5 ensures:

* governance arrangements set clear **directions for leadership**
* **systems** are in place that identify, track and **reduce risk, and improve service delivery**
* providers have a transparent incident management system
* staff can **confidentially raise concerns** around safe service delivery without punishment.

The **outcomes** Standard 5 aims to achieve are:

* governance arrangements are **transparent and accountable**
* governance and leadership arrangements **support service users’ safety**, agency and dignity
* registered social services providers have governance and leadership arrangements in place to:
* identify, track and **reduce risk**
* **improve** safe service delivery and service quality.

Outcomes are the expected results from measures providers put in place to meet the service requirements in a Standard. These outcomes highlight what the 4 service requirements in Standard 5 aim to achieve.

### Meeting service requirements

Some documents may help to provide evidence of meeting several service requirements in Standard 5. In this tool, we refer to the specific language used for each service requirement, to help guide your preparation to meet a Standard.

Before reviewing the checklists and completing the self-assessment table on your readiness to meet Standard 5, you may wish to check if you have specific documents to hand that may address multiple service requirements. Some sectors may wish to refer to sector-specific frameworks and documentation they already use to provide evidence of accountable organisational governance.

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| **Meeting**  | **5.1** | **5.2** | **5.3** | **5.4** |
| **Standard 5** | **Accountable governance and leadership** | **Safe and inclusive practice culture** | **Incident and adverse event reporting** | **Outsourced services** |
| **Strategic or business plan** |  |  |  |  |
| **Incident management policies** |  |  |  |  |
| **Feedback and complaints policies** |  |  |  |  |
| **Contracting requirements policy** |  |  |  |  |

#### 5.1 Accountable governance and leadership

A provider must implement and maintain governance arrangements to provide for leadership accountability for, and continuous improvement of, service user safety.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in accountable governance and leadership? |
| List relevant policies, procedures, strategies or plans: |
| **Gathering evidence**: check if you have any of the following |
| **Strategic or business plan,** including:[ ]  purpose, vision and values statement [ ]  risk-identification and management strategy [ ]  legal and regulatory compliance framework [ ]  records of service user and stakeholder consultation in strategic or other organisational planning [ ]  quality and safety framework **Policies and processes**[ ]  governance arrangements and structures[ ]  human resource practices where relevant **Workforce strategy and resources**[ ]  Organisational structure (or similar) that has clearly defined leadership roles and delegations [ ]  Succession plans**Reviews**[ ]  Recent reviews of governance arrangements and leadership accountability |
| Identified areas to address | Issues or gaps to address |
| [ ]  Strategic or business plan[ ]  Policies and procedures[ ]  Workforce strategy and resources[ ]  Reviews |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
| **Service user safety**[ ]  Demonstrated senior leadership commitment to service user safety in policies and processes[ ]  Examples of identifying, mitigating and managing risks to service user safety  | **Planned action:** |
| [ ]  Examples that service user safety is embedded in day-to-day practice of leaders and staff **Governance**[ ]  Evidence that board members review and update the provider’s governance framework[ ]  Examples of leaders regularly reviewing and updating the provider’s governance framework[ ]  Examples of leaders ensuring systems are in place to meet contracts, laws and regulations[ ]  Evidence that key stakeholders are aware of the provider’s strategic direction, values and governance framework[ ]  Examples of relevant delegation practices**Continuous improvement approaches**[ ]  Evidence of analysing feedback and complaints to inform continuous improvement[ ]  Evidence of improvements made as an outcome of reviews of governance arrangements and leadership accountability [ ]  Examples that a culture of continuous improvement is embedded in day-to-day practice of leaders and staff **Staff performance**[ ]  Staff effectively put in place organisational governance systems and processes [ ]  Examples of staff implementing policies, processes, systems, checks and procedures |  |

#### 5.2 Safe and inclusive practice culture

A provider must implement and maintain practices that support service workers to raise concerns confidentially, without reprisal, to assist in safe social service delivery.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in safe and inclusive practice culture? |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Policies and procedures**[ ]  Policies and procedures that allow staff to confidentially share feedback, make a complaint or raise concerns about service delivery[ ]  Policies and procedures that outline service workers will not face reprisal for raising concerns about the safety of service delivery[ ]  Privacy policy that outlines how confidential information will be handled **Resources**[ ]  Information for staff on how to raise concerns about service delivery[ ]  Code of conduct that clearly describes appropriate and inappropriate behaviour **Supporting staff**[ ] Records of staff information, education and training on how to raise concerns about service delivery |
| Identified areas to address | Issues or gaps to address |
| [ ]  Policies and procedures[ ]  Resources[ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Responsive action**[ ]  Evidence the provider responds to complaints promptly, thoroughly and fairly[ ]  Evidence the provider takes immediate action to protect service users[ ]  Evidence that complaints and concerns are responded to within appropriate legal and regulatory frameworks**Supporting staff feedback** [ ]  Examples of leaders promoting and support staff rights to provide feedback and raise concerns about service delivery[ ]  Examples of staff feeling safe and supported to raise concerns about service delivery  [ ]  Examples showing leaders are responsive to the feedback, complaints and concerns raised by staff[ ]  Feedback from staff that concerns raised have been treated confidentially **Reviews** [ ] Evidence of addressing findings in review of safe and inclusive practice culture [ ]  Evidence of improvements made following reviews[ ]  Examples of updated risk mitigation processes following reviews[ ]  Examples of how actions and changes from reviews were allocated and recorded**Staff action**[ ] Examples that staff know how to share feedback, make a complaint or raise concerns about service delivery[ ]  Examples that staff provide feedback or raise concerns about safe and inclusive practice culture |  |

#### 5.3 Incident and adverse event reporting

A provider must implement and maintain an incident management system that transparently records, reports on and responds to incidents and adverse events relating to safe social service delivery, to improve safe social service delivery.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in incident and adverse event reporting? |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Incident management system**,including:[ ]  Policies and processes on incidents and adverse events[ ]  Records of all incidents and adverse events[ ]  Reviews of incidents and adverse events[ ]  Reviews of reporting practices**Supporting staff**[ ]  Records of staff receiving incident management information, education or training, including reporting to the Social Services Regulator |
| Identified areas to address | Issues or gaps to address |
| [ ]  Incident management system[ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Management action**[ ]  Examples of using an incident management system that meets legal, regulatory and contractual requirements[ ]  Examples of acting in a timely and transparent way when incidents and adverse events occur, including reporting to the Social Services Regulator[ ]  Evidence of reviewing incidents and events (including near misses) to improve service delivery and manage risks[ ]  Evidence of making sure that staff can effectively follow incident reporting and management policies and processes**Implementing review findings**[ ]  Evidence of addressing findings from reviews of incident and adverse event reporting culture and practices[ ]  Evidence of improvements made following reviews[ ]  Examples of updated risk-mitigation processes following reviews**Staff performance**[ ]  Examples of recording all incidents and events (including near misses) in the incident management system[ ]  Examples of following incident management procedures and responding in a timely way when incidents and adverse events occur[ ]  Examples of reporting to the Social Services Regulator where necessary |  |

#### 5.4 Outsourced services

If a provider engages contractors or other persons (other than employees) to deliver social services in whole or partially:

* the provider remains accountable for safe social service delivery; and
* the provider must have governance and contractual arrangements in place that hold those contractors and other persons to account to the registered social service provider for safe social service delivery.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in outsourced services? |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Information and resources**[ ]  Contract (or similar) that includes a requirement for contractors or others to ensure safe social service delivery [ ]  Code of conduct that clearly describes appropriate and inappropriate behaviour [ ]  Information for service users on how to share feedback, make a complaint or raise concerns about service safety **Policies on engaging contractors**, including*:*[ ]  due diligence[ ]  screening[ ]  clearly defined roles and responsibilities [ ]  monitoring and managing performance [ ]  accountability for safe social service delivery **Supporting staff**[ ]  Records of staff receiving information, education or training on engaging contractors |
| Identified areas to address | Issues or gaps to address |
| [ ]  Information and resources[ ]  Policies and procedures[ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Management action**[ ]  Examples of using proper due diligence when contracting others to provide services[ ]  Examples of using systems and processes to track, review and address contractor performance to ensure safe service delivery**Contractor performance**[ ]  Examples of contractors meeting contractual arrangements to keep service users safe[ ]  Examples of contractors prioritising safe service delivery**Service user feedback**[ ]  Examples of service users sharing feedback or making a complaint about services delivered by a contractor**Reviews of outsourcing services**[ ]  Reviews of outsourcing services and consortia arrangements[ ]  Records of changes made as an outcome of the review[ ]  Records on how the changes were implemented and staff updated**Staff performance**[ ]  Examples of staff screening contractors appropriately[ ]  Staff providing service users with information on how to share feedback or complaints about a contractor[ ]  Other examples of staff implementing policies, processes, systems, checks and procedures when contracting |  |

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| **Self-assessment on meeting this Standard** |
| **5.1**Accountable governance and leadership | **5.2**Safe and inclusive practice culture | **5.3**Incident and adverse event reporting | **5.4**Outsourced services |
| [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track |
| Transfer | You need to demonstrate you’ve taken reasonable steps to meet a service requirement |
| Overall ratingChoose an item. |
| **Actions required** | **Details** | **Person responsible** | **Due date** | Comp-lete? |
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#### Date for review:

## Standard 6: Safe workforce

[Safe workforce – Social services are delivered by a workforce that has the knowledge, capability and support to deliver safe social services with care and skill.](https://www.vic.gov.au/sites/default/files/2024-06/Standard-6-Safe-workforce.docx)

Standard 6 recognises the importance of strong recruitment practices that attract staff with the right skills, qualifications and knowledge. These practices can also prevent unsuitable people entering the sector.

Under Standard 6, social services providers must also properly support staff through ongoing:

* + training
	+ supervision
	+ performance management
	+ workforce planning.

The **outcomes** that Standard 6 aims to achieve are:

* staff have the knowledge and capability to deliver safe social services
* staff are adequately supported to deliver safe social services
* staff are supervised and managed to deliver safe social services.

Outcomes are the expected results from measures providers put in place to meet the service requirements in a Standard. These outcomes highlight what the 4 service requirements in Standard 6 aim to achieve.

### Meeting service requirements

Some documents may help to provide evidence of meeting several service requirements in Standard 6. In this tool, we refer to the specific language used for each service requirement, to help guide your preparation to meet a Standard.

Before reviewing the checklists and completing the self-assessment table on your readiness to meet Standard 6, you may wish to check if you have specific documents to hand that may address multiple service requirements. Some sectors may also wish to refer to sector-specific frameworks and documentation they already use to provide evidence of a safe workforce.

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| --- | --- | --- | --- | --- |
| **Meeting**  | **6.1** | **6.2** | **6.3** | **6.4** |
| **Standard 6** | **Workforce recruitment** | **Workforce training** | **Worker performance and conduct** | **Workforce planning** |
| **Policies or procedures** |  |  |  |  |
| **Safety screening** |  |  |  |  |
| **Position description templates** |  |  |  |  |
| **Records of staff training** |  |  |  |  |

#### 6.1 Workforce recruitment

A provider must implement and maintain recruitment practices that give priority to service user safety and wellbeing.

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| --- |
| **Getting started:** what practices, systems and processes are in place to meet requirements in workforce recruitment? |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Policies and procedures**[ ]  Recruitment policies that prioritise relevant skills and capabilities needed for a safe work environment[ ]  Robust recruitment policies and procedures that give priority to service user safety and wellbeing[ ]  Pre‑employment screening policies and processes, including police checks and professional registrations**Resources**Recruitment documents that highlight the importance of service user safety and wellbeing, including:[ ]  position descriptions[ ]  selection criteria[ ]  interview questions[ ]  reference checks**Supporting staff**[ ]  Records of staff information, education and training on strong recruitment practices, including interviewing and safety screening |
| Identified areas to address | Issues or gaps to address |
| [ ]  Policies and procedures[ ]  Resources[ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Recruitment processes**[ ]  Leaders ensuring systems and processes are in place to screen applicants properly before employment[ ]  Evidence demonstrating that staff are properly screened before being employed[ ]  Examples of how recruitment practices have prioritised service user safety and wellbeing[ ]  Examples that staff follow policies and procedures during recruitment processes**Staff skillsets and experience**[ ]  Examples showing that staff have the right skills, qualifications and experience for their roles and to provide safe social services |  |

#### 6.2 Workforce training

A registered social service provider must ensure service workers access ongoing training and are supported to deliver safe social services.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in workforce training? |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Policies and processes**[ ]  For induction and onboarding for new staff[ ]  For ongoing staff training and professional development**Resources**[ ]  Training plans on delivering safe social services[ ]  Schedule of upcoming training opportunities**Supporting staff**[ ]  Records that staff receive regular, ongoing training and professional development relevant to their role[ ]  Records that staff receive relevant induction training and onboarding when they start  |
| Identified areas to address | Issues or gaps to address |
| [ ]  Policies and procedures[ ]  Resources[ ]  Supporting staff |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Management action**[ ]  Regular reviews of training needs to support safe service delivery[ ]  Examples of using systems and processes to identify, track and meet workforce training needs[ ]  Evidence of ensuring delivery of ongoing training and professional development for staff, relevant to their role[ ]  Providing training and educational materials that help staff provide safe services**Supporting staff performance**[ ]  Feedback that staff feel confident in their role to provide support to service users[ ]  Feedback that staff feel supported and empowered to request more training if needed[ ]  Records showing training completed by staff**Staff performance**[ ]  Examples of staff using their training in trauma-informed practice to support service user health and wellbeing[ ]  Records showing that staff have read and understood organisational policies and processes |  |

#### 6.3 Worker performance and conduct

A provider must implement and maintain practices to monitor and manage service worker performance and conduct to deliver safe social services.

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| --- |
| **Getting started:** what practices, systems and processes are in place to meet requirements in worker performance and conduct? |
| List relevant policies, procedures or checklists: |
| **Gathering evidence**: check if you have any of the following |
| **Policies and processes**[ ]  Policies on staff supervision, performance monitoring and performance review[ ]  Procedures on performance management plans[ ]  Code of conduct that clearly describes appropriate and inappropriate behaviour[ ]  Policies on disciplinary action and code of conduct breaches**Resources**[ ]  Position descriptions that clearly define staff roles, expectations and responsibilities |
| Identified areas to address | *Issues or gaps to address* |
| [ ]  Policies and processes[ ]  Resources |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Accountability**[ ]  Evidence of systems and processes ensuring that staff perform their roles effectively and deliver safe services[ ]  Evidence that management is accountable for making staff roles, expectations and responsibilities clear[ ]  Demonstration that breaches of codes of conduct are taken seriously[ ]  Evidence that concerns about staff performance and conduct are addressed promptly and appropriately**Effective supervision**[ ]  Evidence that staff are supported to perform their role effectively[ ]  Evidence that staff receive appropriate oversight and ongoing supervision[ ]  Staff are held accountable for their performance and conduct[ ]  Staff receive reviews of their performance  |  |

#### 6.4 Workforce planning

A provider must implement and maintain practices for planning and managing a workforce that is adequately supported to deliver safe social services.

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| **Getting started:** what practices, systems and processes are in place to meet requirements in workforce planning? |
| List relevant policies, procedures or resources: |
| **Gathering evidence**: check if you have any of the following |
| **Workforce strategy:**[ ]  Strategy documenting the specific needs of service users [ ]  Strategy listing qualifications, skills and experience staff need to provide safe services[ ]  A risk management system, including workforce planning risks**Policies and processes**[ ]  Evidence that workforce suitability and performance is reviewed [ ]  Examples of possible arrangements for unexpected staff shortages**Resources**[ ] Position description templates[ ]  Succession plans[ ]  Staff rosters |
| Identified areas to address | Issues or gaps to address |
| [ ]  Workforce strategy[ ]  Policies and processes[ ]  Resources |  |
| **Evidence of implementation**: How do you ensure the service requirement is successfully implemented and staff are aware? |
|  | **Planned action:** |
| **Management action**[ ]  Evidence of management identifying skills, qualifications, experience and knowledge the workforce needs to provide safe services[ ]  Evidence of management regularly assessing and reviewing workforce suitability and performance through effective human resources practices[ ]  Examples of identifying and managing risks that might lead to not having enough suitable staff**Workforce indicators**[ ] Evidence of a well-planned and properly resourced workforce[ ]  Examples of succession planning**Service user feedback**[ ] Feedback from service users that they experience a degree of continuity in service delivery |  |

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| **Self-assessment on meeting this Standard** |
| **6.1**Workforce recruitment | **6.2**Workforce training | **6.3**Worker performance and conduct | **6.4**Workforce planning |
| [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track | [ ]  Prioritise for action[ ]  Some action needed[ ]  Mostly on track |
| Transfer | You need to demonstrate you’ve taken reasonable steps to meet a service requirement |
| Overall ratingChoose an item. |
| **Actions required** | **Details** | **Person responsible** | **Due date** | Comp-lete? |
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