# Module 3: Quality Assurance System

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3.1 Introduction

The aim of this module is to demonstrate the relationship between the NSW Department of Family and Community Services (FACS) Contract Governance Framework (the Framework) and the SHS Quality Assurance System (QAS) for Specialist Homelessness Services (SHS) providers. The Framework is the overarching mechanism to manage FACS funded services and SHS providers must comply with this document.

The QAS introduces a range of recognised standards for SHS. Providers are required to assess their level of compliance with the SHS Standards in order to complete Part B – Service Delivery – 2 Accreditation/Quality Management Systems and Practice of their PLA Self-Assessment for 2014–15.

This module does not include templates and forms which are part of the Framework, as SHS providers will receive this material through a separate process established by their FACS contract managers. This module includes the template (SHS Standards self-assessment workbook at TAB A) and tools (support tools at TABs B–F) to support the QAS.

3.2 Contract Governance Framework

Performance for SHS providers is managed through the Framework, which outlines a set of systems, principles and processes by which a contract relationship is managed. The Framework is aimed at supporting partnerships between contract managers and providers in the delivery of performance goals. The four elements or ‘pillars’ of the Framework, each of which focuses on aspects of achieving performance in the contract relationship, are:

- Pillar 1: Performance monitoring and measurement
- Pillar 2: Achieving performance through understanding the contract document
- Pillar 3: Achieving performance through relationship management
- Pillar 4: Non-adversarial negotiations in managing contracts.

It is important to note that Pillar 2 of the Framework identifies that all service providers funded under the SHS program are contractually required to comply with their Funding Deed, SHS Program Level Agreement, Service Delivery Schedule, SHS Program Guidelines and SHS Practice Guidelines.
This module describes aspects of Pillar 1 within the Framework and its relationship with the new QAS. The performance monitoring and measurement aspects include:

- Ongoing review – corporate review plans linked to the Funding Deed and ongoing review plans linked to Program Level Agreements (PLAs)
- Self-assessment – corporate and PLA
- Annual desktop review
- Risk assessment and analysis – corporate and PLA
- Monitoring and review meeting
- Performance improvement plans (PIPs) – corporate and PLA.

Further information about these aspects of Pillar 1 is provided below.

### 3.2.1 Ongoing review process – corporate and PLA

Ongoing review at the corporate and PLA level focuses on building relationships between the contract manager and the service provider through regular meetings, attendance at interagency meetings and annual general meetings, email and phone contact, and site visits to observe operational activities on the ground. The ongoing review process ensures comprehensive information is available for contract managers to assess contract performance during the annual review and resolve any identified issues with providers at an early stage.

Importantly, the frequency of the ongoing review process is determined by an assessment of risk. Organisations assessed as being at higher risk will require more frequent monitoring than those deemed to be at lower risk. The aim of risk assessment and performance monitoring is not to focus punitively on providers, but rather on providing support for gaps in service provision where it is needed.

### 3.2.2 Self-assessment – corporate and PLA

As stated in the SHS Program Guidelines, providers are required to undertake annual self-assessments using the corporate self-assessment tool and the PLA self-assessment tool to demonstrate they have fulfilled contractual requirements. The corporate and PLA self-assessments are completed online through the Community Online Management System (COMS) service provider portal.

Providers are required to complete the QAS in order to complete Part B – Service Delivery – 2 Accreditation/Quality Management Systems and Practice of the PLA self-assessment.
3.2.3 Annual desktop review

Each year, FACS formally reviews the information it holds about each provider it funds in order to form an overall view about the provider’s performance over the course of the year and whether funding should continue. This is a ‘desktop review’ that relies on information gathered throughout the year by FACS during the ongoing review process, complemented by the provider’s corporate and PLA self-assessments and acquittals submissions. The outcome of the desktop review is shared with the provider.

3.2.4 Risk assessment and analysis – corporate and PLA

The Framework regards risk management as a continuous process to support improvements in service delivery and to enable gaps to be identified and supported at an early stage. Risk assessments are undertaken by FACS contract managers in conjunction with each provider as part of the annual desktop review process.

3.2.5 Monitoring and review meeting

Where it is determined that a provider is not meeting the agreed performance goals, the provider is invited to attend a formal monitoring and review meeting to discuss the issues. Providers should prepare for the meeting by locating relevant papers and gathering evidence to demonstrate the practice requirements described in their corporate and PLA self-assessments. Interviews may be arranged with board members, management, staff, and service users as part of this process. Where significant continuing performance issues are identified by FACS, the provider will be asked to develop proposals for improving performance for inclusion in a Performance Improvement Plan.

3.2.6 Performance Improvement Plan (PIP) – corporate and PLA

The Performance Improvement Plan (PIP) is an agreement between the provider and FACS about actions the provider will take to improve performance. A PIP is negotiated when FACS identifies a significant contractual or performance issue to be addressed.

PIPs are developed at either the corporate or PLA level. As part of their day-to-day functions, FACS contract managers will actively monitor progress made by providers in implementing PIP actions. A PIP remains active until all the actions have been achieved.
3.3 Compliance requirements for community housing managers

Providers that manage community housing properties on behalf of FACS, or have had Land and Housing Corporation properties vested to them, are required to comply with their Community Housing Agreement and related Assistance Agreements. They may also be required to meet reporting and performance requirements under the Community Housing Contract Compliance and Performance Management Framework.

Organisations that manage community housing properties are required to be registered and will also have obligations under the National Regulatory System for Community Housing.

3.4 SHS Quality Assurance System

The SHS Quality Assurance System (QAS) is founded on work undertaken by the Australian Government, states and territories to develop a National Quality Framework (NQF). The QAS aims to achieve better outcomes for people who are homeless or at risk of homelessness by improving the quality and integration of services they receive.

The key components of the QAS are:

1. SHS Standards
2. SHS client charter
3. SHS complaints and feedback system
4. SHS Standards self-assessment workbook

As previously noted, providers are required to complete the QAS prior to completing Part B – Service Delivery – 2 Accreditation/Quality Management Systems and Practice of the PLA self-assessment.

3.4.1 SHS Standards

The NSW SHS Standards are divided into two groups:

- **Service delivery** – This group of Standards addresses the way services are provided to assist people who are homeless or at risk of homelessness, and to support them to achieve safe, affordable and stable housing. They describe the rights of clients, the principles that should underpin service delivery, and how services should be delivered to achieve positive outcomes for clients.

- **Governance and management** – This group of Standards addresses the way the provider supports the achievement of its service objectives. They describe the leadership, direction and longer-term planning of the organisation, and the systems and processes to carry out day-to-day activities.
### 3.4.2 Summary of SHS Standards

#### Service delivery

<table>
<thead>
<tr>
<th>Standard 1: Promoting, upholding and exercising rights</th>
</tr>
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<tbody>
<tr>
<td>Clients receive services that promote and uphold their rights and safety, and support them to effectively exercise those rights.</td>
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</table>

<table>
<thead>
<tr>
<th>Standard 2: Service access and equity</th>
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<tbody>
<tr>
<td>Clients are provided with fair and transparent processes ensuring equity of access for all clients, and identifying and removing barriers for clients who may experience disadvantage in accessing the service.</td>
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</table>

<table>
<thead>
<tr>
<th>Standard 3: Decision-making and participation</th>
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<tr>
<td>Clients are actively supported to make choices and decisions about their service and to actively participate as a valued member of their chosen community.</td>
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<thead>
<tr>
<th>Standard 4: Service outcomes</th>
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</thead>
<tbody>
<tr>
<td>Clients are assisted and supported to achieve positive outcomes by the development, delivery and review of quality programs and services that meet individual client needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 5: Service system</th>
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</thead>
<tbody>
<tr>
<td>Outcomes for individuals and communities are improved by the service provider working collaboratively with other service providers and agencies.</td>
</tr>
</tbody>
</table>

#### Governance and management

<table>
<thead>
<tr>
<th>Standard 6: Governance</th>
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<tbody>
<tr>
<td>The governing entity defines clear goals and purposes for the service provider, adapts to and manages change, develops strategies to achieve and monitor the service provider, and is accountable for all its activities.</td>
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</table>

<table>
<thead>
<tr>
<th>Standard 7: Systems management</th>
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<tr>
<td>There are effective management systems and strategies in place to ensure the service provider’s goals are met.</td>
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<th>Standard 8: Human resource management</th>
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<tr>
<td>The service provider develops and supports its workforce, both paid and voluntary, to ensure the effectiveness of its services.</td>
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</table>

Standard 1 incorporates the requirement for providers to have a client charter and a complaints and feedback system.
3.4.3 SHS client charter

What is a client charter?

A client charter is an important way to give clients a clear, simple picture of their rights with regard to your service, and to show them the organisation has a commitment to respecting those rights and to providing them with a quality service.

All providers are required to have a client charter. The client charter is part of the requirement for SHS Standard 1. An example of a client charter is at TAB B.

How to make use of the charter

Each SHS provider should adapt the charter model to its own client needs and adopt this formally within the organisation. In adapting the template, service providers should keep the existing content but may adapt wording to suit their client group and make any additions they consider appropriate.

The charter should then be made available to all clients. How a service does this will depend on the particular circumstances and client group, but this may include:

- displaying it in key areas of the service’s premises where clients will see it
- making the charter available in accessible formats or other languages
- giving copies to individual clients
- explaining the charter to clients as part of the assessment process.

All staff and volunteers should be aware of the charter and understand its purpose and use.

This may include:

- ensuring it is included in the orientation for all new staff and volunteers
- reviewing and discussing the charter and using it in staff development and training
- reviewing client responses and understanding of the charter as part of service review and planning processes.

3.4.4 SHS complaints and feedback system

Overview

An SHS complaints and feedback system is a requirement of SHS Standard 1.

All clients have the right to make a complaint or provide feedback on any aspect of the service that they receive, or were unable to receive. They have the option of providing their feedback to the SHS provider (an internal complaint) or to the NSW Ombudsman or other external body (an external complaint).

All providers must have a system that enables clients and others to make complaints and provide compliments and feedback, and for those complaints to be resolved, where possible, by the service. All complaints, whether the provider believes them to be well informed or not, must be treated with respect and handled seriously.
Characteristics of an effective complaints and feedback system

A ‘complaint’ is any situation in which a client or someone acting on behalf of a client or clients tells an organisation they are dissatisfied with the way the service has been delivered, or an aspect of the Standards, practices or policies of the organisation.

Complaints may be made by clients about aspects of the service or made by other agencies or individuals about aspects of the organisation’s service to clients, or its interactions with other organisations and individuals.

Complaints are best seen as just one part of a client feedback system with the focus being on actively gathering feedback on a continuous basis, rather than passively waiting for complaints.

A well designed complaints and feedback system can also provide an important source of information for the provider, helping it to identify and deal with any issues that negatively impact the quality of service delivery or pose a risk to clients or the organisation. Compliments and other feedback may help to confirm and consolidate effective practices, approaches, systems and processes.

A complaints and feedback system should be based on the following principles:

- fairness
- equity
- objectivity and impartiality
- confidentiality
- natural justice
- timeliness,

and should:

- follow a due process
- create an environment of openness and trust
- demonstrate a balanced approach
- follow a clear policy/procedure that everyone knows about
- monitor and report on the progress and outcomes of complaints.

Effective implementation of a complaints and feedback system is dependent on:

- people understanding their right to make a complaint and how to go about it. Where necessary, assistance should be provided to clients to help them prepare or lodge a complaint. Information about the service’s complaints and feedback system should be explained to clients in any client service statement and during client assessment
- staff understanding the procedures and having the skills to create an environment that welcomes complaints and feedback. Effective complaints handling should be incorporated in learning and development opportunities for staff.
How to implement the complaints and feedback system

The service must have a complaints policy and procedure that reflects the requirements of this section in addition to other external requirements, legislation or contractual obligations.

The policy should describe the provider’s commitment to ensuring that anyone using its services has the right to lodge a complaint or to appeal a decision of the organisation and that their concerns will be dealt with in a manner that is fair, accountable and transparent.

Complaints policies must outline:

- how complaints may be lodged with the service – this should specify the information that will be needed, and what form it needs to be in
- who will receive the complaint and what process will be used to register the complaint
- how the complaint will be investigated – the process must be fair and thorough, and individuals should be protected during the process
- the timeframe for each step of the process
- how the complainant will be notified of the outcome and whether they will have any right of appeal.

Complaints handling procedures must:

- allocate responsibilities for receiving and managing complaints
- have set timeframes for dealing with and resolving complaints
- have a method for keeping a record of complaints, and monitoring their progress and resolutions
- provide guidelines to help staff resolve matters as informally as possible
- ensure the client is kept informed of the progress at each stage and informed of the outcome in writing.

A ‘user friendly’ version of the complaints policy should be made available as a pamphlet, poster or information sheet for clients. The complaints policy should also be explained to clients during the assessment process.

A summary of the number of complaints and compliments received in a financial year and their outcomes should be reported to FACS contract managers during the annual self-assessment process.

Tools for developing a complaints and feedback system are at TABs C–F.
3.5 Self-assessment against the SHS Standards

This section provides guidance for SHS providers when responding to Part B – Service Delivery – 2 Accreditation/Quality Management Systems and Practices of the PLA self-assessment.

Step 1: Identify whether your service already meets some of the SHS Standards by complying with another recognised quality assurance system

A provider may already meet some of the SHS Standards because they comply with the requirements of another relevant quality assurance system.

FACS recognises the quality assurance systems in the table below as meeting some of the requirements of the SHS Standards.

Providers that meet all the SHS Standards by complying with an equivalent quality assurance system shown in this table still need to demonstrate compliance with the additional requirements of SHS Standards 1, 2 and 4.

The table is only intended as a resource for providers to assist with self-assessment against the SHS Standards and to minimise duplication of work. FACS intends to refine and develop the table over the course of the funding period. Further development will occur in consultation with providers, FACS district staff and relevant stakeholders.
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<td>Standard 5</td>
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<td>Standard 7</td>
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Additional requirements: Service providers that meet the standards above only need to demonstrate that they meet the client charter and the complaints and feedback system elements of SHS Standard 1.

Additional requirements: Service providers that meet the standards above only need to demonstrate that they meet the access and equity requirements of the SHS Program Guidelines.

Additional requirements: Service providers that meet the standards above only need to demonstrate that they meet one or more of the core service responses in the SHS Program Guidelines.

**a** Equivalence in this module is intended to reflect the level of consistency between the SHS Standards and other relevant quality assurance systems. This does not imply that other quality assurance systems mutually recognise the SHS Standards.

**b** The National Community Housing Standards that underpin the voluntary accreditation system for community housing providers in NSW are able to be more closely mapped to the SHS Standards due to their more specific nature. The SHS Standards are more comparable to an accreditation approach than to statutory regulation.

**c** The National Regulatory System for Community Housing is being introduced to replace the NSW Regulations for Community Housing. The National Regulatory System Performance Requirements will be mandatory for community housing providers.

**d** The Australian Service Excellence Standards (ASES) are available nationally as well as being the mandated set of standards for SHS funded by SA Department of Communities and Social Inclusion. The ASES are available nationwide for community housing providers.

**e** ISO 9001 is focused on quality management within the organisation and refers to products rather than services. Where the standard meets an objective, it does so without specific reference to delivery of human services and in most instances would require that an assessment has been conducted within the context of SHS Standards requirements, with specific reference to the elements within the SHS Standards, particularly with regard to Standard 4: Service outcomes.
Step 2: Complete the SHS Standards self-assessment workbook

The SHS Standards self-assessment workbook (TAB A) is a resource to assist providers with self-assessment against the SHS Standards. FACS intends to refine and develop the workbook over the course of the funding period. Further development will occur in consultation with providers, FACS district staff and relevant stakeholders.

Providers should complete the workbook in order to complete Part B – Service Delivery – 2 Accreditation/Quality Management Systems and Practices of the annual PLA self-assessment. Providers may also find the workbook helpful in developing a quality improvement plan.

It is not a requirement for providers to submit the workbook as part of business as usual performance reporting. Providers should update the workbook each year in order to assess progress and complete the PLA self-assessment.

The workbook contains instructions for completing the self-assessment and a list of practice requirements that should be used to compare a service’s current practice against the requirements of each of the eight Standards.

There are three columns in the self-assessment workbook:

- practice requirements
- documentation
- areas for improvement or development.

Examples of the types of evidence that would assist in demonstrating your service meets a Standard are in the ‘Documentation’ column. This list of examples is not exhaustive or prescriptive. Organisations need to consider the relevance of the service examples in light of their particular circumstances.

You may find that some of your responses to one Standard are also applicable to other Standards. In this case, simply cross-reference them rather than repeat the details.

There is space at the end of the worksheet to note any barriers or constraints. You may want to list environmental or systems factors or issues, if any, that are not within the control of your organisation, and that have inhibited its ability to meet a particular Standard. For example, in remote areas, making appropriate client referrals may be difficult due to the limited services available in the area.
Column 1: Practice requirements

The practice requirements are provided as a checklist of the requirements for each Standard, and to prompt your thinking about what constitutes good practice. They aim to promote reflection and discussion within the service, and/or dialogue between the service and a reviewer from an external agency.

The practice requirements are a minimum list of what providers need to do to demonstrate they meet the Standard. If your service has other practices that demonstrate it meets a Standard in a different way, these should be listed in the section at the bottom of the table for ‘Other’.

Column 2: Documentation

This column is about providing evidence to demonstrate that the systems and processes in Column 1 are in place. Evidence is required for each practice requirement within a Standard:

- Evidence may be in any format, for example, narrative, dot points, and photographs.
- For an existing document, write the name of the document and where in your organisation it can be located.
- For broader existing documents such as your annual report and report on achievements, write the name of the document and the pages or sections in which the evidence can be found.

Evidence can be identified for the group of practice requirements as a whole; it is not necessary to repeat evidence for each point.

The evidence should be relevant, current, reliable and corroborated:

- **Relevant**: it should relate directly to the practice under examination.
- **Current**: it should be recent enough to confirm that the practice still exists.
- **Reliable**: it should be obvious enough that different people observing the evidence would be likely to come to the same general conclusion about the practice.
- **Corroborated**: multiple pieces of evidence should be used, where appropriate, to confirm a conclusion about a practice.
Column 3: Areas for improvement or development

Where the practice requirement within a Standard has not been demonstrated through documentation, you should identify areas for improvement or development against the requirement. Providers will be expected to take action in the areas identified for improvement over the course of the funding period.

For each Standard, you should write down any improvements your service would like to consider. The wording should be concrete and specific so the identified areas can be implemented in a measurable way. It is not necessary to provide an area of improvement to correspond with every point in the current situation column, only for those areas that you aim to develop or improve.

The long-term goal is for all providers to fully meet the SHS Standards.

Finally, self-assessment against the SHS Standards using this workbook indicates a service’s commitment to a journey of continuous quality improvement. A properly managed self-assessment can lead to improved teamwork, staff morale, client outcomes and the development of a service’s learning culture. This workbook serves as a tool to assist services to make formal records of their progress and development in this quality journey.
Service delivery

Standard 1: Promoting, upholding and exercising rights

Clients receive services that promote and uphold their rights and safety, and support them to effectively exercise those rights.

Meeting this standard

Your service ensures clients are provided with:

- information about their rights and responsibilities, and support to exercise those rights
- privacy and confidentiality
- processes for making complaints and providing feedback
- protection from risk of harm or abuse within the service environment
- a safe and well-maintained physical service environment
- quality service provision that is respectful and appropriate to their cultural, spiritual and language needs.

There are processes in place for monitoring, reviewing and improving outcomes in this area.
<table>
<thead>
<tr>
<th>Practice requirements (✓ tick the practices your service can demonstrate)</th>
<th>Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)</th>
<th>Areas for improvement Are there any identified areas that need improvement or development?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rights and responsibilities</strong></td>
<td><strong>Examples</strong></td>
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</tr>
<tr>
<td>☐ Client rights and responsibilities are identified and documented through a client charter based on the client charter template (see TAB B)</td>
<td>● Your service’s client charter</td>
<td></td>
</tr>
<tr>
<td>☐ A copy of the client charter is displayed and/or made available to all clients and they are fully informed of their rights and responsibilities</td>
<td>● Processes for assisting clients to understand and exercise their rights and responsibilities</td>
<td></td>
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<tr>
<td>☐ A complaints policy and procedure is in place that meets the standards set out in the complaints and feedback system (TAB C)</td>
<td>● Complaints policy and procedure</td>
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<tr>
<td>☐ Policies and procedures document how client rights to privacy and confidentiality are maintained</td>
<td>● Complaints register</td>
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<td>● Privacy and confidentiality policy feedback from clients about their understanding of the client charter and the mechanism for making complaints</td>
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<td></td>
<td>● Number, nature and resolution of complaints and compliments that are received from clients or stakeholders</td>
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<td></td>
<td>● Systems are in place to ensure clients who have difficulty with reading understand the client charter, the complaints and feedback system and any other relevant written documents</td>
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<tr>
<td>Practice requirements</td>
<td>Documentation</td>
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<td>✓ tick the practices your service can demonstrate</td>
<td>Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)</td>
<td>Are there any identified areas that need improvement or development?</td>
</tr>
<tr>
<td><strong>Safe environment</strong></td>
<td><strong>Examples</strong></td>
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<tr>
<td>☐ Policy and procedures are in place to protect clients from risk of harm or abuse within the service environment</td>
<td>• Client safety policy and procedures</td>
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<tr>
<td>☐ The physical environment is safe and well maintained, and meets all health, safety, fire and building laws and regulations</td>
<td>• Results of reviews of physical environment</td>
<td></td>
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<tr>
<td>☐ Suitable facilities are available for the particular client group, including children where relevant</td>
<td>• List or descriptions of facilities available to clients</td>
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<tr>
<td><strong>Cultural appropriateness</strong></td>
<td><strong>Examples</strong></td>
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</tr>
<tr>
<td>☐ Programs are designed with the cultural diversity of the target group in mind, and services and programs are provided in a culturally appropriate manner</td>
<td>• Fire safety inspection certificates</td>
<td></td>
</tr>
<tr>
<td>☐ Staff are provided with appropriate and consistent training in relevant cultural competencies for service areas</td>
<td>• Emergency procedures and equipment lists</td>
<td></td>
</tr>
<tr>
<td>☐ Aboriginal family, kinship and cultural responsibilities are incorporated in service decisions and practices</td>
<td><strong>Examples</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Mechanisms are available to assist Aboriginal staff and clients to resolve issues in culturally appropriate ways</td>
<td>• Cultural appropriateness and awareness policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Staff training records</td>
<td></td>
</tr>
<tr>
<td>Practice requirements</td>
<td>Documentation</td>
<td>Areas for improvement</td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>✓ tick the practices your service can demonstrate</td>
<td>Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)</td>
<td>Are there any identified areas that need improvement or development?</td>
</tr>
</tbody>
</table>

**Other**
(note any other ways your service currently meets this Standard)

**Barriers and constraints**
List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 1.
Standard 2: Service access and equity

Clients are provided with fair and transparent processes ensuring equity of access for all clients, and identifying and removing barriers for clients who may experience disadvantage in accessing the service.

Meeting this standard

Your service ensures all clients are provided with:

- consistent access and assessment processes
- consistent referral mechanisms to alternative services where necessary
- the same availability, quality and level of service.

There are processes in place for monitoring, reviewing and improving outcomes in this area.

<table>
<thead>
<tr>
<th>Practice requirements (✓ tick the practices your service can demonstrate)</th>
<th>Documentation</th>
<th>Areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>Examples</td>
<td>Are there any identified areas that need improvement or development?</td>
</tr>
<tr>
<td>[ ] The service complies with access and referral requirements set out in the SHS Program Guidelines</td>
<td>[ ] Information made available to potential clients and other services</td>
<td></td>
</tr>
<tr>
<td>[ ] Eligibility policies and procedures for the service are in place and are consistent with the client group defined in the contractual agreement with FACS</td>
<td>[ ] Eligibility and priority criteria and guidelines</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Entry and transition procedures</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Documented systems and processes for referrals</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Referral protocols, interagency collaboration, and assessment processes</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Number of people seeking service who have been successfully referred to other service providers</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Stakeholder survey results indicating their level of understanding about the organisation, and referral and entry process</td>
<td></td>
</tr>
</tbody>
</table>
### Practice requirements

**✓** tick the practices your service can demonstrate

### Documentation

Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)

### Areas for improvement

Are there any identified areas that need improvement or development?

#### Equity

- Policies and procedures are in place to ensure the same access to services, service quality and service level is provided to clients within the target group without discrimination on the grounds of gender, religious, cultural or linguistic background, sexual orientation, age, disability, or family status
- Services are demonstrably accessible to Aboriginal people and people from culturally and linguistically diverse backgrounds

#### Examples

- Access and equity policy
- Profile of clients compared with the profile of the target group
- Processes for identifying and addressing barriers to service access
- Linkages built with Aboriginal and culturally and linguistically diverse communities and organisations

#### Other

(note any other ways your service currently meets this Standard)

#### Barriers and constraints

List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 2.
Standard 3: Decision-making and participation

Clients are actively supported to make choices and decisions about their service and to actively participate as a valued member of their chosen community.

Meeting this standard

Your service ensures people using its services are provided with:

- support to make informed decisions and set goals for their service outcomes
- opportunities to participate in formal or informal support networks, community or other activities.

There are processes in place for monitoring, reviewing and improving outcomes in this area.

<table>
<thead>
<tr>
<th>Practice requirements</th>
<th>Documentation</th>
<th>Areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ tick the practices your service can demonstrate</td>
<td>Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)</td>
<td>Are there any identified areas that need improvement or development?</td>
</tr>
</tbody>
</table>

Decision-making

- Services and programs are designed to support clients to achieve self-determination and autonomy
- Service delivery respects client rights to make their own informed decisions and have their preferences considered
- Decision-making processes are culturally appropriate, flexible and tailored for local need
- Aboriginal clients and their families are actively supported to contribute to decisions

Examples

- Policy statements that support clients to achieve self-determination and autonomy
- Case management procedures that indicate how clients are supported to make informed choices and decisions
- Client feedback showing satisfaction with the way the service has:
  - respected their rights and preferences
  - facilitated their autonomy and self-determination
  - supported their participation
  - responded to their concerns and changing needs
<table>
<thead>
<tr>
<th>Practice requirements (✓ tick the practices your service can demonstrate)</th>
<th>Documentation</th>
<th>Areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participation and social inclusion</strong>&lt;br&gt;☐ Case management policies and procedures are in place to enable clients to actively participate in their service planning and make choices about engaging in other forms of social or community participation&lt;br&gt;☐ Service practice reflects culturally supportive and inclusive methods for Aboriginal clients and families, and clients and families from culturally and linguistically diverse backgrounds</td>
<td><strong>Examples</strong>&lt;br&gt;● Social inclusion policy&lt;br&gt;● Activities and programs designed to assist people to participate in community activities, education, employment, and other areas of life relevant to their circumstances</td>
<td>Are there any identified areas that need improvement or development?</td>
</tr>
</tbody>
</table>

**Other**<br>(note any other ways your service currently meets this Standard)

**Barriers and constraints**<br>List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 3.
Standard 4: Service outcomes

Clients are assisted and supported to move out of homelessness or to avoid becoming homeless by the development, delivery and review of quality programs and services that meet individual client needs.

Meeting this standard

Your organisation ensures:

- services are based on evidence of successful outcomes
- services are designed around effective working practices
- necessary client data is effectively captured
- outcomes are monitored, evaluated and used to inform practice.

There are processes in place for monitoring, reviewing and improving outcomes in this area.

<table>
<thead>
<tr>
<th>Practice requirements (✓ tick the practices your service can demonstrate)</th>
<th>Documentation</th>
<th>Areas for improvement</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)</td>
<td>Are there any identified areas that need improvement or development?</td>
</tr>
</tbody>
</table>

Service design

- Service design meets the requirements of one or more of the four core service responses identified in the SHS Program Guidelines:
  - prevention and early intervention
  - rapid re-housing
  - crisis and transition response
  - intensive responses for complex needs clients

Examples

- Service description or overview
- Policies and procedures for relevant core service responses
### Service delivery

- Services provided to clients are coordinated and integrated under a documented case management plan with defined goals
- Case management planning demonstrates flexibility in response to changing client needs
- Procedures are in place to document how case management is conducted
- Delivery is reliable, with services delivered according to a planned schedule, appointment times kept, and requests responded to promptly
- Transition (exit) plans are developed and documented for each client that receives a service other than assessment and/or referral

### Examples

- Case management procedures
- Template for individual service plans specifying the agreed objectives, activities and review schedule
- Examples of case management plans
- Policy and procedures that support service coordination and integration
- Policy and procedures for client exit or transition from the service
- Up-to-date manuals or guides for staff relating to practice approaches and service models
- Staff training records
- Client feedback showing their satisfaction that services and programs are coordinated and responsive

### Areas for improvement

Are there any identified areas that need improvement or development?
<table>
<thead>
<tr>
<th>Practice requirements</th>
<th>Documentation</th>
<th>Areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Are there any identified areas that need improvement or development?</td>
</tr>
</tbody>
</table>

**Documentation**

- Data requirements concerning clients are defined and systems are in place to capture this data

**Examples**

- Client data management system
- Documented systems and procedures for maintaining client records
- Audit reports of individual file records providing evidence that procedures for record maintenance are implemented

**Evaluation and continuous improvement**

- Client outcomes are defined and monitored
- The service uses evidence on the outcomes for clients to improve existing services

**Examples**

- Procedures and schedule for monitoring and evaluating client outcomes
- Percentage of clients who have had their risk of homelessness resolved or reduced
- Service delivery logic diagrams or outcomes using Results Based Accountability for example

**Other**

(note any other ways your service currently meets this Standard)

**Barriers and constraints**

List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 4.
### Standard 5: Service system

Outcomes for individuals and communities are improved by the provider working collaboratively with other providers and agencies.

#### Meeting this standard

Your service collaborates with other agencies to:

- provide clients with seamless and integrated services that maintain service continuity
- improve understanding and service delivery practice across the sector.

There are processes in place for monitoring, reviewing and improving outcomes in this area.

#### Practice requirements

<table>
<thead>
<tr>
<th>✓ tick the practices your service can demonstrate</th>
</tr>
</thead>
</table>

#### Interagency coordination and collaboration

- Mutually agreed collaborative policies and procedures are in place with other organisations to coordinate services, make best use of resources and improve case management
- The service effectively develops and utilises referral networks to meet the needs of Aboriginal clients and clients from culturally and linguistically diverse backgrounds
- The service regularly reviews its collaborative policies and procedures
- Staff are trained and supported in understanding the service system, referral networks and interagency arrangements

#### Documentation

Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)

#### Areas for improvement

Are there any identified areas that need improvement or development?

#### Examples

- Plan that identifies key partners in providing integrated services
- Memorandum of understanding or protocols for collaboration with other services
- Outcomes of interagency work, showing the impact on clients
- Stakeholder and staff feedback on the effectiveness of interagency relationships
- Staff training records
## Practice requirements

(✓ tick the practices your service can demonstrate)

### Documentation

Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)

### Areas for improvement

Are there any identified areas that need improvement or development?

### Sector collaboration and development

- The service participates in formal and informal networks and forums to improve professional practice, contribute to systemic improvements, and raise community awareness
- The service initiates or participates in research or professional practice development projects with other organisations to contribute to the knowledge and practice in the field
- The service actively partners with organisations that support Aboriginal clients and clients from culturally and linguistically diverse backgrounds

#### Examples

- Records of participation in relevant networks
- Number and type of joint projects/activities undertaken in collaboration with other services
- Outcomes of collaborative projects/activities

### Other

(note any other ways your service currently meets this Standard)

### Barriers and constraints

List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 5.
Governance and management

Standard 6: Governance

The governing entity defines clear goals and purposes for the provider, adapts to and manages change, develops strategies to achieve and monitor the provider, and is accountable for all its activities.

Meeting this standard

The governing entity of your service ensures robust and effective:

- governance
- internal and external accountability
- strategic and business planning
- strategic risk management
- regulatory and legislative compliance
- continuous quality improvement.

There are processes in place for monitoring, reviewing and improving outcomes in this area.
<table>
<thead>
<tr>
<th>Structure and accountability</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The roles of, and relationship between the governing body/management committee and the Chief Executive Officer/Manager are clearly defined</td>
<td>- Documentation of the lines of authority, delegation and communication</td>
</tr>
<tr>
<td>- There is a clear process of selection, orientation and training for the governing body/management committee, and its performance is regularly evaluated</td>
<td>- Procedures for the selection, orientation and training of members of the governing body/management committee</td>
</tr>
<tr>
<td>- The composition of the governing body/management committee reflects, as far as possible, the cultural diversity of the service area by having representation of people from diverse and disadvantaged backgrounds</td>
<td>- Profile of the composition of the governing body/management committee</td>
</tr>
<tr>
<td>- Lines of authority and delegation of responsibility throughout the organisation are clearly defined and communicated</td>
<td>- Roles and responsibilities of governing body/management committee, executive officer and managers</td>
</tr>
<tr>
<td></td>
<td>- Records of governing body/management committee meeting minutes</td>
</tr>
<tr>
<td></td>
<td>- Evaluation outcomes of the performance and capacity of the governing body/management committee</td>
</tr>
</tbody>
</table>
## Strategic communication

- The organisation’s goals, plans and achievements are documented and clearly communicated to staff and stakeholders.
- There are plans and strategies for realising the organisation’s goals and potential, and they are regularly reviewed and monitored.

### Examples
- Documents explaining the organisation’s goals, plans and achievements such as the annual report, strategic plan and newsletters.
- Strategic/business plan setting out measurable short- to medium-term goals and performance indicators.
- Process for monitoring and reviewing the strategic and business plans.
- Achievement of the organisation’s goals as set out in the strategic or business plans.

## Planning, evaluation and quality improvement

- The organisation actively involves staff, clients and stakeholders, and responds to their input in the planning processes, including community needs assessment, setting goals and planning activities.
- The organisation conducts evaluations and uses the findings to modify and improve activities.

### Examples
- Documented systems and plans for organisational and service monitoring, review and improvement.
- Mechanisms for collecting and responding to staff and stakeholder feedback and suggestions.
- Service evaluation outcomes are reviewed against planned targets, goals and objectives.
### Practice requirements
(✓ tick the practices your service can demonstrate)

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)</td>
<td>Are there any identified areas that need improvement or development?</td>
</tr>
</tbody>
</table>

#### Strategic risk management

- Major risks such as financial viability are identified and managed to ensure the long-term success of the organisation

#### Examples
- Policy and procedures for strategic risk management
- Results of risk analysis and response plan
- Strategic risk management plan

#### Regulation and policy

- The organisation complies with all relevant laws and regulations

#### Examples
- Policy and procedures manuals
- Legal compliance register

#### Other

( выходить не вашиыми словам вашей любви )

(note any other ways your service currently meets this Standard)

#### Barriers and constraints

List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 6.
Standard 7: Systems management

There are effective management systems and strategies to ensure the provider’s goals are met.

<table>
<thead>
<tr>
<th>Meeting this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organisation ensures it has robust and effective systems for:</td>
</tr>
<tr>
<td>• management of finances, assets and resources</td>
</tr>
<tr>
<td>• data and information management</td>
</tr>
<tr>
<td>• workplace health and safety, and other operational risks</td>
</tr>
<tr>
<td>• facilities management, safety and security</td>
</tr>
<tr>
<td>• policy development, implementation and review</td>
</tr>
<tr>
<td>• administration.</td>
</tr>
<tr>
<td>There are processes in place for monitoring, reviewing and improving outcomes in this area.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice requirements (✓ tick the practices your service can demonstrate)</th>
<th>Documentation</th>
<th>Areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy implementation</td>
<td>Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)</td>
<td>Are there any identified areas that need improvement or development?</td>
</tr>
<tr>
<td>□ The organisation has clear, documented policies and procedures to deliver its services, which are implemented consistently</td>
<td>Examples</td>
<td></td>
</tr>
<tr>
<td>□ There are documented processes for policy development and review</td>
<td>• Policy and procedures manuals</td>
<td></td>
</tr>
<tr>
<td>Information management</td>
<td></td>
<td>• Procedures for policy development and review</td>
</tr>
<tr>
<td>□ There is a systematic, ethical and secure way to collect, store and share data</td>
<td></td>
<td>• Staff feedback on implementation of key policies</td>
</tr>
</tbody>
</table>

Examples

- Policy and procedures manuals
- Procedures for policy development and review
- Staff feedback on implementation of key policies

Examples

- Policy and procedures for data collection and protection of privacy
- An information management plan
- Staff feedback on the efficiency of the data management and information systems
<table>
<thead>
<tr>
<th>Practice requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ tick the practices your service can demonstrate</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any identified areas that need improvement or development?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial and asset management</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ There is a transparent financial management system that meets the organisation’s information and compliance needs</td>
</tr>
<tr>
<td>□ A record is kept of assets, and an asset management plan is maintained and implemented</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Documented accounting practices and systems that meet Australian accounting standards</td>
</tr>
<tr>
<td>● Procedures to guard against fraud</td>
</tr>
<tr>
<td>● Current budget</td>
</tr>
<tr>
<td>● Independent financial audit reports</td>
</tr>
<tr>
<td>● Asset management plan and register</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operational risk management</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Risks (e.g. finance, insurance, staffing issues) are systematically identified, assessed and managed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>● A risk management plan that identifies, analyses, assesses, monitors and communicates risks</td>
</tr>
<tr>
<td>● Certificates of currency for insurance policies</td>
</tr>
<tr>
<td>● Critical incident reports and records</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workplace health and safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Workplace health and safety issues are identified and addressed to reduce illness and injury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Documented policy covering workplace health and safety and meeting the relevant legislation</td>
</tr>
<tr>
<td>● Fire audit reports</td>
</tr>
<tr>
<td>● Number of workplace health and safety issues reported and handled</td>
</tr>
</tbody>
</table>
### Practice requirements
(✓ tick the practices your service can demonstrate)

### Documentation
Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)

### Areas for improvement
Are there any identified areas that need improvement or development?

<table>
<thead>
<tr>
<th>Facilities management</th>
<th>Examples</th>
<th>Areas for improvement</th>
</tr>
</thead>
</table>
| ✓ The physical resources, including equipment and facilities are well organised, maintained and managed | • Facilities management plan describing the process of maintaining equipment and facilities, including budgets for repairs and maintenance of facilities  
• Staff and volunteer feedback on the adequacy, appropriateness and safety of available equipment and facilities necessary for their work | |

<table>
<thead>
<tr>
<th>Other (note any other ways your organisation/service currently meets this Standard)</th>
<th>Examples</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Systems are in place to monitor the Joint Working Agreement managed by the lead provider</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Barriers and constraints
List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 7.
Standard 8: Human resource management

The provider develops and supports its workforce, both paid and voluntary, to ensure the effectiveness of its services.

Meeting this standard
The organisation ensures effective systems are in place for:

- workforce planning
- pre-employment checks, screening and registration
- recruitment, selection and induction
- EEO, anti-discrimination and diversity
- performance review and management
- learning and professional development
- collaboration and teamwork.

There are processes in place for monitoring, reviewing and improving outcomes in this area.
<table>
<thead>
<tr>
<th>Practice requirements (✓ tick the practices your service can demonstrate)</th>
<th>Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)</th>
<th>Areas for improvement Are there any identified areas that need improvement or development?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human resource planning</strong></td>
<td><strong>Examples</strong></td>
<td></td>
</tr>
<tr>
<td>□ A documented human resources plan is in place to support the existing and long-term goals of the organisation</td>
<td>● Human resource plan with projected number of staff and skills mix required to meet the goals set out in the organisation’s strategic or business plans</td>
<td></td>
</tr>
<tr>
<td>□ The organisation employs a workforce that is reflective of the cultural and linguistic diversity within the broader community</td>
<td>● Profile of the organisation’s workforce</td>
<td></td>
</tr>
<tr>
<td>□ The organisation’s strategic workforce and service planning includes recruitment and retention of Aboriginal and culturally and linguistically diverse staff</td>
<td>● Reviews of current organisational capacity in terms of appropriate qualifications, skills, attitudes and experience of staff</td>
<td></td>
</tr>
<tr>
<td>□ All staff and volunteers have appropriate qualifications, skills and experience to deliver the services they are responsible for</td>
<td><strong>Recruitment, selection and induction</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Human resource plan with projected number of staff and skills mix required to meet the goals set out in the organisation’s strategic or business plans</td>
<td><strong>Examples</strong></td>
<td></td>
</tr>
<tr>
<td>● Profile of the organisation’s workforce</td>
<td>● Documented policy and procedures for recruitment, selection, appointment and termination of staff and volunteers</td>
<td></td>
</tr>
<tr>
<td>● Reviews of current organisational capacity in terms of appropriate qualifications, skills, attitudes and experience of staff</td>
<td>● Procedure for pre-employment checks</td>
<td></td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Documented policy and procedures for recruitment, selection, appointment and termination of staff and volunteers</td>
<td>● Documented orientation program for all newly recruited staff and volunteers</td>
<td></td>
</tr>
<tr>
<td>● Procedure for pre-employment checks</td>
<td>● Proportion of staff and volunteers who receive timely orientation</td>
<td></td>
</tr>
</tbody>
</table>
### Practice requirements

(✓ tick the practices your service can demonstrate)

<table>
<thead>
<tr>
<th>Management</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Staff are employed in accordance with industrial awards and standards</td>
<td>● Job contracts and conditions of employment</td>
</tr>
<tr>
<td>□ The organisation has policies and procedures in place to remedy situations where staff and/or volunteers have acted inappropriately or provided poor or unacceptable services</td>
<td>● Position description documents</td>
</tr>
<tr>
<td>□ Human resource systems (eg annual appraisals, payroll, acknowledgement of contribution) to enable the organisation to function effectively</td>
<td>● Staff disciplinary policy and procedures</td>
</tr>
<tr>
<td></td>
<td>● Level of job satisfaction of staff</td>
</tr>
<tr>
<td></td>
<td>● Levels of sick leave, stress leave and worker’s compensation cases</td>
</tr>
<tr>
<td></td>
<td>● Exit interview procedures</td>
</tr>
<tr>
<td></td>
<td>● Code of ethics for staff and volunteers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training and development</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ All staff and volunteers receive supervision, support and training that assist them to contribute to the goals of the organisation</td>
<td>● Documented systems for supervision, performance appraisals, training and development</td>
</tr>
<tr>
<td></td>
<td>● Procedures for identifying and meeting staff development needs</td>
</tr>
<tr>
<td></td>
<td>● Staff development register or records</td>
</tr>
</tbody>
</table>

### Documentation

Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)

### Areas for improvement

Are there any identified areas that need improvement or development?
<table>
<thead>
<tr>
<th>Practice requirements (✓ tick the practices your service can demonstrate)</th>
<th>Documentation</th>
<th>Areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equal Employment Opportunity (EEO) and anti-discrimination</strong>&lt;br&gt;☐ The organisation has in place EEO plans, policies and practices to ensure the workplace is free from all forms of unlawful discrimination and harassment&lt;br&gt;☐ The organisation has in place affirmative measures to assist EEO groups (including women, Aboriginal people, members of racial, ethnic and ethno-religious minority groups, and people with a disability) to overcome past and present disadvantage</td>
<td><strong>Examples</strong>&lt;br&gt;• Documented Equal Employment Opportunity (EEO) policy or plan&lt;br&gt;• Policy and procedures for anti-discrimination, harassment and bullying&lt;br&gt;• Profile of the organisation’s workforce</td>
<td><strong>Areas for improvement</strong>&lt;br&gt;Are there any identified areas that need improvement or development?</td>
</tr>
<tr>
<td><strong>Other</strong> (note any other ways your service currently meets this Standard)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Barriers and constraints</strong>&lt;br&gt;List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 8.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TAB B  Support tool: Client charter model

Are you currently homeless or at risk of becoming homeless?

We will work with you to make sure you receive the best possible assistance to avoid becoming homeless or, if you are homeless, to access safe, affordable and secure housing.

We are committed to working with you in a respectful way that protects your dignity, is fair, and does not discriminate.

- You will be treated in a professional, courteous and caring manner that respects and appreciates differences related to race, ethnicity, national origin, gender, sexual orientation, religion, personal values, age, disability, and economic status.
- Your personal privacy will be respected and confidentiality protected, except where we have a legal obligation, and we will explain to you what this means when you use our service.
- You have the right to use our service if it matches your needs and what we are funded to provide.
- We will work in partnership with you to identify your needs and develop a plan with you and other agencies to meet your needs.
- You have the right to put forward a complaint and we will respond in a confidential, respectful and timely way.
- We will inform you of your rights and responsibilities when you receive a service from us.
- You will be provided with opportunities to take an active role in the decision-making processes of our service.
- We will provide you with a range of suitable referral and support options so you can make a decision on which service you prefer to work with.
- We aim for you to feel safe and we will have systems in place to ensure protection from harm.
- You can expect our service to meet health and safety requirements.
- You will receive the same quality and level of service regardless of your gender, religious, cultural or linguistic background, sexual orientation, age, disability, or family status.
- We will regularly ask for your opinions, and seek suggestions on the services we offer.
- If you have a child under 16 years, you have the right to have their needs considered and linked to suitable responses.

As a client of a Specialist Homelessness Service you have a responsibility to:

- be respectful of others, including staff, volunteers and other clients
- be respectfulful of the organisation’s property
- be an active participant in your service
- participate in the service in a fit state (not under the influence of drugs or alcohol)
- maintain confidentiality regarding information about other clients or participants in groups or programs
- provide accurate information about yourself in order to receive the best service.
### TAB C Support tool: Tips for making sure the complaints and feedback system works well for clients

| Create a respectful and sensitive environment that welcomes feedback and complaints, to assist a client to make a complaint without fear of retribution or negative consequences. Elements of a supportive environment can include positive and encouraging staff, and providing a quick response to a person’s needs. |
| Ensure clients can register complaints in ways that are comfortable and appropriate for them, for example, not having to give the complaint to a staff person they may be complaining about, and ensuring language or literacy is not a barrier. |
| Assure the person making the complaint that their concerns will be treated with respect, resolved in a timely manner, and that confidentiality will be maintained throughout the process. |
| Ensure the complaints process has been clearly communicated to the person making the complaint in a way that reflects their personal and cultural needs. This includes actively listening to the person and acknowledging their concerns. |
| Ensure the client is informed, supported and included at all stages of the complaints process. This may include the involvement of an advocate or support person for the client. |
| Work with a client to explore alternative resolution options such as mediation, conciliation, or referral to a third party in cases where every effort has been made to reach a local resolution. |
| Work with a client to identify alternative service delivery options in situations where a continuation of the service is not desired. |
TAB D Support tool: Information for clients and stakeholders

All clients need to be informed of their rights and responsibilities at the earliest possible stage of their involvement with the service. This includes their right to make a complaint or appeal a decision.

One way of alerting clients to this is to have a sign on display (like the one below). Clients should be told about the policy and where they can find a copy of it when they become clients of the service.

What we can do if things go wrong

We aim to provide an efficient and effective service at all times. However, things do go wrong and when this happens we want to put them right quickly. We promise at all times to give you an explanation of our actions, and if we have done something wrong, to put it right and apologise.

If you have a complaint about any part of our service you should contact a staff member. If you are not happy with their response and would like to make a formal complaint, please use our complaints procedure by […].

If you do make a complaint we will make sure you continue to receive quality services and safely access our service while your complaint is being investigated.

Clients need to understand how they can make a complaint or lodge an appeal, and also how it will be dealt with. They need to understand who can assist them (e.g. support person, advocate, interpreter), how the SHS provider will deal with the complaint or appeal, the steps involved, and the timelines.

The organisation needs to consider issues for clients such as literacy, and literacy in English, and have processes in place to ensure all clients understand their rights and the processes open to them.

When clients are informed about the complaints process they should be made aware that:

- their feedback is valued
- their concerns will be dealt with promptly, simply and confidentially
- they will not be penalised for making a complaint
- they can use an advocate or support person
- there are independent avenues if they are not satisfied by the internal process (e.g. NSW Ombudsman, NSW Privacy Commissioner).
An example of information for clients:

### Our complaints procedure

Your feedback on our service is important to us. We welcome your comments on any aspect of our service.

You have the right to make a complaint if you are not happy with any aspect of the service. Your complaint will be taken seriously and dealt with fairly. Your complaint will be dealt with in a confidential manner.

If you would like to make a complaint you can go about it by:

- speaking to a member of staff or the manager of the service, or
- writing a letter or email to the manager of the service (saying simply what your complaint is about). If you need assistance with writing out your complaint, you can ask a member of staff or a friend to help you.

While the complaint is being investigated you will be kept informed of the process.

We will deal with your complaint in a prompt manner, usually not more than 14 days.

If you don’t feel comfortable speaking with or writing to us about your complaint, you or a friend or support person can contact the NSW Ombudsman. The Ombudsman is an independent watchdog whose job it is to protect the rights of people using community services. You can discuss your complaint with them.

If you do make a complaint we will make sure you continue to receive quality services and safely access our service while your complaint is being investigated.

### How to contact the NSW Ombudsman

Phone: 02 9286 1000
Toll free (outside Sydney metro): 1800 451 524
Website: www.ombo.nsw.gov.au  Email: nswombo@ombo.nsw.gov.au

### How to contact the NSW Privacy Commissioner

Phone: 1800 472 679
Website: www.ipc.nsw.gov.au  Email: ipcinfo@ipc.nsw.gov.au
TAB E Support tool: Information for staff and managers

The following flow chart outlines the various steps in the complaints process, from ensuring clients know their right to make a complaint or appeal a decision, through to the resolution stage of a complaint.

The flow chart can be adapted for your organisation to show who is responsible for dealing with a complaint, how it will be dealt with, and when. It explains the different methods of resolution – internal or external – and why and how a complaint would be investigated and resolved.

Ensure clients are aware of their rights, including the right to make a complaint or appeal a decision

Receiving the complaint

Identify which member of staff or management receives the formal complaint

Options include:
- case coordinator or service coordinator
- a nominated complaints ‘officer’ external to the organisation
- a member of the board or management committee.

Explain how the complaint will be registered or recorded, what procedure will be followed, what information will be asked for, and in what format

Consider:
- a standard form, a consistent format for statistical and case records
- the way clients will be advised about the type of information they are required to put in writing, and an alternative to a written complaint for clients who have limited literacy in English
- an explanation of the range of possible outcomes.

Indicate how long it will take to investigate and report back

- a reasonable time is 14 days.
**Internal resolution**

**Explain the method for internal investigation and resolution of a complaint**

Investigation must include the following steps:

- assessment of the complaint and whether it should be handled internally or dealt with by an agency that specialises in complaints and mediation
- gather all relevant information from the complainant. Listen to what they say and how they want the complaint resolved. This should be done in an open and consistent way, ensuring confidentiality and using an interview process.

If a complaint proceeds:

- document all the information gathered and talk to all parties involved in the situation
- analyse information using the principles that have been identified and any relevant policies, procedures, guidelines, or legislation
- decide how the complaint can be resolved and recommend appropriate action based on the above to all parties involved, in writing
- inform the complainant of any other avenues for further complaint if they are still not satisfied, for example, advising the complainant they can contact the NSW Ombudsman to seek resolution.

**External resolution of the complaint**

**Explain the procedure for external investigation and resolution**

This should include:

- if a complaint cannot be resolved internally, the matter may be referred to a qualified mediator who has been previously identified by the SHS
- failing resolution of complaint at a local level, the matter may be referred to an appropriate external body, for example, the NSW Ombudsman.
TAB F Support tool: Managing complaints policy template

**POLICY CODE OR NUMBER**  MANAGING COMPLAINTS

<table>
<thead>
<tr>
<th>Applies to:</th>
<th>Version:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific responsibility:</td>
<td>Date approved:</td>
</tr>
<tr>
<td></td>
<td>Next review date:</td>
</tr>
</tbody>
</table>

**Policy context:** This policy relates to

<table>
<thead>
<tr>
<th>Standards or other external requirements</th>
<th>[insert standards or external requirements that apply]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation or other requirements</td>
<td>[insert any other legislation that applies]</td>
</tr>
<tr>
<td>Contractual obligations</td>
<td>[insert any contractual obligations that apply]</td>
</tr>
</tbody>
</table>

**POLICY STATEMENT**

[Insert ORGANISATION NAME] is committed to ensuring that any person or organisation using [insert ORGANISATION NAME], our services or affected by our operations has the right to lodge a complaint or appeal a decision of the organisation and to have their concerns addressed in ways that ensure access and equity, fairness, accountability and transparency.

The organisation will provide a complaints and appeals management procedure that:

- is simple and easy to use
- is effectively communicated and promoted to all clients and stakeholders
- ensures complaints or appeals are fairly assessed and responded to promptly
- is procedurally fair and follows principles of natural justice
- complies with legislative requirements.
PRINCIPLES

[Insert ORGANISATION NAME] will:

- consider all complaints it receives
- treat all complainants with respect, recognising that the issue of complaint is important to the complainant
- maintain confidentiality of parties involved, keeping any information private to those directly involved in the complaint and its resolution
- ensure advocacy is available to clients who make a complaint and require support
- resolve complaints, where possible, to the satisfaction of the complainant
- deal with all complaints in a timely manner
- keep parties to the complaint informed of progress of the complaint
- ensure that [Board/Management Committee] members, staff, and [volunteers/others] are given information about the complaints procedure as part of their induction and are aware of procedures for managing client feedback and complaints
- ensure all service users, stakeholders and members are aware of the complaints policy and procedures
- ensure a complainant is not penalised in any way or denied the use of services during the progress of an issue
- ensure feedback data (both positive and negative) is considered in organisational reviews and in planning service improvements.

PROCEDURES

Information for clients and stakeholders

[Insert ORGANISATION NAME] complaints and appeals procedure will be documented for clients and stakeholders in [name of public document or statement] which is available [describe where and how it can be accessed].

All clients will be informed of their rights and responsibilities with regard to complaints and appeals at the earliest possible stage of their involvement with the organisation.

The [name of public document or statement] will contain information on the following:

- how to make a complaint or lodge an appeal
- contact person for lodging a complaint or appeal
- how the organisation will deal with the complaint or appeal, the steps involved, and the timelines
- the rights of the complainant to an advocate, support person or interpreter
- how the person will be informed about the outcome of their complaint or appeal
- how to make a complaint to an external body including contact details.

The information will also be made available to clients [describe how clients with limited access to written English will be made aware of this information].
Making a complaint

A client wishing to make a complaint may do so in writing or verbally to:

- the staff member they were dealing with at the time
- the [manager/supervisor] of that staff member
- the [senior staff position]
- the [Board/Management Committee], or
- [specify relevant external body].

If the complaint is about:

- a staff member, the complaint will normally be dealt with by [senior staff position]
- a [senior staff position], the complaint will normally be dealt with by [most senior staff position/Board Chair or President]
- [most senior staff position] the complaint will normally be dealt with by [Board Chair or President].

Written complaints may be sent to [postal/email address]. [Staff position] will be responsible for receiving this correspondence and directing it to the appropriate person.

Lodging an appeal

Clients or their advocates may lodge an appeal if they disagree with a decision made by the organisation or by a staff member, related to [list types of decisions that clients can appeal]. An appeal should be made in writing [specify form or format] and submitted to [staff position].

Procedure for complaints and appeals management

The person managing the complaint will be responsible for:

1. Processing the complaint or appeal:
   - registering the complaint or appeal in [register or database]
   - informing the complainant that their complaint has been received and providing them with information about the process and timeframe.

2. Investigating the complaint or appeal:
   - examining the complaint within [timeframe] of the complaint being received
   - investigating the complaint and deciding how to respond
   - informing the complainant by letter within [timeframe] of the complaint being received of what is being done to investigate and resolve it, and the expected timeframe for resolution.

As far as possible, complaints or appeals will be investigated and resolved within [timeframe] of being received. If this timeframe cannot be met, the complainant will be informed of the reasons why and of the alternative timeframe for resolution.
3. Resolving the complaint:
   - making a decision or referring to the appropriate people for a decision within [timeframe] of the complaint being received
   - informing the complainant of the outcome:
     ◆ upheld (and if so what will be done to resolve it)
     ◆ resolved (and how this has been achieved)
     ◆ if no further action can be taken, the reasons for this.
   - informing the complainant of any options for further action if required.

4. Reviewing the complaint:
   - If the complainant is not satisfied with the investigation and proposed resolution of their complaint or appeal they can seek a further review of the matter by [specify who handles this and the timeframe].

5. Referral to external procedure:
   - A formal external complaints procedure may follow Step 4 if the complainant is still not satisfied with the outcome. The complainant will be referred to [specify external body].

6. Advising FACS of complaints:
   - A summary of the number of complaints and compliments received in a financial year and their outcomes should be reported to FACS contract managers during the annual self-assessment process.

Record keeping
A register of complaints and appeals will be kept in [register or database and location]. The register will be maintained by [staff position] and will record the following for each complaint or appeal:
   - details of the complainant and the nature of the complaint
   - date lodged
   - action taken
   - date of resolution and reason for decision
   - indication of complainant being notified of outcome
   - complainant response and any further action.

Copies of all correspondence will be kept in [location].
The complaints register and files will be confidential and access is restricted to [staff positions].

A statistical summary of complaints and appeals will also be kept in [database/spreadsheet] and maintained by [staff position]. [Staff position] will be responsible for preparing a report on [type of information to be reported] [frequency or timing of report] to [staff position/staff group/Board or Management Committee].
Results from this report will be reviewed by [staff position/staff group/Board or Management Committee] and used to:

- inform service planning by including a review of complaints and appeals in all service planning, monitoring and evaluation activities
- inform decision-making by including a report on complaints and appeals as a standard item on staff and management meeting agendas
- [other].

Complaints involving specific staff members [or volunteers]

The [senior staff position] has delegated responsibility for resolving complaints or disputes involving staff members [or volunteers].

Where a staff member [or volunteer] makes a complaint concerning another staff member [or volunteer], this will be dealt with in accordance with the [organisation’s grievance, complaints and disputes policy].

Complaints by clients or stakeholders made against a staff member [or volunteer] will be managed by the [senior staff position] who will:

- notify the staff member [or volunteer] of the complaint and its nature
- investigate the complaint and provide the staff member [or volunteer] with an opportunity to respond to any issues raised
- attempt to mediate the dispute (if appropriate) and/or attempt to resolve the matter to the satisfaction of the outside party
- take any other action necessary to resolve the issue.

Any disciplinary action against a staff member [or volunteer] arising from a complaint will be taken in accordance with the procedures contained in [organisation’s disciplinary procedures].

Complaints involving the [most senior staff position] will be managed by [Board Chair or President].

Complaints involving organisation members or [Board/Management Committee] members

Complaints made against a member or [Board/Management Committee] member will be referred to the [Chair/President]. The [Chair/President], or their delegate, will:

- notify the person about whom a complaint is being made of the complaint and its nature
- investigate the complaint and provide the member with an opportunity to respond to any issues raised
- attempt to mediate the dispute (if appropriate) and/or attempt to resolve the matter to the satisfaction of the outside party.
Where the [Chair/President] is the subject of a complaint, the complaint should be referred to [other office bearer/s].

If the matter remains unresolved, the [Chair/President or notified office bearer] will raise the matter at the next [Board/Management Committee] meeting. Depending on the seriousness of the complaint, the [Board/Management Committee] may:

- deal with the matter at its meeting
- refer the matter to the [process outlined in the organisation’s constitution].

**DOCUMENTATION**

<table>
<thead>
<tr>
<th>Documents related to this policy</th>
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<tbody>
<tr>
<td>Related policies</td>
</tr>
<tr>
<td>Forms, record keeping or other organisational documents</td>
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</tbody>
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<table>
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<tr>
<th>Reviewing and approving this policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
</tr>
<tr>
<td>[How often will this policy be reviewed?]</td>
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<table>
<thead>
<tr>
<th>Policy review and version tracking</th>
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<tbody>
<tr>
<td>Review</td>
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<td>1</td>
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<td>2</td>
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<td>3</td>
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*Source: Management Support Online (MSO) Tools, BNG NGO Services Online*
The NSW Ombudsman

The Ombudsman is the independent and impartial watchdog for community services in NSW. The role of the Ombudsman is to:

- promote and protect the rights and best interests of consumers of community services in NSW, and
- assist providers to meet their obligations under the community welfare legislation.

The Ombudsman carries out its role under the Community Services (Complaints, Reviews and Monitoring) Act 1993 and the Ombudsman Act 1974.

The Office of the Ombudsman has a range of responsibilities in relation to complaints about community and disability services:

- handling complaints, and helping service recipients to make complaints
- reviewing the causes and patterns of complaints and how they are managed by services; and looking at ways to improve the handling and outcome of complaints
- providing information, education, and training relating to the making, handling, and resolution of complaints
- helping services to improve their complaints procedures and systems.

The Ombudsman can deal with oral and written complaints about the conduct of a range of community service providers, including specialist homelessness services. The complaint can be made by the individual or any person who is responsible for, or is a close friend of, the person who is receiving the service.

What can people complain about?

People can complain if they believe a provider has acted unreasonably in the way it provides or fails to provide a community service, or withdraws or varies a service, or in the way it administers a community service.

Both the conduct of the provider and/or the conduct of any employee of the service can be the subject of a complaint.

Complaints to the Ombudsman can be made via letter, online or in person.
What options does the Ombudsman have when dealing with complaints?

When handling community services complaints, the Ombudsman can:

- make enquiries: The Ombudsman may ask the agency or provider to provide them with information about what has happened and what they have done to resolve the complaint.
- refer the complaint to the provider for local resolution or investigation: The Ombudsman may ask the provider to sort out the problem with the complainant and to report back to them about the solution and the outcome. Complainants can contact the Ombudsman again if they are not satisfied with what the provider does as a result of their complaint.
- conciliate a complaint
- investigate a complaint, particularly if it raises serious questions about the current safety, care and/or treatment of a vulnerable service receiver, or issues of public interest or public safety
- take no further action about a complaint, for example, if the complaint is about events that happened more than 12 months ago and there are no current issues, or if the issues the subject of complaint have been, or can be, appealed to or reviewed by a Tribunal or Court.

In all cases, the Ombudsman will tell the complainant, in writing, what has been decided in relation to a complaint and the reasons for the decision.

Where complaints are not declined at the outset, the Ombudsman will usually notify the provider of the complaint and how it is to be dealt with.

How does the Ombudsman assess standards of services and conduct?

The primary criteria are:

- the best interests of the person receiving the service
- compliance with the objects, principles and provisions of the community welfare legislation.

The Ombudsman is not an advocate for individual consumers, but promotes improvements in the delivery of community services and the rights and best interests of consumers through its recommendations.

Contact details of the NSW Ombudsman

Phone: 02 9286 1000
Toll free (outside Sydney metro): 1800 451 524
Website: www.ombo.nsw.gov.au
Email: nswombo@ombo.nsw.gov.au
NSW complaints handling organisations, guidelines and resources for clients:

NSW Ombudsman. (2012) Do you want to make a complaint? Who to contact and some tips for making your complaint.


To accommodate clients without internet access, service providers may wish to print some copies of these resources and place them in a prominent location, such as a central notice board or common area, so they are available for clients to read.

During client orientation or assessment, providers should explain the client charter and how clients can provide feedback and complaints, and ensure clients understand these processes.

Endnotes

1. The business as usual performance measurement cycle is outlined in Pillar 1, section 2 of the Contract Governance Framework.

2. Adapted from: Standards in Action © June 2012 Ageing, Disability and Home Care, Department of Family and Community Services NSW

3. Examples of items which could be included in the report are: number of complaints received within a period of time; number of complaints resolved; number of complaints that are current; whether complaints were handled internally or externally; number of complaints grouped by category or type (to assist with identifying similar complaints that may be caused by a particular policy, system, process or practice); average time taken to reach resolution; and changes made to policy/systems/processes/practices as a result of complaints resolution.