



17 NOV 2020

On 28 October 2020, you emailed the Ministry of Social Development (the Ministry) requesting, under the Official Information Act 1982 (the Act), the following information:

- *When were the Social Sector Accreditation Standards Level 1 first published?*

The Social Sector Accreditation Standards are regularly reviewed and updated to ensure that the content remains current and relevant. The standards are defined, and key criteria must be met. The standards are produced with guidelines, which are designed to help service providers determine how they might demonstrate compliance with the standards.

Please see enclosed in the response a copy of the Social Sector Accreditation Standards Level 1 Memo. After being approved, the Social Sector Accreditation Standards Level 1 were then published on 29 April 2016. A copy of the original standards has also been included in the response for your reference. Further information on the current version of the Social Sector Accreditation Standards can be found here: <https://www.msd.govt.nz/what-we-can-do/providers/social-services-accreditation/accreditation-standards.html>.

You may note that the Social Sector Accreditation Standards included states that it is version 6. The Social Sector Accreditation Standards went through multiple drafts as the Cross-Government Accreditation Working Group (CGAWG) provided feedback before the Social Sector Accreditation Standards could be publicly released.

You will also note that some information pertaining to individuals is withheld under section 9(2)(a) of the Act in order to protect the privacy of natural persons. The need to protect the privacy of these individuals outweighs any public interest in this information.

The principles and purposes of the Official Information Act 1982 under which you made your request are:


- to create greater openness and transparency about the plans, work and activities of the Government,
- to increase the ability of the public to participate in the making and administration of our laws and policies and
- to lead to greater accountability in the conduct of public affairs.

This Ministry fully supports those principles and purposes. The Ministry therefore intends to make the information contained in this letter and any attached documents available to the wider public. The Ministry will do this by publishing this letter and attachments on the Ministry of Social Development's website. Your personal details will be deleted, and the Ministry will not publish any information that would identify you as the person who requested the information.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with this response in regards to the date the Social Services Accreditation Standards Level 1 were published, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui


Barry Fisk

General Manager, Social Services Accreditation





**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIAO ORA

Memo

To: Bryan McKee

From: 9(2)(a) Team Leader Inter-agency Accreditation Team, MSD
Approvals and 9(2)(a) Team Leader MSD Approvals

Date: 1 April 2016

Security level: IN CONFIDENCE

Approve the Social Sector Accreditation Standards and MSD Specialist Standards for use in Approval Assessments and embedding into the Resource Directory Approvals

Action: For Approval 1 April 2016

Purpose

This memo requests your approval to implement the Socials Sector Accreditation Standards and the MSD Specialist Standards for use in future MSD Approvals assessments and to embed these in the Resource Directory Approvals (RDA) as part of the Social Sector Accreditation Standards Implementation (SSASI) project.

List of Standards

- Social Sector Accreditation Standards Level 1 and Level 2
- Social Sector Accreditation Standards Level 3
- Social Sector Accreditation Standards Level 4
- MSD Specialist Standard – Care Services
- MSD Specialist Standard – Voice of Children
- MSD Specialist Standard - OSCAR
- MSD Specialist Standard – Outdoor Pursuits
- MSD Specialist Standard – Inter-country Adoptions Services
- MSD Specialist Standard – Iwi community Services
- MSD Specialist Standard – Iwi Social Services

Background

The SSAS were developed by the Cross-Government Accreditation Working Group and have been signed off and agreed by the following agencies:

- Ministry of Health but with caveats around the development of a robust implementation plan
- Ministry of Justice
- Ministry of Education
- Department of Corrections

Accident Compensation Corporation and Department of Internal Affairs are progressing towards signing off the SSAS.

Over the last year the provider sector were asked to feedback on the SSAS and MSD. Legal were consulted throughout this process.

Consultation Stakeholders


SSAS	Social Sector Agencies, providers, Approvals staff, MSD Legal, MSD service lines (CYF, SD and CI)
Care Services and Voice of Children	CYF Care and Protection, Office of the Chief Social Worker, Expert Advisory Panel review team, MSD Legal
OSCAR	OSCAR Network, Service Delivery OSCAR contracts, trial providers, Approvals staff, MSD Legal
Outdoor Pursuits	OSCAR Network, Service Delivery OSCAR contracts, trial providers, Approvals staff, MSD Legal
Iwi Social Service and Community Service Standards	9(2)(a) Iwi Social Service providers, MSD Legal, Te Runanganui o Ngati Porou, 9(2)(a)
Inter-country Adoptions Services	9(2)(a) Inter-country Adoptions team CYF, MSD Legal

Approve the implementation of the Socials Sector Accreditation Standards and the MSD Specialist Standards for use in future MSD Approvals assessments.

☒ Agree / ☐ Disagree

Approve embedding the Socials Sector Accreditation Standards and the MSD Specialist Standards in the Resource Directory Approvals (RDA) as part of the Social Sector Accreditation Standards Implementation (SSASI) project

☒ Agree / ☐ Disagree


Bryan McKee
Director MSD Approvals

31/3/2016
Date

New Zealand Government

Social Sector Accreditation Standards

Level 1

Introduction

These standards for accreditation are produced by the New Zealand Government for the accreditation of providers funded to deliver social services.

The purpose of standards for accreditation

As part of a quality assurance role, the New Zealand Government has established standards for accreditation which are designed to ensure organisations who deliver social services have the capacity and capability to deliver quality services against a consistent set of standards.

Accreditation supports government agencies to make decisions relating to the funding and contracting of organisations to deliver social services. However, accreditation does not guarantee that a government agency will negotiate, enter into or maintain a contract to fund an organisation.

The standards are defined and key criteria must be met. The standards are also produced with guidelines which are designed to help service providers determine how they might demonstrate compliance with the standards. The assessment of providers against the standards takes into consideration a range of factors including the specifications of the contracts for service delivery, the legal status of a provider, the size of the organisation and the nature of the services delivered.

The standards are regularly reviewed and updated as part of ensuring the content remains current. Information relating to the latest version of the standards and the accreditation process in general is available from the Ministry of Social Development (MSD). Please ensure you are working with the most recent version of the standards. These can be downloaded from the MSD website at www.msd.govt.nz, or you can email the Approvals team directly on MSD_provider_approval_team@msd.govt.nz.

Client-centred services

The organisation treats people with respect and delivers services in a manner that has regard for their dignity, privacy and independence.

1. The organisation promotes client-centred practice as central to its service development and delivery.

1.1 The organisation involves its clients and stakeholders in planning, implementation, and evaluation at all levels of the service to ensure services are current and responsive.

Guidance:

Evidence may include:

- policies and procedures relating to client participation in service development and review
- policies that support the rights of clients, eg un-impaired access to personal items
- recognition of clients' views in governance and strategic planning
- client participation in organisational decision-making, such as recruitment or through sub-committee activities
- client participation in targeted evaluations and continuous improvement activities
- client engagement in planning and programming decisions
- choice of activities, programmes or individual package options, such as choice of key worker and development of personal goals
- training, education and staff development
- programme responsiveness to needs and trends of clients
- family/whānau engagement in the above processes where applicable.

2. The organisation provides services that are accessible to people with disability.

Guidance:

Evidence may include:

- an accessible, barrier-free physical environment
- processes in place to facilitate access
- access to interpreters or tools to meet people's communication needs
- provision of client-accessible information, eg using plain English, pictures or Braille
- appropriate supporting policies.

3. The organisation provides services that are free from any discrimination, coercion, harassment, and sexual, financial or other exploitation.

Guidance:

Evidence may include:

- references in policies and procedures, such as organisational values, code of conduct and anti-bullying
- staff training and development
- promotional and awareness-raising material

- diversity of staff and clients
- policies do not impede the rights of clients, eg internet usage policies or agreements for services
- assessment of, and support for, clients' spiritual and cultural needs, such as supporting a client to attend their choice of church or marae.

If the organisation handles clients' money, policies and processes will ensure this is managed appropriately and ethically.

Evidence may include:

- clear and transparent financial systems to account for each client's money
- cash is appropriately receipted, stored and accounted for
- cheque books or cash flow cards are appropriately receipted, stored and all use is accounted for
- PINs are stored securely
- clients have choice of purchasing options.

Where the organisation places client money into a bank account in the organisation's name, it:

- makes all deposits into a trust account specifically established for the purpose
- accounts in writing for all money deposited into or withdrawn from the trust account
- clearly identifies funds belonging to each client within the accounting system
- has the trust account audited annually by an independent person with suitable qualifications for the role
- has processes in place to ensure all clients can receive full details of funds held on their behalf at any time, including deposits, withdrawals and the current balance of funds.

4. The organisation recognises and facilitates the right of people to advocacy and/or support persons of their choice.

Guidance:

Evidence may include:

- clients being informed of their rights
- links to advocacy groups
- links to available legal representation, such as counsel for child or youth advocates
- references in policy and procedures such as disciplinary processes
- staff training.

Community wellbeing

The organisation provides services which reflect the principle that the welfare and interests of the child or young person are first and paramount and where the wellbeing of all is upheld.

- 1. The organisation provides services in a manner consistent with section 6 of the Children, Young Persons, and Their Families Act 1989 (CYP&FA), where services reflect the principle that the welfare and interests of the child or young person are the first and paramount consideration.**

Guidance:

The organisation will provide services in a manner consistent with section 6 of the Children, Young Persons, and Their Families Act 1989 (CYP&FA).

The organisation will demonstrate that child protection policies and procedures are in place describing positive and preventive approaches to behaviour management and how to minimise the need to use protective behaviour management, including:

- children/young person's assessments to determine the need for behaviour support and management interventions
- a behaviour support plan
- interventions that may or may not be used
- relating to preventing, recognising, responding to and reporting child abuse
- for identifying any safety concerns or risk to the child or young person at the time of intake and for these concerns and risks to be regularly assessed
- for consulting with children/young people and their family/whānau when assessing needs, developing client plans and providing services or programmes.

Other information may be contained in:

- the organisation's Children and Young Persons' Charter outlining children/young person's rights. Development of a children and young persons' charter should be based on the United Nations Convention on the Rights of the Child (UNCROC)
- publications relating to positive behaviour management
- programme and service rules including a rewards and consequences system for positive behaviour management
- children/young person's satisfaction surveys and programme evaluations
- consultation with children/young people when developing initiatives, eg a children's/young people's forum.

A child/young person's file will include evidence that:

- the child/young person has participated in the intake, assessment and planning processes, and has received explanations and relevant information
- the child/young person has participated in developing the plan; this will be indicated by the child/young person's signature or the signature of the parent or guardian when appropriate
- assessment includes identifying any risks to the child/young person and a related safety plan
- the complaints procedure has been explained to the child/young person

- the child/young person's complaints have been responded to and their views have been listened to.

Staff files will contain evidence that:

- staff are trained in children/young people's complaint processes, health and safety, and positive approaches to behaviour needs
- staff and caregivers attend supervision sessions
- the caregivers' training programme includes behaviour management, child/young person complaint procedures, abuse prevention, and health and safety
- the staff induction programme provides staff with guidance on how to manage the risk of any unwarranted allegations of abuse.

2. The organisation has a process for dealing with allegations of abuse and situations that raise concerns about the safety of a client or associated community member.

2.1 The process specifically includes guidelines on how the organisation makes referrals under section 15 of the CYP&FA Act.

Guidance:

Policies and procedures will describe:

- the organisation's processes for dealing with allegations or situations that raise concern about the safety of a client or associated community member
- actions staff must take, including consultation with management and supervisors, recording and reporting
- the process for reporting cases of harm or suspected harm to an appropriate agency, including the New Zealand Police
- processes for recording issues of concern and notifications made, such as an incident register.

Section 15 of the CYP&FA states: "Reporting of ill-treatment or neglect of child or young person – any person who believes that any child or young person has been, or is likely to be, harmed (whether physically, emotionally, or sexually), ill-treated, abused, neglected, or deprived may report the matter to a [Child, Youth and Family] social worker or a member of the Police."

Section 19 of the CYP&FA outlines the process for organisations making referrals to a Child, Youth and Family Care and Protection Co-ordinator and specifies the information that must be presented to the Care and Protection Co-ordinator.

The policy and procedures relating to child protection will specifically describe:

- processes to ensure children/young persons who use the organisation's services know who to contact, and are supported to make contact in the event of harm or threat of harm
- the organisation's processes for dealing with allegations or situations that raise concern about the safety of a child/young person, including allegations against staff or volunteers (including caregivers)
- actions staff must take, including consultation with management and supervisors, recording and reporting
- the process for reporting cases of harm or suspected harm to Child, Youth and Family and the New Zealand Police
- the process for recording issues of concern and notifications made, such as an incident register, child abuse file or child at risk register.

Documentation on file will include an acknowledgement of receipt of notification from Child, Youth and Family and follow-up information.

- 3. The organisation promotes awareness of the unacceptability of abuse, ways in which abuse may be prevented, the need to report all cases of abuse and how to respond to all types of abuse. Abuse includes physical, emotional or sexual harm; ill-treatment; neglect or deprivation, either passive or active.**

Guidance:

The organisation will demonstrate that it promotes awareness of and the unacceptability of abuse. Evidence may include:

- publications such as posters and brochures promoting the unacceptability of abuse of children, elderly or other vulnerable people
- publications such as posters and brochures promoting the unacceptability of family violence
- strategies for behaviour management, anger management, and positive parenting choices
- information on people's rights and on how to report and/or respond to abuse
- education programmes that focus on positive parenting, positive behaviour management, feeling safe and keeping safe
- links with other agencies such as New Zealand Police, Child, Youth and Family and non-government organisations working to prevent child and family abuse.

Client files will contain evidence that:

- the client has been advised that when there are concerns about abuse and neglect, staff will report and respond to their concerns
- the client understands the information or explanations given by signing a declaration, for example.

Staff files will contain evidence of:

- staff induction training on the organisation's process for abuse prevention and reporting
- staff training on the recognition of and responses to the signs of abuse.

Evidence of ongoing focus on the need to prevent and respond to cases of abuse of children, the elderly and other vulnerable people may be contained in:

- minutes of staff meetings where information on abuse is refreshed/updated
- documentation on file of reports of, and responses to, concerns about abuse and neglect
- staff training registers
- safety planning in client files, including assessments
- notes of clinical or internal supervision meetings
- notes from case conferences or multidisciplinary meetings
- notes of meetings and discussions with other agencies involved with the person, such as Plunket, pre-school educators, schools, doctors, health providers, Child, Youth and Family etc.

4. The organisation promotes awareness of where a conflict between the needs of a client and others might arise, and uses a process to respond to such conflicts.

Guidance:

Where relevant, the organisation will demonstrate that:

- there is a documented process outlining how the organisation will respond to a conflict between the needs of a client and others
- staff are trained in how to identify and respond to a conflict between the needs of a client and others, such as their carer or supporters
- clients, and their carers or supporters, are made aware of this process at intake.

5. The organisation has a procedure to identify clients who may have limited ability to give informed consent. This procedure ensures that such clients are able to exercise the ability they have to the fullest extent possible.

Guidance:

The organisation will demonstrate that it has a process for gaining consent which it uses in situations when a client is permanently or temporarily unable to give informed consent.

The evidence will include:

- the criteria used to determine the extent to which a client is able to give consent
- who will be consulted as part of the process
- the legal basis and requirements for decision-making
- how the process will allow the client to participate in the decision-making
- how the process will be documented
- a procedure for reviewing decisions.

6. When it is confirmed that a client has a limited ability to give informed consent, the organisation acts appropriately. For those organisations that must comply with the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996, this will mean following the principles of Right 7.

Guidance:

When an organisation is providing services to clients with limited ability to give informed consent, it will involve those who care for and support the client.

The induction and ongoing training of staff and volunteers will include how to work effectively with clients who have limited ability to give informed consent.

Cultural competence

The organisation provides services that are culturally appropriate to clients.

1. The organisation provides services that recognise and respect clients' ethnic, cultural and spiritual values and beliefs.

Guidance:

The organisation will have a policy and procedure in place to ensure work with clients is carried out in a culturally competent manner.

Evidence the organisation ensures services are culturally appropriate may be found in:

- cultural diversity in client data
- cultural diversity of staffing
- cultural training and supervision provided to staff
- consultations with cultural group(s)
- the use of cultural networks, and advocacy and interest groups
- the translation of documents and records
- documentation relating to the use of cultural advocates
- data on ethnicity used to design and deliver appropriate programmes and services.

1.1 The organisation provides services which meet the specific needs of Māori.

Evidence the organisation meets the specific needs of Māori may be found in:

- the provision of cultural supervision
- access to and use of cultural advice
- cultural representation to staff and members of the governance
- the use of Te Reo Māori and tikanga throughout service and programme delivery
- effective links with whānau, hapū and iwi where children/young people are Māori
- the use of Māori practice models
- the use of practice tools supporting links to whānau, hapū and iwi.

1.2 The organisation provides services that meet the specific needs of Pacific peoples.

Evidence the organisation meets the specific needs of Pacific peoples may be found in:

- access to and use of cultural advice
- cultural representation to staff and members of governance
- the use of Pacific languages throughout service and programme delivery
- effective links with the Pacific community, particularly where children/young people are of Pacific origin.

2. The organisation consults with, and where appropriate makes referrals to and negotiates protocols with, Māori, Pacific peoples and other cultural and specific interest services.

Guidance:

Client files will record ethnicity and/or iwi affiliation and where relevant referrals are offered or made to iwi, kaupapa Māori, Pacific or other cultural and specific interest services.

Evidence may be provided through:

- processes in place to ensure information the client has given about his/her connections to whānau, hāpu, iwi and marae and significant others is used as a resource in planning and delivering services and programmes
- established relationships with iwi, kaupapa Māori, Pacific or other cultural social services
- referral protocols in place with iwi, kaupapa Māori, Pacific or other cultural and specific interest services.
- meeting records of liaison and/or consultation meetings with iwi, kaupapa Māori, Pacific or other cultural and specific interest services
- the provision of information to clients about services provided by iwi, kaupapa Māori, Pacific or other cultural and specific interest services, which may include pamphlets and promotional information.

Staffing

The organisation has the staffing capability and capacity to deliver services safely.

1. The organisation's staffing and staff relations policy and procedures comply with the relevant legislation

Guidance:

Relevant legislation includes, but is not limited to, the Vulnerable Children Act 2014, Employment Relations Act 2000, Minimum Wage Act 1983, Holidays Act 2003, Health and Safety at Work Act 2015, Human Rights Act 1993, Privacy Act 1993, and the Protected Disclosures Act 2000.

2. The organisation includes in its definition of staff anyone the organisation relies on to deliver its services. This includes caregivers, volunteers and contractors, as well as paid staff members.

Guidance:

Human resource policies and procedures will include:

- a definition of staff that covers all positions stated in this criterion
- the definition of volunteer includes the members of governance and management committees.

3. All staff have a written agreement of service

Guidance:

Staff files will include:

- a current employment agreement, volunteer agreement, governance role description, contract for service, or fixed term agreement that complies with legislative requirements, and is signed by the staff member and on behalf of the organisation
- a written job description or details of the volunteer role
- support documents, such as a code of conduct.

4. The organisation uses a clear, transparent and open process for recruiting and vetting suitable staff including members of the organisation's governance body. Vetting of staff is to include, but is not limited to, a New Zealand Police vet.

Guidance:

Human resource policies and procedures will include:

- recruitment and selection policy and procedures that comply with legislation, including fair employment practices and the identification of positions defined as "children's worker" and "core worker" under the Vulnerable Children Act 2014
- processes for selecting and vetting volunteers
- formal, recorded processes for verifying references, credentials and where relevant records from professional bodies/associations

- a formal, recorded process for carrying out Police vetting using the New Zealand Police Vetting Service
- documenting advice received from government and/or professional bodies about employment.

The organisation will provide evidence that all children's workers meet the following safety checking requirements:

- confirmation of identity
- at least two referee checks
- qualifications checks
- a work history in chronological order for the last five years.

Where required, recruitment documentation will contain evidence of:

- vetting results for all staff and members of governance:
 - New Zealand Police vets
 - Child, Youth and Family background checks (CYRAS)
 - results from checking the records of professional associations
- completed application forms and associated documentation, such as applicant curriculum vitae and qualifications
- the shortlisting and interviewing process, including grids and decision-making tools, eg a weighting selection tool, interview questions and records that comply with employment legislation.

5. The organisation will follow a robust decision-making process in responding to the results of vetting, including safety checking.

Guidance:

Policies and procedures will include a formal, recorded process for considering the results of vetting. An evaluation of all information, including a risk assessment, is required for all children's workers.

Where the vetting process raises serious concerns, eg a Police vet returns a criminal history, decisions will be made at an appropriate level of management or governance in response to consideration of the following evidence:

- results of all safety checking and vetting
- factors associated with the offending, eg the length of time since the convictions, the age at offending, their circumstances at the time, aggravating factors, rehabilitative behaviour, work history, character references, support structures, position responsibilities and attitude towards offending
- how the welfare and best interests of children/young people are paramount in relation to the appointment
- suitability of the person for the appointment
- a risk assessment of the appointment in relation to the criminal convictions
- management plans including any restrictions, controls, increased supervision or vetting strategies proposed for the appointment.

5.1 The organisation effectively manages any staff with a conviction, including members of governance.

All decisions relating to the appointment including the implementation of a management plan will be documented. This will include evidence of the staff or governance member's agreement to any restrictions, controls, increased supervision or vetting strategies proposed for the appointment.

Evidence will include:

- an exemption received from government if required
- a record of the evaluation of all relevant information and the decision making process as defined in criteria 5 of this standard
- implementation of any staff management plans agreed to on appointment
- documentation relating to any reviews that amend agreed staff management plans
- documentation relating to any disciplinary action, changes to, or termination of employment.

5.2 Unless a core worker exemption is held, an organisation does not employ a core children's worker who has a conviction for a specified offence under schedule 2 of the Vulnerable Children Act 2014.

Evidence will include a core worker exemption received from government.

6. The organisation will complete Police checks, and any other relevant vetting for all staff at least every three years.

Guidance:

The organisation will complete a review of criminal history for all staff including members of governance, using the New Zealand Police Vetting service at least every three years.

Evidence will include:

- completed vetting results for all staff, including members of governance
- records of the process followed and decisions made, where a potential, or existing staff, including members of governance, returns a vet outlining a criminal conviction
- records of other relevant vetting where relevant, such as CYRAS checks or professional registration checks.

The organisation's policies and procedures will specify the process where charges are laid, or a conviction is upheld against a current staff, including members of governance.

7. The organisation has sufficient, qualified and competent staff to deliver its services.

Guidance:

The organisation will demonstrate that:

- the staffing capability matches the specifications of the funding bodies and requirements of service delivery
- staffing ratios and rosters meet the regulations and administrative requirements of government, and provide for the safe and effective delivery of services
- staff hold relevant qualifications and/or competencies to the services delivered
- where professional staff are required to be registered to a professional body, the registration remains current.

8. The organisation provides adequate induction, training, professional development and support for all staff.

Guidance:

Evidence may be found in:

- records of completed induction training
- evidence that staff are adequately trained according to the services delivered
- appropriate and timely supervision records for all staff
- staff training and professional development plans that relate to the performance appraisal or performance management process
- staff, volunteer and caregiver meeting records
- records of workload reviews or practice forums.

9. The organisation uses an effective performance management system for all staff.

Guidance:

The organisation's performance management system will include:

- regular meetings between management and staff
- regular appraisal of staff against the agreed competencies and performance targets
- agreed professional development activities or plans to improve performance
- the necessary information for management to make decisions on promotion, salary increases and terminations.

Health and safety

The organisation ensures clients, staff and visitors are protected from risk.

1. The organisation ensures its place of work, and any place of work it uses or relies on for service delivery, comply with all legal and regulatory requirements.

Guidance:

The organisation will have written health and safety policies and procedures in place which align with the Health and Safety at Work Act 2015.

Evidence of this criterion will include, but is not limited to:

- clearly marked exits
- appropriately stocked first-aid kits
- disabled access
- regular, recorded maintenance inspections of all places of work and facilities the organisation uses to provide its services
- maintenance reports to management/governance
- a building warrant of fitness.

Where the organisation transports clients they will have written policies and procedures in place which meet relevant legislative requirements.

The organisation will, as reasonably practicable, consult, co-operate and co-ordinate activities with the purchasing agency/ies with regard to the health and safety of workers engaged to perform a service, and the safety of general public.

2. The organisation will, as reasonably practicable, provide and maintain a working environment for its workers and members of the public that is safe and without risk to health.

Guidance:

The organisation will ensure any workers engaged to perform a service will at all times identify and exercise all necessary precautions. This includes: the workers themselves, the agency's employees and members of the public who may be affected by the services.

Health and safety policies and procedures will be delivered in a manner appropriate to the type of service provided, and will include:

- hazard identification processes, including a register of all identified hazards and actions taken to mitigate any associated risks
- regular, recorded maintenance inspections of all places of work and facilities the organisation uses to provide its services, including maintenance reports to management and governance
- evidence of effective worker engagement and participation in health and safety matters
- regular, minuted health and safety meetings involving all appropriate staff
- evidence that staff ratios are considered when planning activities and that these are appropriate to the nature of the activity and the ages and ability levels of the participants
- a health and safety component in the staff induction programme, with sign-off by a staff member when it is completed.

The organisation will ensure any planned activities are carried out in accordance with industry standards, and that:

- staff are appropriately qualified for any activities undertaken, eg horse riding, rock climbing and kayaking
- required staff have current first-aid training and certification
- the organisation has a risk assessment and management system in place to assess the risks of activities and processes.

Practices relating to the supervision of clients will adhere to legal, regulatory and policy requirements, such as:

- supervising staff have the appropriate qualities
- written protocols on behaviour management are in place
- risk assessment and management systems are documented
- specific guidelines are developed to ensure the safety of victims where programmes for perpetrators are delivered
- staff are appropriately trained
- staff ratios meet requirements.

Where supervision of a client is a likely activity of the service, a detailed policy and procedure, including a risk assessment and management system, should be in place.

The organisation will respond effectively to incidents and events that have an emotional impact on clients or staff, including referrals to appropriate support services such as the Employee Assistance Programmes.

The organisation provides staff with effective processes to resolve concerns or complaints. Staff disciplinary processes are consistent with the principles of natural justice, and ensure the support and safety of the staff member throughout the process.

3. If applicable, the organisation ensures the safety of any children being supervised in the place of work while their parents or caregivers receive services.

Guidance:

Policies and procedures will include:

- processes to ensure children are appropriately supervised while their parents or caregivers receive services; this includes providing suitable play areas, toys and activities
- appropriate behaviour management processes
- the requirement for all staff working with children to be trained in using appropriate behaviour management techniques.

4. The organisation has safety and emergency plans for the evacuation of its place of work and any other place of work it uses for service delivery.

Guidance:

The organisation will demonstrate that:

- up-to-date, appropriate emergency plans are in place for each of the places of work it uses to provide services
- evacuation plans are displayed
- exit signs are displayed
- regular evacuation drills are carried out and records are kept of the date and time of the drill, and staff who were present, designated roles and any follow-up actions required
- staff are trained in evacuation procedures
- clients and programme participants know about emergency evacuation procedures.

5. The organisation responds effectively to adverse events in the place of work.

Guidance:

The organisation will regularly inform, and upon request, the purchasing agency/ies on health and safety matters, especially if there is a health and safety incident relevant to workers engaged to perform a service.

The organisation will understand and fulfil its statutory and/or regulatory obligations in relation to essential notification reporting.

This may include, but is not limited to, notifying:

- WorkSafe New Zealand, as well as government agencies, of any notifiable injury, illness or incident (as defined in the Health and Safety at Work Act 2015). Notification to WorkSafe New Zealand must be made in accordance with the provisions of the Health and Safety at Work Act 2015.
- any purchasing agency of an incident, hazard or risk concerning health and safety. Written notification must be made to the purchasing agency/ies within reasonable time of this incident, hazard or risk occurring or being recognised.
- New Zealand Police of any criminal event
- Child, Youth and Family if the organisation is concerned with the welfare of a child or young person.

The organisation will have policies and procedures in place to guide staff in responding to and managing an adverse event.

The organisation will record all adverse events and have:

- appropriate documentation relating to events that have occurred
- records of actions taken to prevent issues from recurring.

Adverse events will be addressed openly through a transparent disclosure policy.

Without impeding statutory investigations, the organisation will undertake an internal investigation to identify opportunities to improve service delivery and to identify and manage risk.

6. The organisation has a business continuity and disaster recovery plan in place.

Guidance:

The organisation will have a policy to maintain business functions, or quickly resume them, in the event of a major disruption, whether caused by a fire, flood, epidemic illness or a failure of information technology (IT) for whatever reason. The plan will include procedures and instructions the organisation will follow in the face of such disasters and cover:

- business processes
- IT infrastructure
- assets
- human resources
- service partners
- clients.

The organisation will provide evidence that staff are aware of their role in the business continuity and disaster recovery plans and have the resources to carry out their role if required.

7. The organisation ensures that where an intervention, discipline or control is required or used, staff use appropriate methods that protect the physical and emotional safety of clients.

Guidance:

The organisation will have behaviour management and discipline policies and procedures in place.

This criterion may be evidenced through documentation on:

- behaviour support and management plans on client files
- records of staff and volunteer (including caregivers) training in behaviour management and de-escalation techniques
- staff and volunteer manuals
- residential and care placement monitoring records
- supervision records
- staff, volunteer and caregiver meeting minutes.

8. The organisation reflects continuous quality improvement principles in identifying and managing risk.

Guidance:

The organisation will collect, analyse and evaluate quality improvement data arising from the identification and management of risk. It will make appropriate changes and communicate the results to staff and clients.

This criterion may be evidenced through documentation on:

- a quality and risk management policy
- a quality and risk management plan that is co-ordinated with the business and operational plans
- a quality and risk management system which is understood and implemented by the organisation



- models associated with other accreditation
- a process to measure achievement against the quality and risk management plan.

Governance and management structure and systems

The organisation has a clearly defined and effective governance and management structure and systems.

1. The organisation has a defined and current legal status.

Guidance:

The organisation will have documentation in place which clearly defines its legal status. Evidence may include the:

- certificate of incorporation
- trust deed
- constitution
- charters
- company registration
- organisation's rules.

2. The organisation has an appropriate and clearly defined governance and management structure, the written record of which shows authorities, delegations, responsibilities and accountabilities.

Guidance:

The organisation will have documentation in place which clearly defines its governance and management structure.

Evidence may include:

- an organisation chart describing the reporting lines and relationships between governance, management and all levels of staff
- delegations, including authorities, responsibilities and accountabilities, that are clearly described
- formal agreements with providers the organisation uses to deliver services and programmes to clients
- processes for monitoring and responding to senior management's performance
- documentation relating to organisational planning
- records of the process undertaken, and decisions made, by governance and management.

3. The organisation is governed and managed by people with appropriate skills, qualifications and personal attributes.

Guidance:

When selecting members to govern and manage, the organisation considers the following:

- role descriptions
- required competencies for the organisation
- mix of skills required to effectively govern and manage
- members' experience and curriculum vitae

- performance reviews
- induction and training for members of governance
- succession plan for key positions.

4. The organisation has a process for identifying and managing perceived, actual or potential conflicts of interest, including between governance and management roles.

Guidance:

The organisation will have a conflict of interest policy and procedure that includes:

- details of what may constitute a conflict of interest for members of governance
- a process for declaring and managing conflicts of interest.

5. The organisation's management systems, policies and procedures are consistent with:

Guidance:

5.1 relevant legislation

The organisation is accountable for ensuring that all policies and procedures are consistent with current legislative requirements.

5.2 its legal status, constitution, rules, charter or Act of Parliament

The organisation will ensure all policies and procedures are consistent with its founding documentation. Evidence may include the:

- trust deed
- constitution
- rules
- charter
- Act of Parliament.

5.3 the aims, philosophy and scope of its activities

The organisation will have documentation in place which clearly states:

- its philosophy and value base
- the scope of each service or programme
- the goals of the service or programme
- intended outcomes for clients, children and/or young persons.

The organisation will ensure all policies and procedures are consistent with its:

- philosophy and values
- founding document
- strategic plan and business plan
- service and programme plans
- quality improvement plan(s).

5.4 its management structure

The organisation will ensure all policies and procedures are consistent with:

- its stated management structure
- any requirements relating to the governance/management structure set out in the organisation's founding document.

5.5 contractual obligations.

The organisation will ensure all policies and procedures are consistent with its contractual obligations and that processes in place monitor compliance with the organisation's contracts. Evidence may be found in:

- management reports
- management meeting minutes
- governance meeting minutes
- AGM and special meeting minutes
- budgets
- the collection and collation of statistical information relating to contract performance.

6. The organisation collects, records, stores and uses information in keeping with the relevant legislation.

Guidance:

Relevant legislation may include, but is not limited to, the Privacy Act 1993, Public Records Act 2005, Domestic Violence Act 1995, Health (Retention of Health Information) Regulations 1996, the Tax Administration Act 1994, the Goods and Services Tax Act 1985, and the Electronic Transactions Act 2002.

The organisation will have written policies and procedures for storing, archiving and disposing of records and will demonstrate that:

- all client files, both current and closed, are stored securely
- archiving and disposal processes are in keeping with relevant legislative requirements
- when appropriate, information is disposed of securely.

The organisation will provide written information to its clients on who will have access to personal information or documentation the organisation holds about them.

The organisation will demonstrate that clients, and where relevant their family/whānau:

- receive written advice on who will have access to their personal information
- are informed when access has been given to their personal information.

Financial management and systems

The organisation is financially viable and manages its finances competently.

1. The organisation is financially viable.

Guidance:

Accounts and reports will show:

- the organisation is solvent
- the organisation is able to pay its debts as they become due in the normal course of business
- the value of the organisation's assets is greater than the value of their liabilities
- year-to-date budgets indicate the organisation's expenses are not exceeding its income and the organisation will retain positive equity.

2. The organisation has an effective financial management system appropriate to the size and complexity of the organisation.

Guidance:

Financial policies and procedures will be in place. Financial management systems will align with the organisation's trust deed, constitution, rules or other founding documentation and relevant legislation.

Evidence will be found in documentation relating to the following:

- internal financial controls
- financial delegations and responsibilities
- the accounting system
- recording of financial information
- management of day-to-day financial processes
- accurate and timely financial reporting to management, governance, funding organisations and other key stakeholders
- regular monitoring of performance against budget
- contractual requirements of the organisation's funding bodies
- compliance with legal requirements such as accurate and timely payment of GST and PAYE
- compliance of payroll procedures with the requirements of relevant legislation.

All government funding is required to be shown as separate line items in the organisation's financial statements.

3. The organisation undertakes forward financial planning to show that it will remain financially viable.

Guidance:

The organisation will demonstrate that it has financial planning processes in place to ensure it remains financially viable.

The organisation will develop an annual budget, regularly monitor year to date forecasting and respond to financial risk.

4. The organisation has adequate insurance cover for the size and complexity of the organisation.

Guidance:

The organisation will provide evidence it has an appropriate and current level of insurance. This may include, but is not limited to, indemnity for staff, including governance, asset and property insurance and business continuity insurance.

Evidence may include:

- insurance policies held, with details of the value of the policy, insurer's name, and expiry date
- minutes recording reasons and decisions about the type and value of insurance policies held by the organisation
- financial statements confirming the value of assets.

5. The organisation has arrangements for the regular independent audit, or in some cases review, of financial accounts.

Guidance:

Where the organisation receives \$100,000 or more per annum from Government, it will provide evidence of:

- annual audited accounts
- audit reports and auditor's opinion
- auditor's letter.

The auditor is independent from the organisation, and from the accountant or person who prepares the annual accounts.

Where the organisation receives less than \$100,000 per annum from Government, it will provide evidence it meets the regulatory requirements for audit and review. The organisation must meet the audit requirements under its constitution or contract agreements.

Resolution of complaints related to service provision

The organisation uses an effective process to resolve complaints about service provision.

- 1. The organisation has a process for receiving, considering and resolving complaints that is soundly based in law and is consistent with the principles of natural justice, and ensures the support and safety of the complainant throughout the process.**

Guidance:

The organisation will have a written complaints policy and procedure in place that describes:

- the process for dealing with formal and informal complaints, including how the organisation will undertake an independent investigation if required
- timeframes
- how people are kept safe through the process, including people with specific needs and the right of people to have the support of an independent advocate
- documentation of complaints
- where the complainant can be referred to if they are not satisfied with the resolution of the complaint.

- 2. The organisation ensures its clients and staff are aware of the complaints process.**

Guidance:

The organisation will demonstrate that:

- clients have been informed of the complaint process and know how to make a complaint
- staff are trained in the complaints process.

- 3. The organisation seeks to resolve complaints effectively and makes improvements to the service as a result.**

3.1 The organisation must record the application of the complaints process and the resolution achieved.

Guidance:

The organisation will maintain records of all complaints and actions taken, including a register of complaints, and where relevant, records of:

- the original complaint
- all decisions made at higher levels such as governance or complaints committees
- any investigation of the complaint which may include, reports from staff member/s involved, details of conversations, interviews or meetings
- the outcome of the complaint
- any actions taken in relation to the complaint, eg staff disciplinary processes
- communication to those involved, including the complainant.

3.2 The organisation will provide evidence it has made appropriate improvements based on the analysis of complaints received.

Evidence the organisation has made improvements to services, programmes or systems as a result of the analysis of complaints may be found in:

- a summary of the complaints
- results of assurance reviews
- minutes of relevant meetings
- documentation of actions taken
- amended policies, procedures or service design and implementation.

Quality improvement

The organisation aims for excellence and manages the quality and risk of services.

1. The organisation regularly monitors:

Guidance:

1.1 the organisation's individual policies and procedures

The organisation will demonstrate that policies and procedures are regularly reviewed and updated.

Evidence may include:

- a process for regularly reviewing and updating policies
- records or version control of updated policies
- evaluation of the use of a policy.

1.2 its systems as a whole

The organisation will demonstrate that systems are regularly monitored.

Evidence may include:

- a policy or quality plan outlining how management will develop, co-ordinate and monitor the organisation's feedback systems
- internal quality assurance reports
- implementation of internal or external assurance findings.

1.3 the performance of the organisation

The organisation will demonstrate that its performance is regularly monitored.

Evidence may include:

- reporting on services to management and governance
- development and monitoring of the organisation's strategic, business and/or annual planning
- analysis of feedback from clients, referrers, funding bodies and other stakeholders
- process to manage key risks, eg staff retention and turnover.

1.4 client outcomes.

The organisation will demonstrate that it has a process in place to monitor and evaluate client outcomes.

The process will describe:

- the target client population
- the expected client results and outcomes a programme, agency or service system is achieving
- performance measures
- frequency of monitor and evaluation activities.

2. The organisation uses a process to analyse monitoring and performance data for the purpose of improvement.

Guidance:

The organisation will use a process to analyse monitoring information.

Analysis documentation will:

- reflect that regular reviews of data have been undertaken
- attribute meaning and implications to data
- assess risk
- provide options for improvements where required.

3. The organisation makes appropriate improvements, including risk mitigation, based on the analysis of this monitoring.

Guidance:

Where relevant, the organisation will demonstrate that it has:

- mitigated risks
- updated policy and procedure
- revised programmes and services
- improved internal processes
- communicated changes to staff and, where appropriate, clients.

Client services and programmes

The organisation provides client services and/or programmes that meet clients' assessed needs, reflect desired outcomes and goals, and are planned, co-ordinated and reviewed.

1. The organisation collects appropriate information and ensures the needs of the client match the criteria for service.

Guidance

The organisation will have written intake policies and procedures.

Intake documentation will include:

- appropriate information relating to the client's presenting issues and needs
- consideration of this information to ensure alignment with the service criteria
- client and/or their representative's agreement to a referral to another agency including consent to release information
- the reasons for non-acceptance if not accepted into the service
- evidence that the referring agency is informed
- evidence that waiting lists are actively monitored.

2. The organisation completes a comprehensive and timely assessment.

Guidance

Information on files may include evidence of the following:

- comprehensive assessment of presenting issues and needs including specialised therapy or support, eg behavioural services, health practitioners, specialised equipment, physical, emotional, spiritual, recreational, cultural, educational, or family/whānau
- records of consultation with relevant stakeholders, eg client, family/whānau, referral agencies, medical practitioners, schools, or social worker showing the assessment is completed in a timely manner
- a risk assessment that identifies actual or potential risks to safety and well-being, with particular focus on the rights of a client to be safe from abuse and harm, eg risk to other people, other children in the home, or staff.

2.1 The organisation ensures it has necessary consents.

The organisation has written client consent policies and procedures.

Documentation held by the organisation will include signed consent forms on the client's file. For example:

- client agreement to participate in services
- consent for a client to participate in services given by their representative, eg parent, caregiver, Child, Youth and Family social worker, advocate or legal guardian
- consent to transport the client if necessary
- consent to obtain or release information for reporting, audit, data matching, evaluation and research purposes
- consent to medicate and to obtain medical assistance if required.

The type of consent required will vary from programme to programme and may be withdrawn or may require renewal. For example, when services change, when client's decisions change, when a new service is introduced for the client or when a follow-up service is offered.

3. The organisation develops timely, effective plans for all client services and programmes:

Guidance

The organisation has client planning policies and procedures including appropriate timeframes.

3.1 plans meet the needs of the client and the objectives of the service or programme

Information on client files will include evidence of the following:

- an appropriate client plan
- written analysis of client needs and identification of supports required to meet those needs
- the process used to match services provided to identified needs of the client
- seeking and considering feedback from clients.

Evidence of work with clients may also be included in:

- multi-disciplinary team meeting or case conference minutes
- staff meeting minutes
- management review notes
- supervision notes.

3.2 plans identify and mitigate safety risk to clients and others

Where relevant, documentation may include, but is not limited to:

- risk assessments completed at assessment and throughout service delivery
- safety planning noted in client files
- supervision records or meeting minutes highlighting safety mitigation actions
- relapse prevention and behaviour triggers.

3.3 where appropriate, plans include client's family and others

Where appropriate, client files will include evidence of family/whānau involvement in the planning process, throughout the provision of services or at key stages.

3.4 the plan clearly states the client's goals, and services used to help the client achieve their goals

Information on client files may include evidence of the following:

- the goals are client focussed
- clear identification of long and short-term goals
- anticipated timeframes for achieving goals
- clients participation in identification of goals
- the clients understanding and agreement to their plan
- roles, tasks and responsibilities of all parties.

3.5 plans are adequately resourced

Service and programme plans clearly identify:

- they are achievable within available resources
- resources and equipment required to deliver services and programmes
- staffing levels required for safe operation (staff/client ratios)
- resources, strategies or support required by clients to achieve goals.

3.6 The organisation completes regular, formal, recorded reviews of progress against the plan and outcomes achieved.

Information will include evidence of the following:

- records of reviews that clients have made towards their goals
- records of changes made to goals as a result of reviews
- case notes document all actions impacting on the plan, including all client contact
- ongoing assessment of the client and their needs.

4. Conclusion of services to clients is planned and prepared for.

4.1 Safety risk of clients transitioning from the service are considered and managed.

Guidance

Written policies and processes for concluding services are in place and include:

- documentation of client and relevant stakeholder input into the discharge/closure plan
- plan reviews ensure that the goals are met or considerable progress has been made towards achieving client outcomes
- information provided to the client or their family about how to access further services.

Client files may include details of:

- any ongoing supports and services provided to the client and/or relevant stakeholders including referrals to other providers
- identification of risk and safety planning to mitigate risks associated with discharge.

5. The organisation ensures that client files and programme records are sufficient and document each stage of service provision.

Guidance

Records are legible, identifiable and produced in a timely manner.

Files and records will include:

- all involvement by the organisation with the client and others
- the involvement of any external agencies or services
- each stage of service or programme provision, including intake, assessment, planning, interventions, reviews and service conclusion
- details of any incidents occurring during the provision of services, and actions taken in regard to the incident.